



# Florida Department of Environmental Regulation

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

Form # 17-711.900(2)

Form Title Waste Tire General Permit Notification/Quarterly Report

Effective Date February 28, 1994

DER Application No. \_\_\_\_\_

(Filled in by DER)

3rd Qtr 94

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

Pursuant to Rule 17-711.801, 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( ) 407-465-0477

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 QUARTERSON 7. Phone: (407) 465-0477

### Part II- Notification

A. Status of operation: ☒ Existing ☐ Proposed

B. Submit information for mobile shredding, chopping, or cutting equipment.

1. Equipment manufacturer: COLUMBUS MCKINNON CORPORATION

2. Equipment model number: 3408TA

3. Equipment serial number: 78203778 4. Manufacturers rated capacity: 10 TON/HR

5. Maximum input size: 54" X 16" 6. Minimum output size: 2" NOMINAL

7. Equipment owner: FLORIDA TIRE RECYCLING, INC.

8. Address: 9675 RANGE LINE ROAD

9. City: PORT ST. LUCIE State: FL Zip: 34987

C. Describe how and where processed tires will be used or disposed of: AS PER OUR CONTRACT, SHREDDED

MATERIAL REMAINS PROPERTY OF BREVARD, HIGHLANDS MARTIN, AND SARASOTA COUNTIES

D. Attach a check or money order for the \$100.00 general permit fee required for new or renewal notifications. (Rule 17-4, 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.

Susan K. Wilcox

Name of Authorized Agent

[Signature]  
Signature of Authorized Agent

10.19.94

Date

## II-Quarterly Report:

Quarterly reporting submissions for mobile shredding, chopping, or cutting equipment.

Quarter of this report (First quarter begins on January 1, of any given year):

JULY 1, 1994 TO SEPTEMBER 30, 1994

☐ No activity in this quarter.

Quarterly activity at landfills. (Use additional sheets if necessary)

- st each landfill where your equipment operated in the quarter covered by this report.
1. Landfill name: SEE ATTACHED SHEET
  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: \_\_\_\_\_ Zip: \_\_\_\_\_
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.)

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.

SUSAN K. WILSON  
Name of Authorized Agent

[Signature]  
Signature of Authorized Agent

10/19/94

Date

Mail completed forms to:  
Florida Department of Environmental Protection  
Solid Waste Section / tires  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2407  
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WASTE TIRE QUARTERLY REPORT  
JULY 1, 1994 TO SEPTEMBER 30, 1994

PART III

B.

1. COCOA LANDFILL
2. CONTACT PERSON: CHARLES HUNTER 407-633-1888
3. BREVARD COUNTY
4. 1422.71
5. DAILY COVER AND LANDFILLABLE SHREDS

1. MELBOURNE LANDFILL
2. CONTACT PERSON: CHARLES HUNTER 407-633-1888
3. BREVARD COUNTY
4. 122.14
5. DAILY COVER AND LANDFILLABLE SHREDS

1. HIGHLANDS COUNTY SOLID WASTE LANDFILL
2. CONTACT PERSON; CHRISTY REED 813-568-6823
3. HIGHLANDS COUNTY
4. 137.17
5. DAILY COVER AND LANDFILLABLE SHREDS

1. MARTIN COUNTY LANDFILL
2. CONTACT PERSON: MIKE BACON 407-288-5772
3. MARTIN COUNTY
4. 47.02
5. DAILY COVER AND LANDFILLABLE SHREDS

1. BEE RIDGE ROAD LANDFILL
2. CONTACT PERSON: PAM NOAH 813-951-5096
3. SARASOTA COUNTY
4. 401.14
5. DAILY COVER AND LANDFILLABLE SHREDS