

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.

(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.

Quarter	covered by	this report	10/01/2012 -	12/31/2012 (First quarter be	egins on Janua	ary 1 of any giver	n year)	
1. Fac	cility name:	Tarmac Ar	nerica LLC					1.4	
2. Fac	cility mailing	g address: <u>1</u>	1000 NW 121	l Way					
City	y: <u>Medley</u>			County: <u>Mi</u>	y: Miami Dade Zip: 33178				
3. Fac	3. Facility permit number: <u>WT13-0314354-001</u>								
4. Fac	4. Facility telephone number (305)364 - 2200								
5. Aut	Authorized person preparing report: Muhammad Khan								
6. Affi	Affiliation with facility: Environmental Manager								
7. Tel	Telephone number (if different from above): (305)200-1655								
8. Act	ivity: Repo	ort in tons							
		Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory	
	sed Tires	0	142		142			0	
Ot	her Whole Tires								
P	rocessed Tires								
Pı	rocessing Waste								
	Other								
	Total	0	142		142			0	
a. Exp NA	Explain all inventory adjustments. NA								
	List any period in which one or more category of inventory exceeded the permitted maximum for that category. How								
NA NA	vas that condition relieved? A								
For	For any excess inventory at the end of the quarter, state how and when this condition will be relieved. Attach								
NA NA	itional sheets, if necessary.								
9. Cer	Certification: To the best of my knowledge and belief, I certify the information provided in this report is true, accurate and complete.								
Μι	Muhammad Khan				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