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Public Works PO Box 1110 Tampa, FL 33601-1110 Phone: (813) 272-5912 Fax: (813) 272-5811



Public Works

January 12, 2016

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, 2016 through December 31, 2016.

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 FIRST QUARTER 2016

,,,,,,,,,,		FIRST QUARTER		Beginning Tonnage				
	I			(Jan. 1, 2016)	1,454.77			
Month	Tires Received	Tires Shredded	Tons Adjusted	Rims Removed	Remarks			
Jan. 2016	111.03	· · · · · · · · · · · · · · · · · · ·	7.11	9.3				
Beginning								
Tons	1,454.77							
	1,565.80	0.00	-7.11	-9.33				
	MIN.			Ending Tonnage	1,549.36			
	* 910.2 tons of chips to working face							
Month	Tires Received	Tires Shredded	Tons Adjusted	Rims Removed	Remarks			
Feb. 2016	163.77	89.12	9.56	6.16				
Beginning	***************************************			,,,,,,				
Tons	1,549.36							
	1,713.13	-89.12	-9.56	-6.16				
			·	Ending Tonnage	1,608.29			
	* 24.92 tons of whole tires transferred to SCTS							
Month	Tires Received	Tires Shredded	Tons Adjusted	Rims Removed	Remarks			
Mar. 2016	127.50	283.47	13.01	6.22				
Beginning								
Tons	1,608.29							
	1,735.79	-283.47	-13.01	-6.22				
				Ending Tonnage	1,433.09			
	* 9.9 tons of whole tires transferred to SCTS							
	* 943 tons of chips to working face							
Month	Tires Received	Tires Shredded	Tons Adjusted	Rims Removed	Remarks			
Jan. 2016	111.03	0.00	7.11	9.33				
Feb. 2016	163.77	89.12	9.56	6.16				
Mar. 2016	127.50	283.53	13.01	6.22				
Sub-Total	402.30	372.65	29.68	21.71				
Beginning				····				
Tons	1,454.77							
TOTAL	1,857.07	-372.65	-29.68	 				
			· · · · · · · · · · · · · · · · · · ·	Ending Tonnage	1,433.03			



Department of Environmental Protection

DEP Form	# 62-701,900(21)
Form Title	Waste Tire Processing Facility Quarterly Report
Effective Da	ate <u>3/22/00</u>
DEP Applic	ation No
	(Filled in by DED)

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.

