## **Smith, George**

**From:** polarbusiness solutions <polarbusiness02@outlook.com>

Sent: Thursday, October 20, 2016 10:23 AM

**To:** SWD\_Waste (Shared Mailbox)

**Subject:** 3rd Quarter report for Waste Tire Small Processing Facility permit # 346024-001-WT/06

**Attachments:** 3rd Quarterly Report 2016.pdf

Please find the attached 3<sup>rd</sup> quarterly report

Thank you,

Shibu Varughese Polar Business Solutions, Inc Waste Tire Small Processing Facility Permit # 346024-001-WT/06

Sent from Mail for Windows 10



## 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.									
Quarter covered by this report (First quarter begins on January 1 of any given year)									
1. Facility name: Dolar Business Solutions, Inc									
2. Facility mailing address: 2123 Maxtin Rd									
	City: Dover County: Hills borough zip: 33527								
3.	3. Facility permit number: 346024-001-WTY06								
4.	Facility telephone number 863 838 - 7768								
5.	Authorized person preparing report: Donal & Mustay								
6.	Affiliation with facility:								
7.	Telephone number (if different from above): ( )								
8.	Activity: Report in tons Wumber of Tires								
		Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory	
	Used Tires	0	137	127				10	
	Other Whole Tires								
	Processed Tires								
	Processing Waste								
	Other		1						
	Total	0	137	127				10	
a.	. Explain all inventory adjustments.								
	N/A								
h									
D.	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.								
	N/A								
9.	<ol><li>Certification: To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete.</li></ol>								
7	Donald Murray D.M. 10/15/16								
	Print Name of Authorized Agent Signature of Authorized Agent Date								

Mail completed form to the appropriate District office listed below