

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

Report

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.

Quarte	r covered by	this report	10/01/2012 -	12/31/2012 (	First quarter be	egins on Janua	ary 1 of any giver	n year)		
1. Fa	acility name:	Tarmac Ar	nerica LLC							
2. Fa	acility mailing	g address: <u>1</u>	1000 NW 121	l Way						
Ci	ty: <u>Medley</u>	enter control con an		County: <u>Mi</u>	ami Dade		Zip: <u>33178</u>			
3. Fa	acility permit	number: <u>W</u>	T13-0314354	-001						
4. Fa	acility telepho	one number	(305 )364 - 2	2200						
5. Au	5. Authorized person preparing report: Muhammad Khan									
6. Af	5. Affiliation with facility: Environmental Manager									
7. Te	elephone nur	mber (if differe	ent from above	): (305 )	200-1655					
8. Ac	ctivity: Repo	ort in tons								
		Beglinning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory		
	Used Tires	0	142		142			0		
0	ther Whole Tires									
	Processed Tires									
	Processing Waste									
	Other									
	Total	0	142		142			0		
a. Ex		entory adjustn	nents.			Y-11-11-11-11-11-11-11-11-11-11-11-11-11				
-										
		I in which one		ory of inventory	exceeded the	permitted max	kimum for that ca	tegory. How		
N/		BOTT TELLEVELLE								
							···			
Fo	or any exces	s inventory at ets, if necess	the end of the	quarter, state h	ow and when t	his condition v	vill be relieved. 7	Attach		
NA NA			aiy. —							
9. Ce	ertification: T id complete.	o the best of	my knowledge	and belief, I ce	rtify the informa	ation provided	in this report is t	rue, accurate,		
M	luhammad l	Khan		Muhamm	nad Khan	nak papity dalam nakasa produkterakasa etterakay naki pagawarang PING 1980 1980	04/30/2	013		
Print Name of Authorized Agent Signature of Authorized Agent Date										

# Mail completed form to the appropriate District office listed below



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

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DEP Form #\_62-701.900(21)

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DEP Application No.

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#### 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.

Quarter covered by this report <u>1/1/2013 - 3/31</u>			<u>31/2013</u> (l	First quarter be	gins on Janua	ary 1 of any giver	n year)			
1.	Facility name:	Tarmac Ar	nerica LLC							
2.	Facility mailing	g address: <u>1</u>	1000 NW 121	Way						
City: Medley County: Miami Dade Zip: 33178										
3.	Facility permit	number: <u>W</u>	T13-0314354-	001						
4.	4. Facility telephone number <u>(305</u> )364 - 2200									
5.	i. Authorized person preparing report: Muhammad Khan									
6.	Affiliation with facility: Environmental Manager									
7.	7. Telephone number (if different from above): (305 )200-1655									
8.	8. Activity: Report in tons									
		Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory		
	Used Tires	0	688		688			0		
	Other Whole Tires									
	Processed Tires									
	Processing Waste						**************************************			
	Other									
	Total	0	688		688			0		
a.	Explain all inv	entory adjustn	nents.							
b.	List any period was that cond NA	d in which one ition relieved?	or more categ	ory of inventory	exceeded the	permitted max	kimum for that ca	itegory. How		
	For any excess inventory at the end of the quarter, state how and when this condition will be relieved. Attach Additional sheets, if necessary. NA									
9.	Certification: 1 and complete.	To the best of	my knowledge	and belief, I cer	rtify the informa	ation provided	in this report is to	rue, accurate,		
	Muhammad			Muhamm		ray ay physikamadista eriikha eriikha eriikhaa kee (2011), (, ,		013		
Print Name of Authorized Agent Signature of Authorized Agent Date										



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# Florida Department of Environmental Protection

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

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Print Form

DEP Form #\_62-701.900(21)

Form Title: Waste Tire Processing Facility Quarterly

Report

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.

