

# Department of Environmental Protection

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

3rd Qtr 2000

DEP Form # 62-711.900(2)
Form Title: <u>Waste Tire General Permit Notification/Quarterly Report</u>
Effective Date: <u>February 28, 1994</u>
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: (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: David L. Quarteron 7. Phone: (561) 465-0477

### 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: \_\_\_\_\_

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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.)

Solid Waste Section

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  
Page 1 of 2

\_\_\_\_\_  
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):* Third Quarter, 2000
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: \_\_\_\_\_

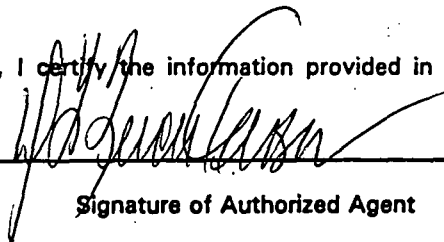
(Ex. daily cover, TDF, Landfillable shred ,etc.)

**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.

David L. Quarterson

Name of Authorized Agent



Signature of Authorized Agent

October 10, 2000

Date

Mail completed forms to:

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