

WASTE MANAGEMENT INC. OF FLORIDA

Vista Landfill, LLC 242 W. Keene Road Apopka, FL 32703 P:407-886-2920 F:407-889-8043

JAN 1 0 2013

DEP Central Dist.

January 7, 2013

Florida Department of Environmental Protection Central District - Solid Waste Section 3319 Maguire Blvd., Suite 232 Orlando, Florida 32803

Subject:

Waste Tire Processing Facility Quarterly Report

Vista Landfill, LLC. - Facility ID# WT48-0165969-016

Dear Sir/Madam:

Please find enclosed the 2012 fourth quarterly Waste Tire Report for the above referenced facility. Please contact me at (386) 804-4183 if you have any questions or need additional information regarding this submittal.

Respectfully Submitted,

Paul Bermillo

Environmental Protection Manager Waste Management Inc. of Florida

cc: Site File



Florida Department of Environmental Protection

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

DEP Form	#	_62-7	01	.900(21
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Form Title: Waste Tire Processing Facility Quarterly

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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. DEP Central Dist Quarter covered by this report Fourth Quarter 2012 (First quarter begins on January 1 of any given year) 1. Facility name: Vista Landfill, LLC. 2. Facility mailing address: 242 W. Keene Road Zip: 32703 City: Apopka County: Orange 3. Facility permit number: SO48-0165969-018 & WT48-0165969-016 4. Facility telephone number (407) 886-2920 5. Authorized person preparing report: Paul Bermillo 6. Affiliation with facility: **Environmental Protection Manager** 7. Telephone number (if different from above): (386)804-4183 8. Activity: Report in tons **Beginning Ending Processed** Received Consumed Removed **Adjustments** Inventory Inventory **Used Tires** Other Whole 142 0 0 0 0 0 142 **Tires Processed Tires Processing** Waste Other **Total** 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. Paul Bermillo 10/4/12

Mail completed form to the appropriate District office listed below

Print Name of Authorized Agent

Signature of Authorized Agent

Date