Smith, George

From: Brandy J. Yunko <Brandy.Yunko@citrusbocc.com>

Sent: Wednesday, October 05, 2016 9:39 AM

To: SWD_Waste (Shared Mailbox)

Cc: Morgan, Steve; JEFFREY W. ROGERS

Subject: WACS ID 39859 Citrus County Quarterly Report

Attachments: Waste Tire 3rd Q 2016 Report.pdf

Submitted on behalf of Henry Norris, Director, Solid Waste Management.

Thank you,

Brandy Yunko

Compliance Manager Citrus County Division of Solid Waste Management 230 W. Gulf to Lake Hwy Lecanto, FL 34461

Office: 352-527-7670 Direct: 352-527-7679 Fax: 352-527-7672

Brandy.Yunko@citrusbocc.com



Board of County Commissioners DEPARTMENT OF PUBLIC WORKS SOLID WASTE MANAGEMENT DIVISION

P.O. Box 340, Lecanto, Florida 34460
Telephone: (352) 527-7670 FAX: (352) 527-7672
email: landfillinfo@bocc.citrus.fl.us
TDD Telephone: (352) 527-5303
Citrus Springs/Dunnellon/Inglis/Yankeetown area Toll Free (352) 489-2120

October 4, 2016

Mr. Steve Morgan Department of Environmental Protection 13051 N Telecom Parkway Temple Terrace, Florida 33637-0926

Re: Quarterly Waste Tire Report – 3rd Quarter 2016

Dear Steve,

Pursuant to Rule 62-711.530, Florida Administrative Code, enclosed is the Quarterly Waste Tire Report for the months of July, August and September, 2016, for the Citrus County Central Waste Tire Facility.

If you have any questions, please let me know.

/

Henry C. Norris, Jr., Director

Division of Solid Waste Management

cc: File



Florida Department of Environmental Protection

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

DEP	Form	#	_62-701.900(21)	

Form Title: Waste Tire Processing Facility Quarterly

Report

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.

uarter covered by	this report	3rd Quarter	2016 (First quarter be	egins on Janua	ary 1 of any giver	n year)
1. Facility name:	Citrus Cou	nty Central W	aste Tire Facil	ity			
2. Facility mailing	g address: <u>F</u>	O. Box 340			х		
City: Lecanto	0		County: Cit	Zip: <u>34460</u>			
3. Facility permit	number: 12	26602-004-W	7/02				
4. Facility teleph	one number	(352)527-76	370				
. Authorized pe	rson preparinç	report: H	enry C. Norris,	Jr			
. Affiliation with	facility:	Director					
. Telephone nu	mber (if differe	ent from above): ()				
. Activity: Repo	ort in tons			×			
	Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory
Used Tires	8	172.41	0	0	145.41	0	35
Other Whole Tires	0	0	0	0	0	0	0
Processed Tires	0	0	0	0	0	0	0
Processing Waste	0	0	0	0	0	0	0
Other	0	0	0	0	0	. 0	0
Total	8	172.41	0	0	145.41	0	35
. Explain all inven/a List any period was that condin/a	I in which one		ory of inventory	exceeded the	permitted max	imum for that ca	tegory. Hov
Additional shen/a	ets, if necessa	ary.				vill be relieved. A	
Henry C. Nor	ris, Jr., Direc			c as	horized Agent	10/5	Date

Mail completed form to the appropriate District office listed below