



0140703-004-WT
Department of
Environmental Protection
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400
140703

DEP Form # 62-701.900(19)
Waste Tire General
Form Title <u>Permit Application</u>
Effective Date <u>12/23/96</u>
DEP Application No. _____ (Filled in by DEP)

Waste Tire General Permit Notification/Quarterly Report For Mobile Processing Equipment

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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: 561 465-0477
2. Street Address: 9675 RANGE LINE ROAD
3. City: PORT ST LUCIE State: FL Zip: 34987
4. Mailing address: SAME
5. City: _____ State: _____ Zip: _____
6. Contact person: DAVE QUATZSON 7. Phone: 561 465-0477 8. FEID No. 59-2801031

Part II Notification

A. Status of operation: ☒ Existing ☐ Proposed
B. Submit information for mobile shredding, chopping, or cutting equipment.
1. Equipment manufacturer: COLUMBUS MCKINNON
2. Equipment model number: NONE
3. Equipment serial number: E9059 4. Manufacturers rated capacity: 10 TONS/HOUR
5. Maximum input size: 12 X 22.5 6. Minimum output size: 2" chips
7. Equipment owner: FLORIDA TIRE RECYCLING INC
8. Address: SAME
9. City: _____ State: _____ Zip: _____
C. Describe how and where processed tires will be used or disposed of: USED ON SITE FOR CIVIL ENGINEERING OR OFF SITE AS TIRE DERIVED FUEL.
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.

DAVID L. QUATZSON
Name of Authorized Agent

[Signature]
Signature of Authorized Agent
JUN 07 2001

5-29-2001
Date