uarter covered b	y this report	07/01/2013 -	09/30/2013 (	First quarter be	egins on Janua	ary 1 of any giver	n year)	
1. Facility name	: <u>Tarmac Ar</u>	nerica LLC						
2. Facility mailin	g address: <u>1</u>	1000 NW 121	l Way					
City: Medley	1	County: Miami Dade Zip: 33178						
3. Facility permi	t number: <u>W</u>	T13-0314354	-001					
4. Facility teleph	one number	(305 )364 - 2	2200					
5. Authorized pe	erson preparinç	g report: <u>M</u>	uhammad Kha	n				
6. Affiliation with	n facility:	Area Manage	r					
7. Telephone nu	ımber (if differe	ent from above	): <u>(305</u> )	200-1655				
8. Activity: Rep	ort in tons							
	Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory	
Used Tires	0	913		913			0	
Other Whole Tires								
Processed Tires								
Processing Waste					_ 1			
Other								
Total	0	913		913			0	
a. Explain all inv NA	ventory adjustn	nents.				•		
List any perio was that cond NA	d in which one lition relieved?	or more categ	ory of inventory	exceeded the	permitted max	ximum for that ca	tegory. How	
For any excest Additional she	ss inventory at eets, if necessa	the end of the ary.	quarter, state h	ow and when t	his condition v	will be relieved. A	Attach	
9. Certification: and complete	To the best of	my knowledge	and belief, I cer	tify the informa	ation provided	in this report is t	rue, accurate	
Muhammad	Khan		Muhamm	ad Khan	i Ay age to by Mahamasai Para Canalana ana ana Para Ana ana ana ana ana ana ana ana ana an	10/17/2	013	
Print Nar	ne of Authorize	ed Agent	S	ignature of Aut	horized Aaent		Date	

# Mail completed form to the appropriate District office listed below



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

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Print Form

DEP Form #\_62-701.900(21)

Form Title: Waste Tire Processing Facility Quarterly

Report

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.

≀ua	rter covered by	this report	10/01/2013 -	· <u>12/31/2013  </u> (	First quarter be	egins on Janua	ary 1 of any giver	ı year)
1.	Facility name:	Tarmac An	nerica LLC	****			·	
2.	Facility mailing	g address: 1	1000 NW 121	l Way				
	City: Medley			County: Mi	ami Dade		Zip: <u>33178</u>	
3.	Facility permit	number: <u>W</u>	T13-0314354	-001				
4.	Facility telepho	one number	(305 )364 - 2	2200				
5.	Authorized pe	rson preparing	g report: <u>M</u>	uhammad Kha	ın			
6.	Affiliation with	facility:	Area Manage	r				
7.	Telephone nu	mber (if differe	ent from above	): <u>(305</u> )	200-1655			
8.	Activity: Rep	ort in tons						
		Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory
	Used Tires	0	862		862			0
	Other Whole Tires							1
	Processed Tires							
	Processing Waste		***************************************					
	Other							<u> </u>
	Total	0	862		862			0
a.	Explain all inve NA	entory adjustn	nents.					
b.	List any period	d in which one	or more cated	ory of inventory	exceeded the	permitted max	kimum for that ca	tegory. How
	was that cond NA					<u>.</u>		
		<del>*************************************</del>						
	For any exces Additional she NA	s inventory at ets, if necessa	the end of the ary.	quarter, state h	iow and when t	his condition v	vill be relieved. A	∖ttach 
						_		
9.	Certification: T and complete.		my knowledge	and belief, I ce	rtify the informa	ation provided	in this report is to	rue, accurate,
	Muhammad	Khan		Muhamm	nad Khan	est the spirit spirit as well as the spirit	1/15/20	13
	Print Non	ne of Authorize	ed Agent		ignature of Aut			Data

# Mail completed form to the appropriate District office listed below



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 Report

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.

