# Department of Environmental Protection

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

DEP Form # 62-711.900(2)
Form Title Waste Tire General Permit Notification/Quarterly Report
Effective Date February 28, 1994
DEP Application No. _____
(Filled in by DEP)

# 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 RANGELINE ROAD
3. City: P.S.L. State: FL. Zip 34987
4. Mailing address: SAME
5. City: _____ State: _____ Zip: _____
6. Contact person: JACK WILSON 7. Phone: ( ) SAME

**Part II Notification**

A. Status of operation: ☑ Existing ☐ Proposed

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

1. Equipment manufacturer: CM
2. Equipment model number: PORTABLE
3. Equipment serial number: #9059 4. Manufacturers rated capacity: 12 TONS/hr
5. Maximum input size: _____ 6. Minimum output size: _____
7. Equipment owner: F.T.R.
8. Address: _____
9. City: _____ State: _____ Zip: _____

C. Describe how and where processed tires will be used or disposed of: AT FULLY PERMITTED WASTE TIRE SITES.

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 and II:

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

| Name of Authorized Agent | Signature of Authorized Agent | Date |
|---|---|---|
| Jack Wilson | Jack Wilson | 2/3/03 |

**Part III-Quarterly Report:**

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

1. Quarter of this report *(First quarter begins on January 1, of any given year)*: [redacted] FIRST

2. ☑ **No activity in this quarter.**

B. Quarterly activity at landfills. (Use additional sheets if necessary)

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 used or disposed of: _____

   *(Ex. daily cover, TDF, Landfillable shred ,etc.)*

C. Quarterly activity at other sites. (Use additional sheets, if necessary)

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: _____
   *(Expressed in tons assuming 100 passenger tires to a ton, 20 truck tires to a ton )*

6. Describe how processed tires were used or 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 certify the information provided in this Quarterly Report is true, accurate and correct.

| Jack Wilson | Jack Wilson | 2·3·03 |
|---|---|---|
| Name of Authorized Agent | Signature of Authorized Agent | Date |

Mail completed forms to:

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

# Department of Environmental Protection

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

DEP Form # 62-711.900(2)
Form Title Waste Tire General Permit Notification/Quarterly Report
Effective Date February 28, 1994
DEP Application No. _____
(Filled in by DEP)

# 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 RANGELINE ROAD
3. City: PSL State: FL. Zip 34987
4. Mailing address: SAME
5. City : _____ State: _____ Zip: _____
6. Contact person: JACK WILSON 7. Phone: ( ) SAME

**Part II Notification**

A. Status of operation: ☑ Existing ☐ Proposed

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

1. Equipment manufacturer: CM
2. Equipment model number: # PORTABLE
3. Equipment serial number: #9859 4. Manufacturers rated capacity: 12/TON/hr
5. Maximum input size: _____ 6. Minimum output size: _____
7. Equipment owner: F. T. R.
8. Address: _____
9. City: _____ State: _____ Zip: _____

C. Describe how and where processed tires will be used or disposed of: ANY permitted waste tire facility

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 and II:

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

| JACK WILSON | Jack Wilson | 2/3/03 |
|---|---|---|
| Name of Authorized Agent | Signature of Authorized Agent | Date |

**Part III-Quarterly Report:**

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

1. Quarter of this report *(First quarter begins on January 1, of any given year)*: Second

2. ☑ No activity in this quarter.

B. Quarterly activity at landfills. (Use additional sheets if necessary)

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 used or disposed of: _____

   *(Ex. daily cover, TDF, Landfillable shred ,etc.)*

C. Quarterly activity at other sites. (Use additional sheets, if necessary)

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: _____
   *(Expressed in tons assuming 100 passenger tires to a ton, 20 truck tires to a ton )*

6. Describe how processed tires were used or 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 certify the information provided in this Quarterly Report is true, accurate and correct.

| Jack Wilson | [signature] | 2/03/03 |
|---|---|---|
| Name of Authorized Agent | Signature of Authorized Agent | Date |

Mail completed forms to:

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

# Department of Environmental Protection

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

DEP Form # 62-711.900(2)
Form Title Waste Tire General Permit Notification/Quarterly Report
Effective Date February 28, 1994
DEP Application No. _____
(Filled in by DEP)

