



SARASOTA COUNTY

"Dedicated to Quality Service"

April 6, 2015

Florida Department of Environmental Protection
Solid Waste Division
South District
P.O. Box 2549
Fort Myer, FL 33902-2549

Re: Central County Solid Waste Disposal Complex
Waste Tire Processing Facility Quarterly Report
Permit Number 126775-003-WT/02
January through March 2015

Enclosed is the above-mentioned report in accordance with Specific Condition Number D.3.b.

If you have any questions, please do not hesitate to contact me directly at (941) 441-8245 or email at dgarrett@scgov.net.

Sincerely,

A handwritten signature in blue ink that reads "Darrell Garrett".

Darrell Garrett
Compliance Specialist II

Enclosure



Florida Department of Environmental Protection

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

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.

Quarter covered by this report 2015 1st Quarter (First quarter begins on January 1 of any given year)

1. Facility name: Sarasota Central County Waste Complex
2. Facility mailing address: 4000 Knights Trail Road
City: Sarasota County: Sarasota Zip: 34275
3. Facility permit number: 126755-003-WT
4. Facility telephone number (941) 861-1589
5. Authorized person preparing report: Darrell Garrett
6. Affiliation with facility: Compliance Specialist II
7. Telephone number (if different from above): ()

8. Activity: Report in tons

	Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory
Used Tires	0	61.74	47.67				13.8
Other Whole Tires							
Processed Tires							
Processing Waste							
Other							
Total	0	61.74	47.67				13.8

- a. Explain all inventory adjustments.

- b. List any period in which one or more category of inventory exceeded the permitted maximum for that category. How was that condition relieved?

For any excess inventory at the end of the quarter, state how and when this condition will be relieved. Attach Additional sheets, if necessary.

9. Certification: To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete.

Darrell Garrett
Print Name of Authorized Agent

[Signature]
Signature of Authorized Agent

4-7-15
Date

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

Northwest District
160 Government Center
Pensacola, FL 32501-5794
850-595-8360

Northeast District
7825 Baymeadows Way, Ste. 200 B
Jacksonville, FL 32256-7590
904-807-3300

Central District
3319 Maguire Blvd., Ste. 232
Orlando, FL 32803-3767
407-894-7555

Southwest District
13051 N. Telecom Pky.
Temple Terrace, FL
813-632-7600

South District
2295 Victoria Ave., Ste. 364
Fort Myers, FL 33902-2549
239-332-6975

Southeast District
400 North Congress Ave.
West Palm Beach, FL 33401
561-681-6600