

## Florida Department of Environmental Protection

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

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Print Form

DEP Form #\_62-701.900(21)

Form Title: Waste Tire Processing Facility Quarterly

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 2017										
1	1. Facility name: Consolidated Tire Processing,L.L.C.									
2	1. Facility name: Consolidated Tire Processing,L.L.C.  2. Facility mailing address: 3100 S. Ridgewood Ave,Unit 190									
	City: South Daytona County: Volusia Zip: 3						Zip: 32119	<u>or</u>		
3	Equility powerity works and ACT OA COAC ACA									
4	4. Facility telephone number <u>(</u> 386 )212-2048									
5.	Authorized person preparing report: Dennis Mulberger									
6.	6. Affiliation with facility: managing director									
7.	Telephone nu	mber (if differ	ent from above	): <u>(</u> )						
8.	8. Activity: Report in tons									
		Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory		
	Used Tires	85	192	209				68		
	Other Whole Tires	0								
	Processed Tires	0								
	Processing Waste	0								
	Other	0								
	Total	0								
а.	Explain all inve	entory adjustm	ients.							
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b.	List any period was that condit	in which one	or more catego	ory of inventory	exceeded the	permitted maxi	mum for that cat	egory. How		
	THE BUILDING TO THE VEG !									
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For any excess inventory at the end of the quarter, state how and when this condition will be relieved. Attach Additional sheets, if necessary.										
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9. (	<ol> <li>Certification: To the best of my knowledge and belief, Leertify the information provided in this report is true, accurate, and complete.</li> </ol>									
	Dennis Mulberger 04/3/2017									
Print Name of Authorized Agent Signature of Authorized Agent Date										

Mail completed form to the appropriate District office listed below