

April 2, 2008

9675 Range Line Road Port Saint Lucie, FL 34987 Ph (772) 465-0477 Fx (772) 489-2124 Email Stri@earthlink.net

APR 0 3 2008

DEPT of ENV PROTECTION
WEST PALM BEACH

Stephen Brown
Florida Department of Environmental Protection
Solid Waste & Storage Tank Section
400 North Congress Ave, Suite 200
West Palm Beach, FL 33401

Dear Stephen,

Enclosed please find copies of our Waste Tire Processing Facility quarterly reports for 2007.

If you have any questions or require any further information please feel free to contact me.

Sincerely,

Marcus Quilty, MIATI Chief Financial Officer

CONFIDENTIAL RECEIVED

Department of **Environmental Protection**

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(First quarter begins on January 1 of any given year.)

(Filed in by DEP)

APR 0 3 2008

Dept of Env Protection West Palm Beach

Waste Tire Processing Facility Quarterly Report

Persulant to Rule 62-711.530, Florida Administrative Code, the owner or operator of a waste tire processing facility shall submit the following information to the Department quarterly.

Quarter covered by this report:		Third Quarter 2007 (First quarter begins on January 1 of any given year.)						
1. Facility name :		Florida Tire Ro	ecycling, Inc.				,	
2. Facility mailing	address:	9675 Range L	ine Road					
City:	Port St. Lucie		County:	St Lucie		Zip:	34987	
3. Facility permit number:		41202-WT-001						
4. Facility telephone number:		(772) 465-0477						
5. Authorized person preparing report:		John J. Wilson						
6. Affiliation with facility:			Chief Executive Officer					
7. Telephone number (if different from above):			same					
8. Activity: Report	in tons.						<u></u>	
	Beginning	Received	Processed	Consumed	Removed	Adjustments	Ending	
	Inventory						Inventory	
Used tires	-						-	
Other whole tires	134.00						134.00	
Processed tires	(831.22)	11,621.53	11,621.53		12,191.94		(1,401.63)	
Processing waste	-						-	
Other	-						-	
Total	(697.22)	11,621.53	11,621.53	_	12,191.94	_	(1,267.63)	
a. Explain all inven	Includes final	resolution of e	Excludes non- stimated invent	ory carried fon	vard.			
b. List any period was that condition	relieved?							
For any excess inv sheets if necessar	· -	d of the quarter	, state how and v	when this condit	ion will be reliev	ed. Attach addi	uonai	
9. Certification:								
		nd belief, I certi	fy the information	provided in this	report is true, a	,	nplete.	
John J. V		-			x b~	2 3		
Name of Aut	horized Agent		Signature of	f Authorized Age	ent		Date	