



Florida Department of Environmental Regulation

Twin Towers Office Bldg. 2600 Blair Stone Road Tallahassee, Florida 32309-2400

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DER Form # 17-711.900(2)
Form Title <u>Waste Tire General Permit Notification/Quarterly Report</u>
Effective Date <u>February 28, 1994</u>
DER Application No. _____ (Filled in by DER)

WT56-252228

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: 34979

4. Mailing address: SAME AS ABOVE

5. City: _____ State: _____ Zip: _____

6. Contact person: SKIP ROBINSON 7. Phone: (407) 465-0477

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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: 3508

3. Equipment serial number: 23204734 4. Manufacturers rated capacity: 10 TONS/HOUR

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: 34979

C. Describe how and where processed tires will be used or disposed of: AS PER OUR CONTRACT, SHREDDED MATERIAL REMAINS PROPERTY OF THE COUNTY WHICH IT IS SHRED.

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. WILSON

Name of Authorized Agent

Signature of Authorized Agent

05/31/94

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):* _____
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.

Name of Authorized Agent

Signature of Authorized Agent

Date

Mail completed forms to:

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



Florida Tire Recycling, Inc.

(VIA CERTIFIED MAIL #P332461987)

May 31, 1994

Mr. William K. Parker, Engineer
Solid Waste Section/Tires
FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, FL 32399-2400

**RE: RENEWAL OF WASTE TIRE MOBILE
PROCESSING GENERAL PERMIT #WT57-233533**

Dear Mr. Parker,

Please find enclosed our completed application for the renewal of the above captioned. Also find check number 8267 in the amount of One hundred (\$100.00) dollars for the application fee.

If there are questions please call; I may be reached at 407-465-0477.

Thank you for your attention in this matter.

Sincerely,



Skip Robinson
FLORIDA TIRE RECYCLING, INC.

encl.

Providing An Environmental Solution

9675 Range Line Road • Port St. Lucie, Florida 34987 • (407) 465-0477 • FAX (407) 489-2124