FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION

Twin Towers Office Bldg. 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DER Form # 17-711.900(4)

Form Title: Waste Tire Processing

Facility Quarterly Report

Effective Date: February 28, 1994

DER ApplicationNO._

(Filled in by DER)

WASTE TIRE PROCESSING FACILITY QUARTERLY REPORT

Pursuant to Rule 17-711.530, Florida Administrative Code, the owner or operator of a waste tire processing facility shall submit the following to the Department quarterly.

| Quarte | r covere | d by this repor | t: 4th Quarter | 2015 (First q | uarter begins on J | January 1 of any gi | ven year) | |
|------------|--|-------------------|--------------------|-------------------|--------------------|-----------------------|------------------|-----------------|
| 1. | Facility Name:County of Volusia - Tomoka Farms Road Landfill | | | | | | | |
| 2. | Facility mailing address: 1990 Tomoka Farms Raod | | | | | | | |
| | City:_ | Port Orang | <u>ge</u> | County: | <u>Volusia</u> | Zip: | 32128 | |
| 3. | Facility permit number: SO64-121811 | | | | | | | |
| 4. | Facility telephone number: 386/947-2952 | | | | | | | |
| 4. | Author | rized person pr | eparing report:_ | Jennifer R. | Stirk_ | | | |
| 5. | Affiliat | tion with facilit | y:Enviroi | nmental Specia | list III | | | |
| 7. | Teleph | one number (if | different from a | bove): | | | | |
| 8: | Activit | y: Report in to | ns. | | | | | |
| | | Beginning | Received | Processed | Consumed | Removed | Adjustments | Ending Inventor |
| Used Tires | | Inventory 20.84 | 368.65 | 303.08 | | | | 86.41 |
| Other wh | nole tires | | | | | | | |
| Processed | | | | | | | | |
| Processin | ng Waste | | | | | | | |
| Other | | | | | | | | |
| Total | | | | | | | | |
| a. Ex | plain all | inventory adju | stments. | | | 1 | | l |
| | | _ | | | | | | |
| b. Lis | t any pe | riod in which o | ne or more categ | gory of invento | ry exceeded the pe | ermitted maximum | for that catego | ry. How was |
| that co | ndition r | elieved? | _N/A | | | | | |
| | | | | | • | y at the end of the | • | ow and when |
| this con | ndition w | vill be relieved. | Attach addition | al sheets, if neo | cessary | | | |
| 9. Cei | rtificatio | on: | | | | | | |
| То | the best | of my knowled | ge and belief, I o | ertify the infor | mation provided i | in this report is tru | ie, accurate and | complete. |
| _ <u>L</u> | Leonard L. Marion, Director | | | | | | <u>1/11/2016</u> | |
| Na | Name of Authorized Agent (for) Signature of Authorized Agent | | | | | | Date | |
| | | | Mail comp | oleted form to t | he appropriate di | strict office | | |