Board of County Commissioners DEPARTMENT OF PUBLIC WORKS SOLID WASTE MANAGEMENT DIVISION

P.O. Box 340, Lecanto, Florida 34460
Telephone: (352) 527-7670 FAX: (352) 527-7672
email: landfillinfo@bocc.citrus.fl.us
TDD Telephone: (352) 527-5303
Citrus Springs/Dunnellon/Inglis/Yankeetown area Toll Free (352) 489-2120

October 6, 2015

Mr. Steve Morgan Department of Environmental Protection 13051 N Telecom Parkway Temple Terrace, Florida 33637-0926

Re: Quarterly Waste Tire Report – 3rd Quarter 2015

Dear Steve,

Pursuant to Rule 62-711.530, Florida Administrative Code, enclosed is the Quarterly Waste Tire Report for the months of July, August, and September, 2015, for the Citrus County Central Waste Tire Facility.

If you have any questions, please let me know.

Sincerely,

Henry C. Norris, Jr., Director Division of Solid Waste Management

cc: File



Quarter covered by this report

Florida Department of Environmental Protection

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

Print Form

DEP Form #_62-701.900(21)

Form Title: Waste Tire Processing Facility Quarterly

Effective Date: January 6, 2010

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.

3rd Quarter 2015

1.	Facility name: Citrus County Central Waste Tire Facility								
2.	Facility mailing	g address: <u>F</u>	P. O. Box 340						
	City: Lecante	0		County: <u>Ci</u>	trus		Zip: <u>34460</u>		
3.	Facility permit number: 126602-003-WT/02								
4.	Facility telephone number <u>(352</u>)527-7670								
5.	Authorized person preparing report: Henry C. Norris, Jr.								
6.	Affiliation with facility: Director								
7.	Telephone nu	mber (if differe	ent from above): <u>(</u>)					
8. Activity: Report in tons									
		Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory	
	Used Tires	33	87.83	0	0	85.83	0	35	
	Other Whole Tires	0	0	0	0	0	0	0	
	Processed Tires	0	0	0	0	0	0	0	
	Processing Waste	0	0	0	0	0	0	0	
	Other	0	0	0	0	0	0	0	
	Total	33	87.83	0	0	85.85	0	35	
	Explain all inventory adjustments. n/a								
	List any period in which one or more category of inventory exceeded the permitted maximum for that category. How was that condition relieved? n/a								
	For any excess inventory at the end of the quarter, state how and when this condition will be relieved. Attach Additional sheets, if necessary. n/a								
- ∋.	Certification: To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete.								
		y C. Norris, Jr., Director Print Name of Authorized Agent Signature of Authorized Agent Date							