



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

May 21, 1997

Mr. David Quarterson
Florida Tire Recycling Inc.
9675 Range Line Road
Port St. Lucie, Florida 34987

General Permit: WT56-306444
Expiration Date: 06/28/98
Location: Port St. Lucie

Subject: Waste Tire General Permit Notification
Date Received: May 20, 1997

The Department acknowledges receipt of your notification of intent to operate Mobile Waste Tire Processing Equipment under General Permit Number WT56-306444. This letter authorizes the operation of the Mobile Equipment described in your application. The equipment shall be operated in accordance with the provisions of the Florida Administrative Code Rule 62-711.801.

The General Permit is subject to the general conditions of the Florida Administrative Code Rules 17-4.510 through 17-4.540 and the following specific conditions:

- 1) The mobile equipment shall operate at any one site for less than 120 days or shall obtain a Waste Tire Processing Facility Permit.
- 2) All processed tires and residuals shall be removed from the site within 30 days after the completion of operations.
- 3) The owner or operator of the mobile equipment shall report to the Department each January, April, July, and October describing each site at which the equipment was operated during the preceding three months. DEP form 62-701.900(19) shall be used for such reports.
- 4) Authorization to operate mobile equipment under a General Permit is suspended when the requirements of that General Permit are not fulfilled.
- 5) A General Permit for Mobile Equipment is a one year permit.

A copy of Rules 17-4.510 through 17-4.540 and 62-711.801, F.A.C. is enclosed. If you need further information, please call Jessie Carpenter of the Solid Waste Section, Telephone (904) 488-0300.

Sincerely,

Jessie L. Carpenter
Solid Waste Section

Enclosures

P 339 219 429

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

For International Mail (See reverse).

Mr. David QUARTERSON
FLORIDA TIRE RECYCLING INC
9675 RANGE LINE ROAD
PORT ST LUCIE, FL 34987

PS Form 3800, April 1995

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MR. DAVID QUARTERSON
FLORIDA TIRE RECYCLING INC
9675 RANGE LINE ROAD
PORT ST LUCIE, FL 34987

4a. Article Number

P 339 219 429

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

5 31 90

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

8. Addressee's Address (Only if requested and fee is paid)

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

ATTN: ~~Biomedical Waste Program~~
Department of Environmental
Protection
2600 Blair Stone Road, MS 4565
Tallahassee, Florida 32399-2400

