

## WASTE MANAGEMENT INC. OF FLORIDA

Vista Landfill, LLC 242 W. Keene Road Apopka, FL 32703 P:407-886-2920 F:407-889-8043

April 15, 2014

Florida Department of Environmental Protection Central District - Solid Waste Section 3319 Maguire Blvd., Suite 232 Orlando, Florida 32803

Subject: Waste Tire Processing Facility Quarterly Report

Vista Landfill, LLC. – Facility ID# WT48-0165969-016

## Dear Sir/Madam:

Please find enclosed the 2014 first quarterly Waste Tire Report for the above referenced facility. Please contact me at (386) 804-4183 if you have any questions or need additional information regarding this submittal.

Respectfully Submitted,

Paul Bermillo

Environmental Protection Manager Waste Management Inc. of Florida

cc: Site File



## Florida Department of **Environmental Protection**

**Bob Martinez Center** 2600 Blair Stone Road Tallahassee, Florida 32399-2400 DEP Form #\_62-701.900(21)

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Form Title: Waste Tire Processing Facility Quarterly

Effective Date: January 6, 2010

DEP Application No.

(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.

larter covered by 1. Facility name:	·	fill, LLC.	(	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		iry i of any giver	. , ,
2. Facility mailing	address: 2	42 W. Keene	Road				
City: Apopka Count				Orange Zip: 32			
. Facility permit	number: S0	D48-0165969-	—	165969-016			
. Facility telepho	one number	(407 )886-29	20				
Authorized per	rson preparing	report: Pa	aul Bermillo				
Affiliation with	facility:	Environmenta	I Protection M	anager			
Telephone nui	mber (if differe	ent from above	): (386 )	804-4183			
Activity: Repo	ort in tons						
	Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory
Used Tires							
Other Whole Tires	102	21	0	0	0	0	123
Processed Tires							
Processing Waste							
Other							
Total							
Explain all inve	entory adjustn	nents.					
List any period was that cond			ory of inventory	exceeded the	permitted max	kimum for that ca	ategory. Ho
For any exces Additional she			quarter, state h	now and when t	this condition v	will be relieved.	Attach
. Certification: 1 and complete.		my knowledge	and belief, I ce	rtify the informa	ation provided	in this report is t	rue, accura
Paul Bermillo		ed Agent	_ 4	signature of Aut	22	4/15/14	Date

Mail completed form to the appropriate District office listed below