



Florida Department of Environmental Regulation

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

DER Form # 17-711.800(2)
Form Title: Waste Tire General Permit Notification
Effective Date: February 22, 1989
DER Application No. (Filed in by DER)

Waste Tire General Permit Notification

Pursuant to Rule 17-711.801, Florida Administrative Code, the owners or operators of a qualifying waste tire collection center or small processing facility or mobile shredding, chopping, or cutting equipment shall submit the following information on this form to the Department.



1. Type and status of operation (check as many as apply):

Existing [XX] Proposed []

[] Waste tire collection center [] Mobile shredding, chopping, or cutting equipment

[] Small processing facility [XX] Other

EA, SOLID WASTE

2. Waste tire collection centers and small processing facilities must complete the following facility information:

a. Facility name: _____

b. Facility location:

Street address (main entrance) _____

City _____, County _____, Zip _____

Section _____, Township _____, Range _____

Latitude _____, Longitude _____

c. Name of property owner: _____

d. Address of property owner: _____

City _____ State _____ Zip _____

e. Telephone number of property owner: (_____) _____

3. Name of operator: FLORIDA TIRE RECYCLING, INC.

4. Address of operator: 9675 RANGE LINE ROAD

City PORT ST. LUCIE State FLORIDA Zip 34987

5. Telephone number of operator: (407) 465-0477

6. Describe the general operation of the facility or equipment (attach additional sheets, if necessary):

MOBILE TIRE SHREDDING

7. Describe how the waste tire storage and handling requirements of Rule 17-711.540, F.A.C. will be met (attach additional sheets, if necessary):

QTR. 3

DER Form # 17-711.900(2)
Form Title Waste Tire General Permit Notification
Effective Date February 22, 1989
DER Application No. _____ (Filed in by DER)

8. Date of beginning operation: JULY 1, 1992 THRU SEPTEMBER 30, 1992

9. Quantities of waste tires, expressed in tons (assume there are 100 tires per ton or 10 tires per cubic yard):

Received per month: 0 tons

Stored on site: 0 tons

Processed per month: 0 tons

10. Describe how and where the waste tires, processed tires, and residuals from processing will be disposed:

[REDACTED]

11. List mobile shredding, chopping, and cutting equipment processing locations during preceding three months (Photocopies of Form 17-711.900(3) for each processing site may be attached in lieu of listing each site). Attach additional sheets, if necessary:

Name of facility or site: _____

Site Location (main entrance)

Street address: _____

City _____ County _____ Zip _____

Latitude _____, Longitude _____

Site property owner: _____

Property owner address: _____

Property owner phone number: (_____) _____

12. Required attachments:

- a. Letter of notification to fire protection authority
- b. General permit fee of \$25.00. (Rule 17-4, F.A.C.)

13. Certification:

To the best of my knowledge and belief, I certify the information provided in this notification is true, accurate, and correct.

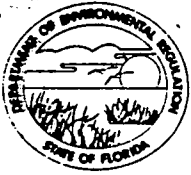
JOHN J. WILSON
Name of Authorized Agent

[Signature]
Signature of Authorized Agent

NOVEMBER 4, 1992
Date

Mobile Equipment Operators mail completed form to:
Florida Department of Environmental Regulation
Solid Waste Section
Attention: Tires
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Collection Centers and Small Processing Facilities
mail completed form to
the appropriate district office
listed on page 1.



Florida Department of Environmental Regulation

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Pursuant to Rule 17-711.801, Florida Administrative Code, the owners or operators of a qualifying waste tire collection center or small processing facility or mobile shredding, chopping, or cutting equipment shall submit the following information on this form to the Department.

1. Type and status of operation (check as many as apply):

Existing [X] Proposed []

- [] Waste tire collection center [] Mobile shredding, chopping, or cutting equipment
[] Small processing facility [X] Other

2. Waste tire collection centers and small processing facilities must complete the following facility information:

a. Facility name: _____

b. Facility location:

Street address (main entrance) _____

City _____, County _____, Zip _____

Section _____, Township _____, Range _____

Latitude _____, Longitude _____

c. Name of property owner: _____

d. Address of property owner: _____

City _____ State _____ Zip _____

e. Telephone number of property owner: (_____) _____

3. Name of operator: FLORIDA TIRE RECYCLING, INC.

4. Address of operator: 9675 RANGE LINE ROAD

City PORT ST. LUCIE State FLORIDA Zip 34987

5. Telephone number of operator: (407) 465-0477

6. Describe the general operation of the facility or equipment (attach additional sheets, if necessary):

MOBILE TIRE SHREDDING

7. Describe how the waste tire storage and handling requirements of Rule 17-711.540, F.A.C. will be met (attach additional sheets, if necessary):

DER Form # 17-711.900(2)
Form Title Waste Tire General Permit Notification
Effective Date February 22, 1989
DER Application No. _____ (Filed in by DER)

QTR. 4

8. Date of beginning operation: OCTOBER 1, 1992 THRU DECEMBER 31, 1992

9. Quantities of waste tires, expressed in tons (assume there are 100 tires per ton or 10 tires per cubic yard):

Received per month: 0 tons

Stored on site: 0 tons

Processed per month: 0 tons

10. Describe how and where the waste tires, processed tires, and residuals from processing will be disposed:

11. List mobile shredding, chopping, and cutting equipment processing locations during preceeding three months (Photocopies of Form 17-711.900(3) for each processing site may be attached in lieu of listing each site). Attach additional sheets, if necessary:

Name of facility or site: _____

Site Location (main entrance)

Street address: _____

City _____ County _____ Zip _____

Latitude _____, Longitude _____

Site property owner: _____

Property owner address: _____

Property owner phone number: (_____) _____

12. Required attachments:

- a. Letter of notification to fire protection authority
- b. General permit fee of \$2500. (Rule 17-4, F.A.C.)