1. Facility name: Hillsborough County Southeast Landfill Waste Tire Facility 2. Facility mailing address: 332 N. Falkenburg Road City: Tampa County: Hillsborough Zip: 33619 3. Facility permit number: 126787-005-WT/02 4. Facility telephone number: (813) 671-7707 5. Authorized person preparing report: Larry E. Ruiz 6. Affiliation with facility: Owner Representative - Manager Landfill Operations 7. Telephone number (if different from above): () 8. Activity: Report in tons Beginning Received Processed Consumed Removed Adjustments Ending Inventory Used Tires 1454.77 402.30 372.65 -372.65 Other whole Tires Processed Consumed Removed Adjustments Ending Inventory Used Tires 1454.77 402.30 372.65 -372.65 -372.65 Other whole Tires Processed tires Processed Processed tires Processed ti	Quarte	er covered by	y this report	01/01/16 th	ru 03/31/16	(First quarter	begins on Ja	nuary 1 of any	given year)
City: Tampa County: Hillsborough Zip: 33619 3. Facility permit number: 126787-005-WT/02 4. Facility telephone number (813) 671-7707 5. Authorized person preparing report: Larry E. Ruiz 6. Affiliation with facility: Owner Representative - Manager Landfill Operations 7. Telephone number (if different from above): () 8. Activity: Report in tons Received Processed Consumed Removed Adjustments Ending inventory									
3. Facility permit number: 126787-005-WT/02 4. Facility telephone number (813) 671-7707 5. Authorized person preparing report: Larry E. Ruiz 6. Affiliation with facility: Owner Representative - Manager Landfill Operations 7. Telephone number (if different from above): () 8. Activity: Report in tons Beginning Received Processed Consumed Removed Adjustments Ending Inventory	2. Fa	acility mailin	g address: _	332 N. Falke	nburg Road				
4. Facility telephone number (813) 671-7707 5. Authorized person preparing report: Larry E. Ruiz 6. Affiliation with facility: Owner Representative - Manager Landfill Operations 7. Telephone number (if different from above): () 8. Activity: Report in tons Reginning Received Processed Consumed Removed Adjustments Ending Inventory	C	ity: Tampa			County: _	Hillsborough		Zip: 33619	
Authorized person preparing report: Larry E. Ruiz Owner Representative - Manager Landfill Operations Telephone number (if different from above):	3. Fa	acility permi	t number: _1	26787-005-V	VT/02			-	***************************************
Affiliation with facility: Owner Representative - Manager Landfill Operations 7. Telephone number (if different from above): 3. Activity: Report in tons Reginning Received Processed Consumed Removed Adjustments Ending Inventory	4. Fa	acility teleph	one number	<u>(</u> 813 ₎ 671	-7707				
7. Telephone number (if different from above): () 3. Activity: Report in tons Beginning Received Processed Consumed Removed Adjustments Ending Inventory	5. A	uthorized pe	erson prepari	ng report: _L	arry E. Ruiz				
Beginning Received Processed Consumed Removed Adjustments Ending Inventory Used Tires 1454.77 402.30 372.65 -372.65 Other whole Tires Processed tires -29.68 Processing Waste -21.71 Other Used Tires -29.68 Other Total 1454.77 402.30 372.65 -372.65 -51.39 1433.03 Explain all inventory adjustments29.68 tons of unprocessed truck tires; -21.71 tons of rims. 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.	6. A	ffiliation wit	h facility:	Owner Rep	resentative - N	Manager Lan	dfill Operation	ons	
Beginning Received Processed Consumed Removed Adjustments Ending Inventory Used Tires 1454.77 402.30 372.65 -372.65 Other whole Tires Processed tires -29.68 Processing Waste -21.71 Other Used Tires -29.68 Other Total 1454.77 402.30 372.65 -372.65 -51.39 1433.03 Explain all inventory adjustments29.68 tons of unprocessed truck tires; -21.71 tons of rims. 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.	7. Te	elephone nu	mber (if diffe	erent from abo	ove): ()			
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Other whole Tires Processed tires Processing Waste Other Total 1454.77 402.30 372.65 -372.65 -29.68 Processing Waste Other Total 1454.77 402.30 372.65 -3			, ,	Received	Processed	Consumed	Removed	Adjustments	. ~
Total 1454.77 402.30 372.65 -372.65 -51.39 1433.03 a. Explain all inventory adjustments29.68 tons of unprocessed truck tires; -21.71 tons of rims. 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. Certification: To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete. Larry E. Rvi2 4/15/16			1454.77	402.30	372.65		-372.65		
Processing Waste Other Total 1454.77 402.30 372.65 -372.65 -51.39 1433.03 Explain all inventory adjustments29.68 tons of unprocessed truck tires; -21.71 tons of rims. 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. Certification: To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete. Larry E. Rviz L. William G. Wall S. Wa	Tir	res							*****
Waste Other Total 1454.77 402.30 372.65 -372.65 -51.39 1433.03 Explain all inventory adjustments29.68 tons of unprocessed truck tires; -21.71 tons of rims. 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. Certification: To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete. Larry E. Ruiz L. Waste G. Mary	<u> </u>		*					-29.68	
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1454.77 402.30 372.65 -372.65 -51.39 1433.03 a. Explain all inventory adjustments.	Ot	her							
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Attach Additional sheets, if necessary. 2. Certification: To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete. Larry E. Rviz 4/15/16	b. Lis	st any perio ategory. Hov	d in which or w was that c	ne or more ca ondition reliev	tegory of inver red?	ntory exceeds	ed the permit	ed maximum fo	or that
To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete. Larry E. Rviz 4/15/16	Fo At	or any exces ttach Additio	s inventory a onal sheets,	at the end of t if necessary.	the quarter, sta	ate how and	when this cor	ndition will be r	elieved.
Larry E. Rviz Jarry E. L. 4/15/16	— 9. C	ertification:							
Print Name of Authorized Agent Signature/of Authorized Agent Date	T _	Larry	E. Ku	12	<u> </u>	ary &	: 4:	4/,	and complete.
		Print Nam	e of Authoriz	red Agent		•	thorized Age	nt //	Date

Mail complete form to the appropriate district office