Qua	rter covered by	this report	01/01/2014 -	03/31/2014 (	First quarter be	egins on Janua	ary 1 of any giver	ı year)		
1.	1. Facility name: Tarmac America LLC									
2.	Facility mailing	g address: <u>1</u>	1000 NW 121	Way		· · · · · · · · · · · · · · · · · · ·				
	City: Medley County: Miami Dade Zip: 33178									
3.	3. Facility permit number: <u>WT13-0314354-001</u>									
4.	4. Facility telephone number (305 )364 - 2200									
5,	. Authorized person preparing report: Muhammad Khan									
6.	Affiliation with	facility:	Area Manage	r						
7.	Telephone nu	mber (if differe	ent from above	): <u>(</u> 305 )	200-1655					
8.	Activity: Rep	ort in tons								
		Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory		
	Used Tires	0	373		373			0		
	Other Whole Tires									
	Processed Tires						·			
	Processing Waste									
	Other									
	Total	0	373		373	• "		0		
a,	Explain all inve NA	entory adjustn	nents.							
b.				ory of inventory	exceeded the	permitted max	kimum for that ca	tegory. How		
	<del>was that condi</del> NA	ition relieved?	<u> </u>							
	For any exces	s inventory at	the end of the	quarter, state h	low and when t	his condition v	vill be relieved. A	Attach		
	Additional she NA	ets, if necess	ary.							
9.	Certification: T		my knowledge	and belief, I ce	rtify the informa	ation provided	in this report is t	rue, accurate,		
	Muhammad	Khan		Muhamn	nad Khan	iały ny niag Mahawanian I-linka wayaltan (al mapa kemaduk cz. Implestent) I-linka Walla Maket	04/17/2	013		
							Date			

#### Mail completed form to the appropriate District office listed below



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

WASTE TIRE PROCESSING FACILITY QUARTERLY REPOR

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n#	62 701 000(24)		ŀ	

DEP Form # 62-701,900(21)

Form Title: Waste Tire Processing Facility Quarterly Report

Effective Date: January 6, 2010

DEP Application No.

(Completed by DEP)

Pursuant	to Rule 62-7	11.530. Florida	Administrativ	e Code, the o	wner or opera	ator of a waste	#UL 2-
processing fac	ility shall subr	nit the following	information to	the Departmer	nt quarterly.	3.01 01 4 110010	DEF
arter covered by	this report	04/01/2014 -	06/30/2014 (	First quarter be	egins on Janua	ary 1 of any give	A MONTH
I. Facility name:	Tarmac Ar	nerica LLC	WW.			E	NFORCEME!
2. Facility mailing	g address: 1	1000 NW 121	Way	_			
City: Medley	1		County: Mi	ami Dade		Zip: <u>33178</u>	
3. Facility permit	number: <u>W</u>	T13-031 <u>4</u> 354-	-001				
I. Facility teleph	one number	<u>(3</u> 05 )364 - 2	200				
. Authorized pe	rson preparin	g report: M	uhammad Kha	ın	· · · · · · · · · · · · · · · · · · ·		
. Affiliation with	facility:	Area Managei	<u> </u>				
. Telephone nu	mber (if differ	ent from above	): <u>(305</u>	200-1655	·· <del>·</del> ··		
. Activity: Rep	ort in tons						
	Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory
Used Tires	0	801		801			0
Other Whole Tires							
Processed Tires					_		
Processing Waste							
Other			_				· · · · · · · · · · · · · · · · · · ·
Total	0	801		801			0
Explain all inv. NA  List any period	d in which one	or more catego	ory of inventory	exceeded the	permitted max	kimum for that ca	itegory. How
List any period was that cond NA	ition relieved?	the end of the			· · · · · · · · · · · · · · · · · · ·	kimum for that ca	
and complete.		my knowledge	and belief, I ce	rtify the informa	ition provided	in this report is to	rue, accurat
Muhammad	Khan		Muhamm	nad Khan 🖁	his group, become to be refundament was to flores from a set of manner to the second was to the second to be set of the second to be	07/24/2	013

Print Name of Authorized Agent

Signature of Authorized Agent

Date





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

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DEP Form #_82-701 900(21)	
Form Title: Weste Tire Procession Report	ng Facility Quarterly
Effective Date: January 8, 2010	
DEP Application No.	
(Comp	leted 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.