13. Certification:

To the best of my knowledge and belief, I certify the information provided in this notification is true, accurate, and correct.

JOHN J. WILSON
Name of Authorized Agent

Signature of Authorized Agent

MARCH 10, 1992
Date

Mobile Equipment Operators mail completed form to:
 Florida Department of Environmental Regulation
 Solid Waste Section
 Attention: Tires
 2600 Blair Stone Road
 Tallahassee, Florida 32399-2400

Collection Centers and Small Processing Facilities
 mail completed form to
 the appropriate district office
 listed on page 1.



Florida Department of Environmental Regulation

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

DER Form # 17-711.800(2)
Form Title <u>Waste Tire General Permit Notification</u>
Effective Date <u>February 22, 1989</u>
DER Application No. _____ (Filed in by DER)

Waste Tire General Permit Notification

Pursuant to Rule 17-711.801, Florida Administrative Code, the owners or operators of a qualifying waste tire collection center or small processing facility or mobile shredding, chopping, or cutting equipment shall submit the following information on this form to the Department.

1. Type and status of operation (check as many as apply):

Existing Proposed

- Waste tire collection center Mobile shredding, chopping, or cutting equipment
- Small processing facility Other

2. Waste tire collection centers and small processing facilities must complete the following facility information:

a. Facility name: _____

b. Facility location:

Street address (main entrance) _____

City _____, County _____, Zip _____

Section _____, Township _____, Range _____

Latitude _____, Longitude _____

c. Name of property owner: _____

d. Address of property owner: _____

City _____ State _____ Zip _____

e. Telephone number of property owner: (_____) _____

3. Name of operator: FLORIDA TIRE RECYCLING, INC.

4. Address of operator: 9675 RANGE LINE ROAD

City PORT ST. LUCIE State FLORIDA Zip 34987

5. Telephone number of operator: (407) 465-0477

6. Describe the general operation of the facility or equipment (attach additional sheets, if necessary): _____

MOBILE TIRE SHREDDING

7. Describe how the waste tire storage and handling requirements of Rule 17-711.540, F.A.C. will be met (attach additional sheets, if necessary): _____

DER Form # 17-711.900(2)
Form Title Waste Tire General Permit Notification
Effective Date February 22, 1989
DER Application No. _____ (Filed in by DER)

QTR. 2

8. Date of beginning operation: APRIL 1, 1992 THRU JUNE 30, 1992

9. Quantities of waste tires, expressed in tons (assume there are 100 tires per ton or 10 tires per cubic yard):

Received per month: 0 tons

Stored on site: 0 tons

Processed per month: 0 tons

10. Describe how and where the waste tires, processed tires, and residuals from processing will be disposed:

11. List mobile shredding, chopping, and cutting equipment processing locations during preceeding three months (Photocopies of Form 17-711.900(3) for each processing site may be attached in lieu of listing each site). Attach additional sheets, if necessary:

Name of facility or site: _____

Site Location (main entrance)

Street address: _____

City _____ County _____ Zip _____

Latitude _____, Longitude _____

Site property owner: _____

Property owner address: _____

Property owner phone number: (_____) _____

12. Required attachments:


a. Letter of notification to fire protection authority

b. General permit fee of \$25.00. (Rule 17-4, F.A.C.)

13. Certification:

To the best of my knowledge and belief, I certify the information provided in this notification is true, accurate, and correct.

JOHN J. WILSON
Name of Authorized Agent


Signature of Authorized Agent

NOVEMBER 4, 1992
Date

Mobile Equipment Operators mail completed form to:
Florida Department of Environmental Regulation
Solid Waste Section
Attention: Tires
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Tallahassee, Florida 32399-2400

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Existing [X] Proposed []

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[] Small processing facility [X] Other

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a. Facility name: _____

b. Facility location:

Street address (main entrance) _____

City _____, County _____, Zip _____

Section _____, Township _____, Range _____

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c. Name of property owner: _____

d. Address of property owner: _____

City _____ State _____ Zip _____

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6. Describe the general operation of the facility or equipment (attach additional sheets, if necessary):

MOBILE TIRE SHREDDING

7. Describe how the waste tire storage and handling requirements of Rule 17-711.540, F.A.C. will be met (attach additional sheets, if necessary):

QTR. 1

DER Form #	17-711.900(2)
Form Title	Waste Tire General Permit Notification
Effective Date	February 22, 1989
DER Application No.	(Filed in by DER)

8. Date of beginning operation: JANUARY 1, 1992 THRU MARCH 31, 1992

9. Quantities of waste tires, expressed in tons (assume there are 100 tires per ton or 10 tires per cubic yard):

Received per month: 0 tons

Stored on site: 0 tons

Processed per month: 0 tons

10. Describe how and where the waste tires, processed tires, and residuals from processing will be disposed:

11. List mobile shredding, chopping, and cutting equipment processing locations during preceeding three months (Photocopies of Form 17-711.900(3) for each processing site may be attached in lieu of listing each site). Attach additional sheets, if necessary:

Name of facility or site: _____

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Street address: _____

City _____ County _____ Zip _____

Latitude _____, Longitude _____

Site property owner: _____

Property owner address: _____

Property owner phone number: (_____) _____

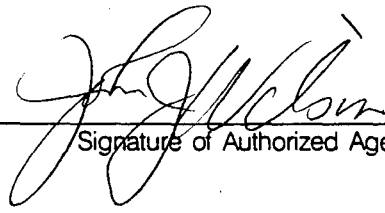
12. Required attachments:

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JOHN J. WILSON
Name of Authorized Agent


Signature of Authorized Agent

NOVEMBER 4, 1992
Date

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