# 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 Rangeline Rd.
3. City: P.S.L. State: FL. Zip 34987
4. Mailing address: _____
5. City: _____ State: _____ Zip: _____
6. Contact person: Jack Wilson 7. Phone: ( ) SAME

**Part II Notification**

A. Status of operation: ☑ Existing ☐ Proposed

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

1. Equipment manufacturer: CM
2. Equipment model number: Portable
3. Equipment serial number: #9059 4. Manufacturers rated capacity: 12 tons/hr
5. Maximum input size: _____ 6. Minimum output size: _____
7. Equipment owner: F.T.R.
8. Address: _____
9. City: _____ State: _____ Zip: _____

C. Describe how and where processed tires will be used or disposed of: Any permitted Waste Tire Facility

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 and II:

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

| Jack Wilson | Jack Wilson | 2/3/03 |
|---|---|---|
| Name of Authorized Agent | Signature of Authorized Agent | Date |

**Part III-Quarterly Report:**

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

1. Quarter of this report *(First quarter begins on January 1, of any given year):* [redacted] Third

2. ☑ **No activity in this quarter.**

B. Quarterly activity at landfills. (Use additional sheets if necessary)

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 used or disposed of: _____

   _____

   *(Ex. daily cover, TDF, Landfillable shred ,etc.)*

C. Quarterly activity at other sites. (Use additional sheets, if necessary)

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: _____
   *(Expressed in tons assuming 100 passenger tires to a ton, 20 truck tires to a ton )*

6. Describe how processed tires were used or 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 certify the information provided in this Quarterly Report is true, accurate and correct.

| Jack Wilson | Jack Wilson | 2/3/03 |
|---|---|---|
| Name of Authorized Agent | Signature of Authorized Agent | Date |

Mail completed forms to:

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

Department of Environmental Protection

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

DEP Form # 62-711.900(2)
Form Title Waste Tire General Permit Notification/Quarterly Report
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DEP Application No. _____
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# 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: 6675 Rangeline Road
3. City: P.S.L. State: FL. Zip 34987
4. Mailing address: _____
5. City: _____ State: _____ Zip: _____
6. Contact person: _____ 7. Phone: ( ) _____

**Part II Notification**

A. Status of operation: ☑ Existing ☐ Proposed

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

1. Equipment manufacturer: CM
2. Equipment model number: PORTABLE
3. Equipment serial number: # 9059 4. Manufacturers rated capacity: 12 TONS/hr.
5. Maximum input size: _____ 6. Minimum output size: _____
7. Equipment owner: F.T.R.
8. Address: _____
9. City: _____ State: _____ Zip: _____

C. Describe how and where processed tires will be used or disposed of: Any permitted Waste Tire Facility

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 and II:

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

| JACK WILSON | Jack Wilson | 2/3/03 |
|---|---|---|
| Name of Authorized Agent | Signature of Authorized Agent | Date |

**Part III-Quarterly Report:**

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

1. Quarter of this report *(First quarter begins on January 1, of any given year):* [redacted] fourth

2. ☑ **No activity in this quarter.**

B. Quarterly activity at landfills. (Use additional sheets if necessary)

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 used or disposed of: _____

   _____

   *(Ex. daily cover, TDF, Landfillable shred ,etc.)*

C. Quarterly activity at other sites. (Use additional sheets, if necessary)

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: _____
   *(Expressed in tons assuming 100 passenger tires to a ton, 20 truck tires to a ton )*

6. Describe how processed tires were used or 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 certify the information provided in this Quarterly Report is true, accurate and correct.

| Jack Wilson | Jack Wilson | 2/03/03 |
|---|---|---|
| Name of Authorized Agent | Signature of Authorized Agent | Date |

Mail completed forms to:

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

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FEB 0 6 2003

Solid Waste Section

February 3, 2003

Jessie Carpenter
Solid Waste Section
Department of Environmental Protection
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, FL 32399

Dear Jessie,

Thanks for the heads-up! Find enclosed the quarterlies for 2002 and a check for the current application. Although we didn't use the permit last year, we would like to keep our options open.

Thanks again,

Jack Wilson
Florida Tire Recycling, Inc.

**Florida Tire Recycling, Inc.**
"Providing an Environmental Solution"
9675 Rangeline Road, Port St. Lucie, FL 34987 • (800) 869-9115 • (772) 465-0477 • FX (772) 489-2124