Smith, George

From: OWEN D. CARNEY < OWEN.CARNEY@citrusbocc.com>

Sent: Monday, January 09, 2017 10:21 AM

To: SWD_Waste (Shared Mailbox)

Cc: OWEN D. CARNEY

Subject: 4th Qtr 2016 Waste Tire Report **Attachments:** 4th Qtr 2016 Tire Report.pdf

4th Quarter 2016 Waste Tire Report – Citrus County Central Waste Tire Facility

Owen D. Carney
Owen D. Carney, Recycling Coordinator
Citrus County Solid Waste Management Division
230 W Gulf to Lake Highway
P. O. Box 340
Lecanto, Florida 34461
352-527-7670

Cell: 352-400-0674 Fax: 352-527-7695 Direct 352-527-5574



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

January 4, 2017

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

Re: Quarterly Waste Tire Report – 4th Quarter 2016

Dear Steve,

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

If you have any questions, please let me know.

Sincerely,

Henry C. Norris, Jr., Director

Division of Solid Waste Management

cc: File



Quarter covered by this report

Florida Department of Environmental Protection

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

DEP F	orm	#	62-701	900(21)
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Form Title: Waste Tire Processing Facility Quarterly

Report

(First quarter begins on January 1 of any given year)

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.

4th Quarter 2016

1.	Facility name:	Citrus Cou	inty Central W	aste Tire Facili	ty	2790R						
2.	2. Facility mailing address: P. O. Box 340											
	City: Lecanto	canto County: Citrus Zip: 34460										
3.	Facility permit	number: 12	26602-004-W	Γ/02								
4.	4. Facility telephone number <u>(</u> 352 <u>)</u> 527-7670											
5.	Authorized person preparing report: Henry C. Norris, Jr											
6.	Affiliation with facility: Director											
7.	. Telephone number (if different from above):											
8.	Activity: Repo	ort in tons										
		Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory				
	Used Tires	35	106.63	0	0	139.63	0	2				
	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	35	106.63	0	0	139.63	0	2				
	Explain all inve n/a	entory adjustm	nents.									
b. List any period in which one or more category of inventory exceeded the permitted maximum for that category. How was that condition relieved? n/a												
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.	Certification: To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete.											
		Print Name of Authorized Agent Signature of Authorized Agent Date										

Mail completed form to the appropriate District office listed below