Qua	rter covered by	this report	7/1/2014-9/3	0/2014 (	First quarter be	gins on Janua	ary 1 of any giver	ı year)	
1.	Facility name:	Tarmac Ar	nerica LLC	<u></u>					
2,	Facility mailing	g address: _1	11000 NW 121	Way					
City: Medley County: Miami Dade Zip: 33178									
3.	Facility permit	number: W	T13-0314 <u>3</u> 54	-001					
4.	4. Facility telephone number 605 )364 - 2200 REGELVE								
5.	Authorized pe	rson preparing	g report: <u>M</u>	uhammad Kha	ın	<del>-</del>			
6.	Affiliation with	facility;	Area Manage	r			001	17 ZU14	
7.	Telephone nu	mber (if differe	ent from above	): <u>(305</u> )	200-1655		POLLUT	DERM ION REGULAT AND	
8.	Activity: Rep	ort in tons	_				ENFOR	EMENT DIVIS	
		Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending inventory	
	Used Tires	0	805		805			0	
	Other Whole Tires								
	Processed Tires					<del></del>			
	Processing Waste								
	Other								
	Total	0	805		805			0	
	Explain all invo NA	entory adjustn	nents.						
	List any period was that condi NA	In which one tion relleved?	or more categ	ory of inventory	exceeded the	permitted max	dmum for that ca	tegory. How	
	For any excess inventory at the end of the quarter, state how and when this condition will be relieved. Attach Additional sheets, if necessary. NA								
9.	Certification: T and complete.	o the best of	my knowledge	and belief, I cer	tify the Informa	tion provided	in this report is tr	ue, accurate,	
	Muhammad I		<del></del>	Muhamm		to mark tertime transplant to the part must be a story of the proposition of the Cold Self-to-the		014	
	Print Nam	e of Authorize	ea Agent	S	ignature of Aut	norized Agent		Date	



Quarter covered by this report

## Florida Department of Environmental Protection

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

FDEP Quarterly	SW-128
DEP Form #_62-701,900(21)	
Form Title: Waste Tire Processing Report	Facility Quarterly
Effective Date: January 6, 2010	Į
DCD 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.

1/1/2015-3/31/2015

	: Tarmac Ar	nenca LLC		· · · · · · · · · · · · · · · · · · ·	E		
Facility mailin	g address: 1	1000 NW 121	Way	-			
City: Medley	/		County: Mia	ami Dade		Zip: <u>33178</u>	
Facility permit	t number: W	T13-0314354-	-001				
Facility teleph	one number	(305 )364 - 2	2200		DI	S(C)EIIVV	<u> </u>
Authorized pe	erson preparing	j report: Ai	udrey Becnel		111/10	<i></i>	SIII
Affiliation with	facility:	Environmenta	l Engineer	APR 07 2015			
Telephone nu	ımber (if differe	ent from above	): <u>(</u> 305_)	200-1659		DERM	
Activity: Rep	ort in tons					LLUTION REGU AND FORCEMENT D	
	Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory
Used Tires	0	596		596			0
Other Whole Tires							
Processed Tires							
Processing Waste							
Other						•	
Total	0	596		596			0
Explain all inv NA	entory adjustn	nents.					<del> </del>
was that cond	d in which one lition relieved?		ory of inventory	exceeded the	permitted max	imum for that ca	itegory. How
was that cond NA For any exces Additional she NA	ss inventory at eets, if necess.	the end of the ary.	quarter, state h	ow and when t	his condition v	imum for that ca	Attach
was that cond NA For any exces Additional she NA Certification:	ss inventory at eets, if necess To the best of	the end of the ary.	quarter, state h	ow and when t	his condition v	vill be relieved.	Attach rue, accurate