Marcus Quilty From: To:

<u>Dimonnay, Amede</u> Liberty Tire - Port St Lucie - Quarterly Reports Subject: Date: Monday, February 1, 2016 1:47:50 PM

Attachments: Document (133).pdf

Marcus Quilty Regional Controller - Southeast Liberty Tire Recycling, LLC Office (772) 465-0477 Cell (772) 342-8468





January 30, 2016

Amede Dimonnay Florida Department of Environmental Protection Solid Waste & Storage Tank Section 400 North Congress Ave, Suite 200 West Palm Beach, FL 33401

Re: Processing Facility Permit#41202-005-WT

Dear Amede,

Enclosed please find Waste Tire Processing Facility quarterly reports for the third and fourth quarters of 2015.

If you have any questions or require any further documentation please feel free to contact me.

Sincerely,

Marcus Quilty, MIATI Region Controller - Southeast



# CONFIDENTIAL

# Department of Environmental Protection

	Waste Tire Processing Facility
Form Title	Quarterly Report
Effective [	Date 3/22/00
DEP Applie	cation No.
	(Filed in by DEP)

# Waste Tire Processing Facility Quarterly Report

Persulant 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 by	this report:	Third Quarter	2015	(First qu	arter begins on	January 1 of any	given year.)			
Facility name :		Liberty Tire Recycling LLC								
2. Facility mailing a	address:	9675 Range L	ine Road							
City:	Port St. Lucie		County:	St. Lucie		Zip:	34987			
3. Facility permit number:			0041202-005-W							
4. Facility telephone number:			(772) 465-0477							
5. Authorized person preparing report:			Keith Bloomer							
Affiliation with facility:			General Manager							
7. Telephone num	7. Telephone number (if different from above):			same						
8. Activity: Report										
	Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory			
Used tires	-						-			
Other whole tires	-						-			
Processed tires	2,412.00	18,005.00	18,005.00		19,133.00		1,284.00			
Processing waste							_			
Other	-						-			
Total	2,412.00	18,005.00	18,005.00	-	19,133.00	-	1,284.00			
a. Explain all invent     b. List any period i     was that condition	n which one or r		True up to actu			that category.	How			
For any excess invesheets if necessary		d of the quarter	, state how and v	vhen this conditi	ion will be relieve	ed. Attach additi	ional			
9. Certification:										
To the best of m	ny knowledge ar	nd belief, I certif	y the information	provided in this	report is true, a	ccurate and com	plete.			
Keith Blo	oomer		Kent -	Blu		1/3./2	616			
Name of Authorized Agent										

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# Department of Environmental Protection

DEP Form # 62-701.900(21)

Waste Tire Processing Facility
Form Title Quarterly Report
Effective Date 3/22/00

DEP Application No.

(Filed in by DEP)

# Waste Tire Processing Facility Quarterly Report

Persulant 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 by	this report:	Fourth Quarte	er 2015	(First qu	uarter begins on	January 1 of any	given year.)										
1. Facility name :		Liberty Tire Recycling LLC															
2. Facility mailing a	address:	9675 Range L	ine Road														
City:	Port St. Lucie		County:	St. Lucie		Zip:	3498										
3. Facility permit number:			0041202-005-WT														
. Facility telephone number:			(772) 465-0477														
<ul><li>Authorized person preparing report:</li><li>Affiliation with facility:</li><li>Telephone number (if different from above):</li></ul>			Keith Bloomer  General Manager same														
										8. Activity: Report	in tons.						
											Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory
Jsed tires	-						-										
Other whole tires							-										
rocessed tires	1,284	18,456	18,456		17,062	(613)	2,065										
rocessing waste	_						_										
Other	-						-										
otal	1,284	18,456	18,456	-	17,062	(613)	2,065										
Explain all invent     List any period invas that condition in     Tor any excess investments if necessary	n which one or relieved?	more category		eded the permit	tted maximum fo												
O. Certification:  To the best of make the block of the		nd belief, I certi	fy the information	provided in this	s report is true, a	accurate and con	nplete.										
Name of Authorized Agent			Signature of Authorized Agent			//	Date										