

375 W 7th Street, Orlando FL 32824

April 18, 2016

F. Thomas Lubozynski, P.E. Waste & Air Resource Programs Administrator Florida Department of Environmental Protection Central District 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803-3767

Subject:

Waste Tire Processing Facility Quarterly Report: Period January 1st

through March 31st, 2016

Taft Transfer Station/Material Recovery Facility

375 w. 7th Street

Orlando, Orange County, Florida

Permit Nos. SO48-0173968-009 and WT48-0173968-010

Dear Mr. Lubozynski:

Taft Recycling, Inc. is submitting this quarterly waste tire processing facility report for the Taft Transfer Station/Material Recovery Facility. Provided below is the Waste Tire Reporting required of Specific Condition No. 29 of the above listed permits.

Specific Condition 29 - Waste Tire Reporting

Listed below are the names of the collectors that delivered waste tires to the facility, their waste tire collector registration number (if provided), and each collector's total tonnages for the quarter.

| Waste Tire Collector | Quantity (Tons |) |
|---|----------------|----|
| ContaineRentalCompany FDEP#375/OC#1116 | 13. | 99 |
| | | |
| Total Tons | 11 | 99 |

The following companies did provide a waste tire collector registration number.

Container Rental Company 2715 Staten Avenue Orlando, FL 32804

There was an adjustment of 7.77 tons to account for incidental tires removed from the MSW waste stream at the transfer building and stored at the waste tire storage area (see attached Form 62-701.900(21)). Waste tires received at the facility were transported to Empire Tire of Edgewater, LLC, 4888 West Colonial Drive, Orlando, Florida for processing in the same quarter, with an ending inventory of 8.81 tons.

If you have any questions or require any additional information, please contact me at (407) 851-0074 or roberto.gonzalez@progressivewaste.com at your earliest convenience.

Sincerely,

Progressive Waste Solutions.

Attachments



Quarter covered by this report

Florida Department of Environmental Protection

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

| es | | | | | |
|----|--|--|--|--|--|
| | | | | | |
| | | | | | |

Print Form

DEP Form # 62-701.900(21)

Form Title: Waste Tire Processing Facility Quarterly

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. (First quarter begins on January 1 of any given year)

1st Quarter 2016

| 1. | Facility name: | Taft Transfe | er & MRF | | | | | | | |
|----|--|---|------------------------|------------|-------------------|-----------------|----------------|-------------------|---------------------|--|
| 2. | Facility mailing | address: 37 | ess: 375 W. 7th Street | | | | | | | |
| | City: Orlando County: | | | Ora | Orange Zip: 32834 | | | | | |
| 3. | Facility permit number: SO48-0173968-009/WT48 | | | | -0173969-010 | | | | | |
| | Facility telephone number (407) 851-0074 | | | | | | | | | |
| | Authorized person preparing report: Roberto Go | | | | nzale | z | | | | |
| | Affiliation with facility: Division Manager | | | | | | | | | |
| | Telephone number (if different from above): (40) | | | | 07) 851-0074 | | | | | |
| | Activity: Repo | | | | | | | | | |
| Ο. | Activity. Repo | Beginning Inventory | Received | Process | ed | Consumed | Removed | Adjustments | Ending Inventory | |
| | Used Tires | 9 | 11.99 | 0 | | 0 | 14.86 | 7.77 | 13.9 | |
| | Other Whole | | | | | | | | | |
| | Processed | | | | | | | | | |
| | Tires Processing Waste | | | | | | | | | |
| | Other | | | | | | | | | |
| | Total | 9 | 11.99 | 0 | | 0 | 14.86 | 7.77 | 13.9 | |
| | the transfer b | wn in Adjustr uilding. d in which one | nents represe | | | | | V waste stream | | |
| | For any exce Additional sho N/A | ss inventory a eets, if necess | t the end of the | e quarter, | state | how and when | this condition | will be relieved. | Attach | |
| ξ | and complete | Ð. | zed Agent | | K | Signature of Au | | | true, accurate, | |
| | | | N | /lail comp | eted | form to the | | | | |

appropriate District office listed below