### Department of Environmental Protection

vironmental Protection
Twin Tower Office Building
2600 Blair Stone Road
Tallahassee. FL 32399-2400

# 1 pt Oto 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 X Quarterly Report If submitting notification for use of a general permit, fill our Parts I & II. If making a quarterly report, fill out Parts I & III. Part I General: Florida Tire Recycling, Inc. A: Company name: 1. Phone (772) 465-0477 2. Street Address 9675 Range Line Road Port St. Lucie State 34987 Zip 34987 3. City 4. Mailing Address Same State \_\_\_\_ Zip \_\_\_\_ 5 City 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. 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: \_\_\_\_\_ 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

Signature of Authorized Agent

Name of Authorized Agent

Α.	Qua	arterly submissions for mobile shredding, chopping or cutting equipment:				
	1. (	Quarter of this report First Quarter, 2003				
	2	X No activity in this quarter.				
B.	Qua	arterly 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.)				
	<b>5</b> .	Describe how processed tires were disposed of:				
		(Ex. Daily cover, TDF, Landfillable shred, etc.)				
C.	Qua	arterly activity at other sites.				
List	eacl	h 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 StateZip				
	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.	Cert	tification for Parts I and III:				
	To t	he best of my knowledge and belief, I verify the information provided in this Quarterly				
	Rep	oort is true, accurate and correct.				
		$ Q_{11}Q_{11}$				
		John J. Wilson				
	Nan	ne 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						

Part III - Quarterly Report:

#### Department of **Environmental Protection**

Twin Tower Office Building 2600 Blair Stone Road Tallahassee, FL 32399-2400



## 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.

mobile streaming, chopping, or calling equipment shall capture are tollowing information on the form to the populations.									
Type of Submittal: General Permit Notification X_Quarterly Report									
If submitting notification for use of a general permit, fill our 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.									
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 2/26/04									
Name of Authorized Agent Signature of Authorized Agent Date									

A.	Qua	arterly submissions for mobile shredding, chopping or cutting equipment:		
	1. (	Quarter of this report Second Quarter, 2003		
	2	X No activity in this quarter.		
₿.	Qua	arterly activity at landfills.		
List	t eac	h 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.)		
	<b>5</b> .	Describe how processed tires were disposed of:		
		(Ex. Daily cover, TDF, Landfillable shred, etc.)		
C.	Qua	arterly activity at other sites.		
List	t eac	h 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.	Cer	tification for Parts I and III:		
	To t	he best of my knowledge and belief, I verify the information provided in this Quarterly		
	Rep	port is true, accurate and correct.		
		$\sim \mathbb{R}_{1} \setminus \mathbb{R}_{2}$		
	,	John J. Wilson		
	Nar	ne 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				

Part III – Quarterly Report:

#### Department of Environmental Protection

3nd 9 to 2003

Twin Tower Office Building 2600 Blair Stone Road Tallahassee, FL 32399-2400

## 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 X Quarterly Report If submitting notification for use of a general permit, fill our Parts I & II. If making a quarterly report, fill out Parts I & III. Part I General: Florida Tire Recycling, Inc. A: Company name: 1. Phone (772) 465-0477 2. Street Address 9675 Range Line Road State 34987 Zip 34987 3. City Port St. Lucie 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: \_\_\_\_\_ Equipment serial number:
 4. Manufacturer's rated capacity 5. Maximum input size: \_\_\_\_\_\_ 6. Minimum input size: \_\_\_\_\_ 7. Equipment owner: \_\_\_ 8. Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ 9. City: 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

Signature of Authorized Agent

Name of Authorized Agent

/ t. GCG	arteny submissions for mobile shredding, chopping of culting equipment.				
. 1.	Quarter of this report Third Quarter, 2003				
2.	X No activity in this quarter.				
B. Qu	arterly 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. Qu	arterly activity at other sites.				
List ea	ch 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. Ce	rtification for Parts I and III:				
То	the best of my knowledge and belief, I verify the information provided in this Quarterly				
Re	port is true, accurate and correct.				
	$\mathcal{O}_{\mathcal{A}}$				
	John J. Wilson				
Na	me of Authorized Agent Signature of Authorized Agent Date				
Solid V	Department of Environmental Protection Vaste Section/Tires lair Stone Road				

Part III – Quarterly Report:

4th Qt 2003

### Department of Environmental Protection

Twin Tower Office Building 2600 Blair Stone Road Tallahassee, FL 32399-2400

# 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 X Quarterly Report If submitting notification for use of a general permit, fill our 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 State \_\_\_\_\_ Zip \_\_\_\_ 5 City 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 \_\_\_\_\_ Zip \_\_\_\_\_\_ 9. City: \_\_\_\_ State 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.

Signature of Authorized Agent

John J. Wilson Name of Authorized Agent

Par	Part III – Quarterly Report:					
A.	rterly submissions for mobile shredding, chopping or cutting equipment:					
	1. (	Quarter of this report Fourth Quarter, 2003				
	2	X No activity in this quarter.				
B.	Qua	rterly activity at landfills.				
List	eacl	h 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.)				
	<b>5</b> .	Describe how processed tires were disposed of:				
		· · · · · · · · · · · · · · · · · · ·				
		(Ex. Daily cover, TDF, Landfillable shred, etc.)				
C.	Qua	rterly activity at other sites.				
List	eac	h 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.	Cert	ification 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 ne of Authorized Agent  Signature of Authorized Agent  Date				
		1 / 1/				

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