

Department of **Environmental Protection**

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

DEP Form #	<u>\$2.711.900(2)</u>
Form Titlé .	Matth Ten Bennet Bernet bertflesten Charterly Bener
Effective Da	NO Laboure 24 1844
DEP Applici	ition No
	(Filled in by DEP)

ction

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:	

Waste Tire General Perr	nit Notification		eport olid Waste Sei
Pursuant to Rule 62-711.801, Florida Administrations chopping, or cutting equipment shall submit t	rative Code, the owners or	operators of a qualifying	waste tire mobile
Type of submittal: 📋 General Permit notification 🗖 🔾	uarterly report		
submitting notification for use of a general permit, fill o	out Parts I & II. İf making a	quarterly report fill out Pa	rts I & III.
art i General:		e de la companya de l	•
. Company name: Florida Tire Rec	cycling, Inc.		
1. Phone <u>(561) 465-0477</u>		-	
2. Street Address: 9675 Range Line	Road		
3. City: Port St. Lucie State: FL	zip_3	4987	
4. Mailing address: same			
5. City :State:	Zip:		
6. Contact person: David L. Quarteron art II Notification	. 1 % A	the second of the second	
A. Status of operation: D Existing D Proposed			•
3. Submit information for mobile shredding, chopping, c	or cutting equipment.		
1. Equipment manufacturer:			
2. Equipment model number:		2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2	
3. Equipment serial number:	4. Mänufacturers rated c	apacity:	Les Control
5. Maximum Input size:	6. Minimum out	out size:	
7. Equipment owner:		·	
8. Address:			· · · · . <u></u>
9.99 CHylister State:	Zip:		, , , , , , , , , , , , , , , , , , ,
. Describe how and where processed tires will be used		•	
. Describe now and whole processed thes will be seen			
The second secon			
Attach a check or money order for the \$100.00 gene F.A.C.)	eral permit fee required for n	ew or renewal notification	s. (<i>Rule 62-4,</i>
. Cartification for Parts I and III			
o the best of my knowledge and belief, I certify the info	rmation provided in this not	ification is true, accurate,	and correct.
Name of Authorized Agent	Signature of Authorized /	Agent	Date

Α.	Quarterly reporting submissions for mobile shredding, chopping, or cutting eq	ulpment.		
1.	. Quarter of this report (First quarter begins on January 1, of any given year): First (Quarter 2001		
2. B.	XIX No activity in this quarter. Quarterly activity at landfills. (Use additional sheets if necessary)		in the second se	
List	each landfill where your equipment operated in the quarter covered by this rep	oort.		
t.	Landfill name:	a Cotocomorphics of A	· · · · · · · · · · · · · · · · · · ·	<u> </u>
112:	Owner/Operator Telephone number: ()	<u> </u>	·	
3.	County:			
4.	Quantity tires processed:			
	(Expréssed in tons assuming 100 passenger tires to a ton, 20 truck tires to	á ton)		
5.	Déscribe how processed tires were used or disposed of:			
	(markingston, co.)			
	(Ex. daily cover, TDF, Landfillable shred ,etc.)			, 4
c.	Quarterly activity at other sites. (Use additional sheets, if necessary)	- 1000 (1000) あっ ない - 1000 (1000)		
List	each site where your equipment operated in the quarter covered by this report	•		•
1.	Šitė namė:			
2.	Owner/Operator Telephone number:		, 1	· ·
3.	Street Address:		<u> </u>	
4.	City:State:Zip:			
5.	Quantity tires processed:		. an was a section of	
	(Expressed in tons assuming 100 passenger tires to a ton, 20 truck tires to	a ton)	•	
ė.	Describe how processed tires were used or disposed of:			
7.	Product removed to:			
8.	Waste removed to:			
	(Ex. daily cover, TDF, Landfillable shred ,etc.)	;		
), C	ertification for Parts I and III:	. •		1944.14 2014.14
	the best of my knowledge and belief, I certify the information provided in	this Quarterly Re	port is true,	accurate an
	ct. William William	and the second s	B	2001
	vid L. Quarterson W////////////////////////////////////		April17	, 2001
1	Name of Authorized Agent Signature of Authorized Agent	\$ 150	Date	8

Part III-Quarterly Report:

Mail completed forms to:

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



Name of Authorized Agent

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 Tex General Permit Notification/Duestack Reserv			
Effective Date Facus 28 1894			
DEP Application No.			
(Filled in by DEP)			

1 state 01

Date

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 mobishredding, chopping, or cutting equipment shall submit the following information on this form to the Department:
Type of submittal: General Permit notification Quarterly report 3
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 TITE RECYCLING, INC.
A. Company name: TURINH INCERECYCLING, INC.
1. Phone 561, 465-0477
2. Street Address: 91075 RANGE LIVE ROAD
3. City: PORT ST WICLE State: 71 zip 31987
4. Mailing address: SANE
5. City:State:Zip:
6. Contact person: DAVE WATZICZSOW7. Phone: 561 H105-0477
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. Manufacturers rated capacity:
5. Maximum input size:6. Minimum output 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 and 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

