

Department of
Environmental Protection
Twin Tower Office Building
2600 Blair Stone Road
Tallahassee, FL 32399-2400

1st Qtr
2003 Reports

Waste Tire General Permit Notification/Quarterly Report
For Mobile Processing Equipment

Pursuant to Rule 62-711.801, Florida Administrative Code, the owners or operators of a qualifying waste tire mobile shredding, chopping, or cutting equipment shall submit the following information on this form to the Department.

Type of Submittal: ☐ General Permit Notification ☒ Quarterly Report

If submitting notification for use of a general permit, fill out Parts I & II. If making a quarterly report, fill out Parts I & III.

Part I General:

A. Company name: Florida Tire Recycling, Inc.

1. Phone (772) 465-0477

2. Street Address 9675 Range Line Road

3. City Port St. Lucie State 34987 Zip 34987

4. Mailing Address Same

5 City _____ State _____ Zip _____

6. Contact Person: John J. Wilson

Part II Notification

A. Status of Operation: ☐ Existing ☐ Proposed

B. Submit information for mobile shredding, chopping, or cutting equipment.

1. Equipment manufacturer: _____

2. Equipment Model Number: _____

3. Equipment serial number: _____ 4. Manufacturer's rated capacity _____

5. Maximum input size: _____ 6. Minimum input size: _____

7. Equipment owner: _____

8. Address _____

9. City: _____ State _____ Zip _____

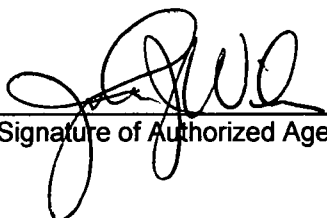
C. Describe how and where processed tires will be used or disposed of: _____

D. Attach a check or money order for the \$100.00 general permit fee required for new or renewal notifications. (Rule 62-4, F.A.C.)

E. Certification for Parts I & II.

To the best of my knowledge and belief, I certify the information provided in this notification is true, accurate, and correct.

John J. Wilson
Name of Authorized Agent


Signature of Authorized Agent

2/26/04
Date

Part III – Quarterly Report:

A. Quarterly submissions for mobile shredding, chopping or cutting equipment:

1. Quarter of this report First Quarter, 2003

2. X No activity in this quarter.

B. Quarterly activity at landfills.

List each landfill where your equipment operated in the quarter covered by this report.

1. Landfill name: _____
2. Owner/Operator Telephone number: _____
3. County: _____
4. Quantity tires processed: _____
(Expressed in tons assuming 100 passenger tires to a ton, 20 truck tires to a ton.)
5. Describe how processed tires were disposed of: _____

(Ex. Daily cover, TDF, Landfillable shred, etc.)

C. Quarterly activity at other sites.

List each site where your equipment operated in the quarter covered by this report.

1. Site name: _____
2. Owner/Operator Telephone number: _____
3. Street Address _____
4. City _____ State _____ Zip _____
5. Quantity tires processed: _____
6. Describe how processed tires were disposed of: _____
7. Product removed to: _____
8. Waste removed to: _____

(Ex. Daily cover, TDF, Landfillable shred, etc.)

D. Certification for Parts I and III:

To the best of my knowledge and belief, I verify the information provided in this Quarterly Report is true, accurate and correct.

John J. Wilson
Name of Authorized Agent


Signature of Authorized Agent

Date

Florida Department of Environmental Protection
Solid Waste Section/Tires
2600 Blair Stone Road
Tallahassee, FL 32399-2407

Department of
Environmental Protection
Twin Tower Office Building
2600 Blair Stone Road
Tallahassee, FL 32399-2400

2nd Qtr

Waste Tire General Permit Notification/Quarterly Report
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Part I General:

A. Company name: Florida Tire Recycling, Inc.

1. Phone (772) 465-0477

2. Street Address 9675 Range Line Road

3. City Port St. Lucie State 34987 Zip 34987

4. Mailing Address Same

5 City _____ State _____ Zip _____

6. Contact Person: John J. Wilson

Part II Notification

A. Status of Operation: ☐ Existing ☐ Proposed

B. Submit information for mobile shredding, chopping, or cutting equipment.

1. Equipment manufacturer: _____

2. Equipment Model Number: _____

3. Equipment serial number: _____ 4. Manufacturer's rated capacity _____

5. Maximum input size: _____ 6. Minimum input size: _____

7. Equipment owner: _____

8. Address _____

9. City: _____ State _____ Zip _____

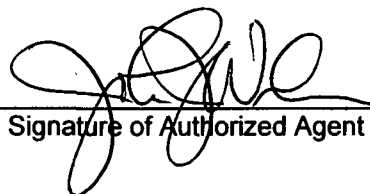
C. Describe how and where processed tires will be used or disposed of: _____

