

Quarter covered by this report

Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400

R	eset	Form

Print Form

DEP Form #_62-701.900(21)

Effective Date: January 6, 2010

Form Title: Waste Tire Processing Facility Quarterly Report

report

DEP Application No.

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

(Completed by DEP)

WASTE TIRE PROCESSING FACILITY QUARTERLY REPORT

Pursuant 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.

First, 2014

1.	Facility name:	Consolidat	ed Tire Proce	ssing,L.L.C.							
2.	Facility mailing	g address: 3	3100 S. Ridge	wood Ave,Unit	190						
	City: South [Daytona		County: Vo	lusia		Zip: <u>32119</u>				
3.	Facility permit	number: W	T-64-0310464	I-001							
4.	Facility telepho	one number	(386)212-20)48							
5.	Authorized person preparing report: Dennis Mulberger										
3.	Affiliation with	facility:	managing dire	ector							
7.	Telephone nui	mber (if differe	ent from above): <u>(</u>)							
3.	Activity: Repo	ort in tons		5060							
		Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory			
	Used Tires	70	210	195				85			
	Other Whole Tires	0									
	Processed Tires	0									
•	Processing Waste	0					RECEIVE	D			
•	Other	0		1,1 .1			APR 07 201	la la			
	Total	0				DEI	Central				
a	Explain all inve	entorv adiustn	nents.				· · · · · · · · · · · · · · · · · · ·	ist.			
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1-											
١. آ	List any period	st any period in which one or more category of inventory exceeded the permitted maximum for that category. How as that condition relieved?									
-								***************************************			
	For any excess	or any excess inventory at the end of the quarter, state how and when this condition will be relieved. Attach									
-			~· ,·								
-											
	Certification: T	ertification: To the best of my knowledge and belief, I certify the information provided in this report is true, accurate,									
	and complete.				//	. /	1 201 2000 100 2000				
Dennis Mulberger 4/4/											
	Print Nam	e of Authorize	ed Agent	Si	ignature of Auti	norized Agent		Date			
			Ma	il completed fo	orm to the						

Mail completed form to the appropriate District office listed below