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AUG 29 2002

Department of  
Environmental Protection

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

Solid Waste Section

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: David L. Quarterson

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.

David L. Quarterson  
Name of Authorized Agent

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Date

Part III – Quarterly Report:

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

1. Quarter of this report Second Quarter, 2002
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.

David L. Quarterson  
Name of Authorized Agent

  
Signature of Authorized Agent

7/30/02  
Date