D. Attach a check or money order for the \$100.00 general permit fee required for new or renewal notifications. (Rule 62-4, F.A.C.)

E. Certification for Parts I & II.

To the best of my knowledge and belief, I certify the information provided in this notification is true, accurate, and correct.

John J. Wilson
Name of Authorized Agent


Signature of Authorized Agent

2/26/04
Date

Part III – Quarterly Report:

A. Quarterly submissions for mobile shredding, chopping or cutting equipment:

1. Quarter of this report Second Quarter, 2003
2. X No activity in this quarter.

B. Quarterly activity at landfills.

List each landfill where your equipment operated in the quarter covered by this report.

1. Landfill name: _____
2. Owner/Operator Telephone number: _____
3. County: _____
4. Quantity tires processed: _____
(Expressed in tons assuming 100 passenger tires to a ton, 20 truck tires to a ton.)
5. Describe how processed tires were disposed of: _____

(Ex. Daily cover, TDF, Landfillable shred, etc.)

C. Quarterly activity at other sites.

List each site where your equipment operated in the quarter covered by this report.

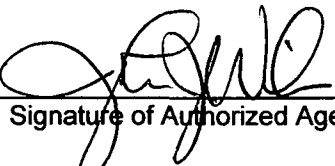
1. Site name: _____
2. Owner/Operator Telephone number: _____
3. Street Address _____
4. City _____ State _____ Zip _____
5. Quantity tires processed: _____
6. Describe how processed tires were disposed of: _____
7. Product removed to: _____
8. Waste removed to: _____

(Ex. Daily cover, TDF, Landfillable shred, etc.)

D. Certification for Parts I and III:

To the best of my knowledge and belief, I verify the information provided in this Quarterly Report is true, accurate and correct.

John J. Wilson
Name of Authorized Agent


Signature of Authorized Agent

Date

Florida Department of Environmental Protection
Solid Waste Section/Tires
2600 Blair Stone Road
Tallahassee, FL 32399-2407

Department of
Environmental Protection
Twin Tower Office Building
2600 Blair Stone Road
Tallahassee, FL 32399-2400

3rd Q to 2003

Waste Tire General Permit Notification/Quarterly Report
For Mobile Processing Equipment

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If submitting notification for use of a general permit, fill out Parts I & II. If making a quarterly report, fill out Parts I & III.

Part I General:

A. Company name: Florida Tire Recycling, Inc.

1. Phone (772) 465-0477

2. Street Address 9675 Range Line Road

3. City Port St. Lucie State 34987 Zip 34987

4. Mailing Address Same

5 City _____ State _____ Zip _____

6. Contact Person: John J. Wilson

Part II Notification

A. Status of Operation: ☐ Existing ☐ Proposed

B. Submit information for mobile shredding, chopping, or cutting equipment.

1. Equipment manufacturer: _____

2. Equipment Model Number: _____

3. Equipment serial number: _____ 4. Manufacturer's rated capacity _____

5. Maximum input size: _____ 6. Minimum input size: _____

7. Equipment owner: _____

8. Address _____

9. City: _____ State _____ Zip _____

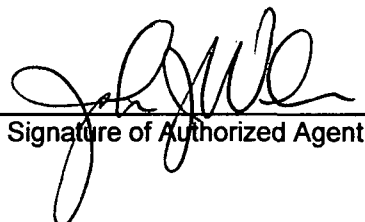
C. Describe how and where processed tires will be used or disposed of: _____

D. Attach a check or money order for the \$100.00 general permit fee required for new or renewal notifications. (Rule 62-4, F.A.C.)

E. Certification for Parts I & II.

To the best of my knowledge and belief, I certify the information provided in this notification is true, accurate, and correct.

