

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

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: <u>1</u>	1000 NW 121	l Way					
	City: Medley Cou			County: Mi	ami Dade Zip: 33178				
3.	Facility permit number: WT13-0314354-001								
4.	Facility telephone number (305)364 - 2200								
5.	Authorized person preparing report: <u>Muhammad Khan</u>								
6.	Affiliation with facility: Area Manager								
7.	Telephone number (if different from above): (305)200-1655								
8.	Activity: Report 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 inventory adjustments. NA									
b.	List any period in which one or more category of inventory exceeded the permitted maximum for that category. How was that condition relieved?								
	NA								
	For any exces Additional she NA	or any excess inventory at the end of the quarter, state how and when this condition will be relieved. Attach additional sheets, if necessary. A							
9.	Certification: To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete.								
	Muhammad Khan				nad Khan	og the gall accomply and for the age for examply an	1/15/20	13	
	Print Name of Authorized Agent				ignature of Aut			Data	

Mail completed form to the appropriate District office listed below