Page 1 of 2

Part	III-Quarterly Report:	
	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):	
2.	No activity in this quarter.	
В. (Quarterly activity at landfills. (Use additional sheets if necessary)	
List e	each landfill where your equipment operated in the quarter covered by this report.	
1.		
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:	
List e	Quarterly activity at other sites. (Use additional sheets, if necessary)	
1.	Site name:	 .
2.	Owner/Operator Telephone number:	•
3.	Stroet 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. C	ertification for Parts I and III:	
	the best of my knowledge and belief, I certify the information provided in this Quarterly Report i	s true, accurate an
DAI	IID LilluATOTERSON WILLIAM 3	-29-200

Mail completed forms to:

Name of Authorized Agent

Signature of Authorized Agent

Date

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



Name of Authorized Agent

Department of **Environmental Protection**

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

8	DEP Form # 62-711.900(2)
F	orm Title . Marie Tex General Dermit Marilly annual Constraint Report
E	flective Date
C	PEP Application No.
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Waste Tire General Permit Notification/Quarterlys Repart section

Pursuant to Rule 62-711.801, Florida A	Mobile Processing Equipment Administrative Code, the owners or operators of a q submit the following information on this form to the D	ualifying waste tire mobile Department:
Type of submittal: 🔲 General Permit notificat	tion Quarterly report	
f submitting notification for use of a general per	mit, fill out Parts I & II. If making a quarterly report fi	ill out Parts I & III.
Part I General:		
A. Company name: Florida Tiz	re Recycling, Inc.	
1. Phone <u>(561) 465-0477</u>		
2. Street Address: 9675 Range	Line Road	
3. City: Port St. Lucie State:	FL Zip 34987	
4. Mailing address: same		
	:Zip:	·
	eron 7. Phone: 561/465-0477	
Part II Notification		
A. Status of operation: D Existing D Pro	posed	
B. Submit information for mobile shredding, che	opping, or cutting equipment.	•
1. Equipment manufacturer:		
2. Equipment model number:		<u> </u>
3. Equipment serial number:	4. Manufacturers rated capacity:	
5. Maximum input size:	6. Minimum output size:	
7. Equipment owner:		
8. Address:		
	:Zip:	
C. Describe how and where processed tires will		
Describe now and where processed thes will	. De used of disposed on	,
<u> </u>	Service State of the Control of the	
D. Attach a check or money order for the \$100 F.A.C.)	0.00 general permit fee required for new or renewal no	tifications. (Rule 62-4,
E. Certification for Parts I and II:		
To the best of my knowledge and belief, I certify	y the information provided in this notification is true, a	ccurate, and correct.
Name of Authorized Agent	Signature of Authorized Agent	Date

Part	III-Quarterly Report:		•			
Α.	Quarterly reporting submissions for	mobile shredding, chopping,	or cutting equipment.			
1.	Quarter of this report (First quarter beg	gins on January 1, of any given year):	Second	quarter	2001.	
2:	A No activity in this quarter.					
В.	Quarterly activity at landfills. (Use a	additional sheets if necessary)				
List	each landfill where your equipment	operated in the quarter covere	ed by this report.			
1,	Landfill name:					
2.	Owner/Operator Telephone number	er: <u>(</u>)	<i></i>			
3.	County:			Profession Contract		
4.	Quantity tires processed:					
	(Expressed in tons assuming 100	passenger tires to a ton, 20 t	ruck tires to a ton)			
5.	Describe how processed tires wer	re used or disposed of:		,		
List e	(Ex. daily cover, TDF, Lands Quarterly activity at other sites. (Use	e additional sheets, if necessa		·		
1.	Site name:			· · · · · · · · · · · · · · · · · · ·	<u> </u>	
2.	Owner/Operator Telephone number					
3.	Street Address:State:				•	
4.			ip:			
.5.	Quantity tires processed: (Expressed in tons assuming 100		truck tires to a ton)			
6.	Describe how processed tires were	e used or disposed of:	· · · · · · · · · · · · · · · · · · ·			
7.	Product removed to:					
8.	Waste removed to:				~ ~~ ~~~	
	(Ex. daily cover,	TDF, Landfillable shred ,etc.)				1. * * 1.
	ertification for Parts I and III: the best of my knowledge and b ct.	elief, I certify the information	n provided in this Qu	uarterly Repo	rt is true, a	occurate an
	David L. Quarterson	- WINDING	lle	Ju	ly 26,	2001
N	lame of Authorized Agent	Signature of Autho	rized Agent		Date	

Mail completed forms to:

Florida Department of Environmental Protection Solid Waste Section / tires 2600 Blair Stone Road Tallahassee, Florida 32399-2407 Page 2 of 2

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