

TRAIL RIDGE LANDFILL, INC.

5110 U.S. Highway 301 South Baldwin, FL 32234-3608 (904) 289-9100 (904) 289-9013 Fax

January 12, 2015

Brian Durden Florida Department of Environmental Protection 8800 Baymeadows Way, Suite 100 Jacksonville, FL 32256-7590

RE: Permit No. 0013493-025-SO

Waste Tire Processing Facility Quarterly Report, 4th Qt. 2015

Dear Mr. Durden:

In accordance with specific condition 2.C.16. of the above referenced permit, please find enclosed, Trail Ridge Landfill's *Waste Tire Processing Facility Quarterly Report* for the 4th Quarter 2015.

Should you have any questions concerning the report or need any additional information, please call me at (904) 748-6012.

Sincerely,

Greg Mathes

Senior District Manager

Enclosures



Florida Department of Environmental Protection

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

Print Form

DEP Form #_62-701.900(21)

DEF 10111 # _02-701.300(21)

Form Title: Waste Tire Processing Facility Quarterly

Repo

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. Quarter covered by this report 4th Qt. 2015 (First quarter begins on January 1 of any given year) Facility name: Trail Ridge Landfill 2. Facility mailing address: 5110 U.S. Highway 301 South City: Baldwin County: Duval Zip: 32234 Facility permit number: 0013493-025-SO 4. Facility telephone number (904)748-6012 5. Authorized person preparing report: **Greg Mathes** 6. Affiliation with facility: Sr. District Manager Telephone number (if different from above): 8. Activity: Report in tons Beginning Ending Consumed Received Processed Removed Adjustments Inventory Inventory **Used Tires** 27 338 328 37 Other Whole 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. Certification: To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete.

Mail completed form to the appropriate District office listed below

Greg Mathes

Print Name of Authorized Agent

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01/12/2016

Date