

Department of Environmental Protection

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

DEP Form # 62-711 8000	21
Form Title State Ton County	
Effective Date seems 24.1	Parent Medification/Paid College Registre
DEP Application No.	
	in by DEPi

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 i	mobile
shredding, chopping, or cutting equipment shall submit the following i								•

shredding, chopping, or cutting equipment shall submit	the following information on this f	orm to the Department	:
Type of submittal: General Permit notification	Quarterly report		ys.
If submitting notification for use of a general permit, fill	l out Parts I & II. If making a quart	erly report fill out Parts	
Part General:			ÈVED
A. Company name: FORIDA LITE	RECYCLING.INC	MAI	R 0 7 2002
1 Phone Stal , HIES-DHTT	•	<u> </u>	
2. Street Address: 9675 RANGE LIN	E ROAD	Solid \	Naste Section
3. city: Port St Lucie state: 71	zip 349	87	
4. Mailing address: SAMP			
5. City :State:		:	
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. Manufacturers rated capac	ity:	
5. Maximum input size:	6. Minimum output s	ize:	
7. Equipment owner:			<u></u>
8. Address:			· ·
9. City:State:	7in•		
C. Describe how and where processed tires will be us	sea or alsposea ot:		
D. Attach a check or money order for the \$100.00 ga	eneral permit fee required for new o	or renewal notifications	s. (Rule 62-4,
F.A.C.)			
E. Certification for Parts I and II:			:
To the best of my knowledge and belief, I certify the in	nformation provided in this notifica	tion is true, accurate, a	and correct.
			D.,
Name of Authorized Agent	Signature of Authorized Ager	II.	Date

Part i	III-Quarterly Report:	AN 18 18 18 18 18 18 18 18 18 18 18 18 18	era en la companya de la companya d
Α. (Quarterly reporting submissions for mobile shredding, chopping, or cutting equipment.	1000	
1.	Quarter of this report (Pirst querter begins on Jenuary 1, of any given year): 370 Quarter	Juli	·
	No activity in this quarter.		4 (1)
В. С	Quarterly activity at landfills. (Use additional sheets if necessary)	an 🙀 🤄	Francisco (Francisco)
List e	ach 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)		A TOTAL TOTA
	Describe how processed tires were used or disposed of:		
			
	(Ex. daily cover, TDF, Landfillable shred ,etc.)		17 x 2 22
	Duarterly activity at other sites. (Use additional sheets, if necessary)		
List e	ach site where your equipment operated in the quarter covered by this report.		
	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.)		No. No. No.
D. C	ertification for Parts I and III:		
То	the best of my knowledge and belief, I certify the information provided in this Quarterly	Report is tr	ue, jaccurate and
DA		10.	120/01
	lame 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 # 82-711 9001	21
Form Title Brand Tea Assess	Person Brasilian and Principles Bearing
DEP Application No.	
144	in by DEP)

3. City: Port St Lucie state: 71 zip 34987 4. Mailing address: SAME	RECEIVED MAR 0 7 2002 Solid Waste Section
A. Company name: FIORIDA TITE RECYCLING. INC 1. Phone Stol HL65-OH77 2. Street Address: 9675 RANGE LINE ROAD 3. City: PORT St LUCIE State: 71 zip 34987 4. Mailing address: SAME 5. City: State: zip: 6. Contact person: DAUID L. QUARTERSON 7. Phone: 561 H65-OH77	MAR 0 7 2002 Solid Waste Section
1. Phone Stol HOS - OHT 2. Street Address: 9675 RANGE LINE ROAD 3. City: PORT St LUCIE State: 71 zip 34987 4. Mailing address: SAME 5. City: State: zip: 6. Contact person: DAUID L. QUARTERSON 7. Phone: 561 HOS - OHT Part II Notification	Solid Waste Section
1. Phone 50 1465 - 0477 2. Street Address: 9675 RANGE LINE ROAD 3. City: PORT St LUCIE State: 71 zip 34987 4. Mailing address: SAME 5. City: State: Zip: 7. Phone: 561 H65 - 0477 Part II Notification	Solid Waste Section
3. City: YOUT ST LUCIE State: +1 zip 34987 4. Mailing address: SAME 5. City: State: zip: 6. Contact person: DAUID L. QUARTERSON 7. Phone: (561) H65-0H77. Part II Notification	
3. City: YOUT ST LUCIE State: +1 zip 34987 4. Mailing address: SAME 5. City: State: zip: 6. Contact person: DAUID L. QUARTERSON 7. Phone: (561) H65-0H77. Part II Notification	
4. Mailing address: SAME 5. City:State:Zip: 6. Contact person: DAVID L. QUARTERSON 7. Phone: 561 1 H65 - OH77 Part II Notification	
6. Contact person: DAUID L. QUARTERSON 7. Phone: (56) 1 H65-0H77	·
6. Contact person: DAUID L'QUARTERSON 7. Phone: 561 H65-0H77	
Part II Notification	
A. Status of operation: Existing Proposed	
the control of the co	
B. Submit information for mobile shredding, chopping, or cutting equipment.	4 · ·
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:Zip:	
C. Describe how and where processed tires will be used or disposed of:	

- 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 Name of Authorized Agent

Date

Part	t III-Quarterly Report:	Constant
Ą.	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	each landfill where your equipment operated in the quarter covered by this report.	
1.		
2.		
3.	County:	
4.	. Quantity tires processed:	
	(Expressed in tons assuming 100 passenger tires to a ton, 20 truck tires to a ton)	1
5.	. Describe how processed tires were used or disposed of:	
		•
	(Ex. dally cover, TDF, Landfillable shred ,etc.)	
c.	Quarterly activity at other sites. (Use additional sheets, if necessary)	e de la companya de l
List	each site where your equipment operated in the quarter covered by this report.	
1.	. Site name:	
2.		.
-3.	•	
4.	. City:State:Zip:	· · · · · · · · · · · · · · · · · · ·
5.		
9.	(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.		• • • • • • • • • • • • • • • • • • •
•	(Ex. daily cover, TDF, Landfillable shred ,etc.)	
D. (Certification for Parts I and III:	2000 MA
	o the best of my knowledge and belief, I certify the information provided in this Quarterly Report	s trie schurate and
com		
<u> Y</u> P	AVID L. GLANTERSON MIMMANIAM &	188102
	Name of Authorized Agent Signature of Authorized Agent	Date

Mail completed forms to:

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