John J. Wilson
Name of Authorized Agent


Signature of Authorized Agent

2/26/04
Date

Part III – Quarterly Report:

A. Quarterly submissions for mobile shredding, chopping or cutting equipment:

1. Quarter of this report Third Quarter, 2003
2. ☒ No activity in this quarter.

B. Quarterly activity at landfills.

List each landfill where your equipment operated in the quarter covered by this report.

1. Landfill name: _____
2. Owner/Operator Telephone number: _____
3. County: _____
4. Quantity tires processed: _____
(Expressed in tons assuming 100 passenger tires to a ton, 20 truck tires to a ton.)
5. Describe how processed tires were disposed of: _____

(Ex. Daily cover, TDF, Landfillable shred, etc.)

C. Quarterly activity at other sites.

List each site where your equipment operated in the quarter covered by this report.

1. Site name: _____
2. Owner/Operator Telephone number: _____
3. Street Address _____
4. City _____ State _____ Zip _____
5. Quantity tires processed: _____
6. Describe how processed tires were disposed of: _____
7. Product removed to: _____
8. Waste removed to: _____

(Ex. Daily cover, TDF, Landfillable shred, etc.)

D. Certification for Parts I and III:

To the best of my knowledge and belief, I verify the information provided in this Quarterly Report is true, accurate and correct.

John J. Wilson
Name of Authorized Agent


Signature of Authorized Agent

Date

Florida Department of Environmental Protection
Solid Waste Section/Tires
2600 Blair Stone Road
Tallahassee, FL 32399-2407

4th Qtr 2003

Department of
Environmental Protection
Twin Tower Office Building
2600 Blair Stone Road
Tallahassee, FL 32399-2400

**Waste Tire General Permit Notification/Quarterly Report
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1. Phone (772) 465-0477

2. Street Address 9675 Range Line Road

3. City Port St. Lucie State 34987 Zip 34987

4. Mailing Address Same

5 City _____ State _____ Zip _____

6. Contact Person: John J. Wilson

Part II Notification

A. Status of Operation: ☐ Existing ☐ Proposed

B. Submit information for mobile shredding, chopping, or cutting equipment.

1. Equipment manufacturer: _____

2. Equipment Model Number: _____

3. Equipment serial number: _____ 4. Manufacturer's rated capacity _____

5. Maximum input size: _____ 6. Minimum input size: _____

7. Equipment owner: _____

8. Address _____

9. City: _____ State _____ Zip _____

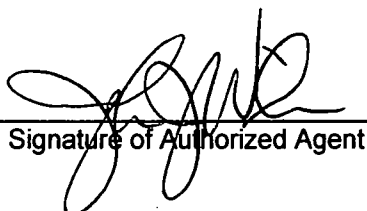
C. Describe how and where processed tires will be used or disposed of: _____

D. Attach a check or money order for the \$100.00 general permit fee required for new or renewal notifications. (Rule 62-4, F.A.C.)

E. Certification for Parts I & II.

To the best of my knowledge and belief, I certify the information provided in this notification is true, accurate, and correct.

John J. Wilson
Name of Authorized Agent


Signature of Authorized Agent

2/26/04
Date

Part III – Quarterly Report:

A. Quarterly submissions for mobile shredding, chopping or cutting equipment:

1. Quarter of this report Fourth Quarter, 2003
2. X No activity in this quarter.

B. Quarterly activity at landfills.

List each landfill where your equipment operated in the quarter covered by this report.

1. Landfill name: _____
2. Owner/Operator Telephone number: _____
3. County: _____
4. Quantity tires processed: _____
(Expressed in tons assuming 100 passenger tires to a ton, 20 truck tires to a ton.)
5. Describe how processed tires were disposed of: _____

(Ex. Daily cover, TDF, Landfillable shred, etc.)

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List each site where your equipment operated in the quarter covered by this report.

1. Site name: _____
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(Ex. Daily cover, TDF, Landfillable shred, etc.)

D. Certification for Parts I and III:

To the best of my knowledge and belief, I verify the information provided in this Quarterly Report is true, accurate and correct.

John J. Wilson
Name of Authorized Agent


Signature of Authorized Agent

Date

Florida Department of Environmental Protection
Solid Waste Section/Tires
2600 Blair Stone Road
Tallahassee, FL 32399-2407