

Public Works

January 12, 2016

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> County Attorney Chip Fletcher

Public Works PO Box 1110 Tampa, FL 33601-1110 Phone: (813) 272-5912 Fax: (813) 272-5811 Mr. Steve Morgan
Solid Waste Section
Florida Department of Environmental Protection
Southwest District
13051 N. Telecom Pkwy
Temple Terrace, Florida 33637

RE: Waste Tire Facility Quarterly Report- Permit No. 126787-005-WT/02

Dear Mr. Morgan:

In accordance with Rule 62-711, F.A.C. and Permit No 126787-005-WT/02, the Solid Waste Management Division (SWMD) is submitting the Quarterly Report for the Waste Tire Facility for the period October 1, 2015 through December 31, 2015.

The SWMD staff compiled the information from the site's daily reports for this Quarterly Report.

Should you have any questions or require additional information concerning this submittal, please contact me at (813) 671-7707.

Sincerely,

Larry E. Ruiz

Manager Landfill Operations Solid Waste Management Division Public Works Department

LER/cp Attachments xc: Ron Cope, EPC Kimberly Byer, SWMD

WASTE TIRE FACILITY QUARTERLY TONNAGE REPORT FOURTH QUARTER 2015

		FOURTH	g Tonnage		
	·			(Oct. 1, 2015)	1,252.31
Month	Tires Received	Tires Shredded	Tons Adjusted	Rims Removed	Tires to SCTS
Oct. 2015	88.14		6.72		31.6
		174.6			31.0
		319.8			
Beginning					
Tons	1,252.37				
	1,340.51	-494.40	-6.72	0.00	-31.61
				Ending Tonnag	
-		ill			
		* 494.40 tons s * 31.61 Whole	1		
Month	Tires Received	Tires Shredded	Tons Adjusted	Rims Removed	Tires to SCTS
Nov. 2015	91.44		7.62	6.97	30.90
Beginning					
Tons	839.39				
	930.83	0.00	7.62		
	750.85	0.00	-7.62	-6.97	
		* All chips stor	and for future a	Ending Tonnag	916.24
		*30.90 Whole 7	eu ior iuture l Cires to SCTS	ise	
Month	Tires Received	Tires Shredded	Tons Adjusted	Rims Removed	Time to COTO
Dec. 2015	124.29	xiico Binedded	Tons Adjusted	7.18	
				7.18	10.47
Beginning					<u> </u>
Tons	916.24				
	1,040.53	0.00	0.00	-7.18	-10.47
		4		Ending Tonnage	
		* All shredded *10.47 Whole T			
Month	Tires Received	Tires Shredded	Tons Adjusted	Rims Removed	Tires to SCTS
Oct. 2015	88.14	0.00	6.72	0.00	31.61
Nov. 2015	91.44	0.00	7.62	6.97	30.90
Dec. 2015	124.29	0.00	0.00	7.18	10.47
Sub-Total	303.87	0.00	14.34	14.15	72.98
Beginning					.2.50
Tons	1,252.37			:	
TOTAL	1,556.24	0.00	-14.34	-14.15	-72.98
				Ending Tonnage	



Department of Environmental Protection

DEP Form	# 62-701.900(21)
[Waste Tire Processing Facility Quarterly Report
Effective Da	ate <u>3/22/00</u>
DEP Applic	ation No(Filled in by DER)

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	d by this report	10/01/15 ti	nru 12/31/15	(First quarter	begins on Ja	anuary 1 of any	given vear)
1. Facility nar	me: Hillsboro	ugh County S	Southeast Lar	ndfill Waste T	ire Facility	JJ	given yeary
2. Facility ma	illing address:	332 N. Falke	enburg Road				
City: Tam	City: Tampa Co			County: Hillsborough		Zip: 33619	
3. Facility per	mit number:	126787-005-\	WT/02			- ·	***************************************
4. Facility tele	ephone number	. ₍ 813 ₎ 671	-7707				
5. Authorized	person prepari	ng report:	Larry E. Ruiz				
6. Affiliation	with facility:	Owner Rep	resentative - I	Manager Lar	dfill Operation	ons	
7. Telephone	number (if diff)			
	Report in tons		 				
	Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory
Used Tires	1252.37	303.87	174.60		-174.60		inventory
Other whole Tires							
Processed tires	s					-14.34	
Processing Waste						-14.15	
Other							
Total	1252.37	303.87	174.60		-174.60	-28.49	1454.77
a Fynlain all i	nventory adjus	-1/	1 34 topo of ur				
a. Explain an i	inventory aujus	unents.	r.o4 tons of ul	iprocessed t	ruck tires; -1	4.15 tons of rir	ns.
b. List any per category. H	riod in which o low was that c	ne or more ca ondition reliev	tegory of inver red?	ntory exceede	d the permitt	ed maximum fo	or that
For any exc Attach Add	ess inventory a litional sheets,	at the end of t if necessary.	he quarter, sta	ate how and v	when this con	dition will be re	elieved.
9. Certification	n:						
Larri	4 E. K.) iZ	ertify the inform	ation provided	in this report is	s true, accurate, a	and complete.
Print Na	me of Authoriz	ed Agent	Sig	gnature of Au	thorized Ager	nt ————————————————————————————————————	Date
			Mail complete f	form to			

Mail complete form to the appropriate district office