



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 Tea General Parmit Medification/United Se	
Effective Date_Feering 28, 1884	-
DEP Application No.	-
(Filled in by DEP)	- 1
	- 1

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: Florida Zip 34987
4. Mailing address:same
5. City :State:Zip:
6. Contact person: David L. Quarterson 7. Phone: 561 465-0477 RECEIVED
Part II Notification MAY 1 0 1999
A. Status of operation: Existing Proposed
B. Submit information for mobile shredding, chopping, or cutting equipment. Solid Waste Section
1. Equipment manufacturer: Columbus McKinnon
2. Equipment model number: no model number
3. Equipment serial number: E9059 4. Manufacturers rated capacity: 12 tph
5. Maximum input size: 1200 x 20 6. Minimum output size: 3 inch chips
7. Equipment owner: Florida Tire Recycling, Inc.
8. Address: 9675 Range Line Road
9. City: Port St. Lucie State: Florida Zip: 34987
2. Describe how and where processed tires will be used or disposed of: Processed material disposed of
at landfill sites for use in civil engineering applications.
at landill sites for use in civil engineering applications.
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.)
. Certification for Parts I and II:
o the best of my knowledge and belief, I certify the information provided in this notification is true, accurate, and correct.
David L. Quarterson MMMMMM May 6, 1999
Name of Authorized Agent Signature of Authorized Agent
274578-ch 10643/

-art i	m-quarterly Report:
A. (Quarterly reporting submissions for mobile shredding, chopping, or cutting equipment.
1.	Quarter of this report (First quarter begins on Jenuary 1, of any given year):
2.	☐ No activity in this quarter.
3. C	Quarterly activity at landfills. (Use additional sheets if necessary)
.ist e	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.)
:. a	Quarterly activity at other sites. (Use additional sheets, if necessary)
	ach site where your equipment operated in the quarter covered by this report.
	Site name:
	Owner/Operator Telephone number:
3.	
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4.	City:State:
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.)
. Ce	ertification for Parts I and III:
	the best of my knowledge and belief, I certify the information provided in this Quarterly Report is true, accurate
orrec	
N	ame of Authorized Agent Date
	Mail completed forms to:
	Florida Department of Environmental Protection

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