

TRAIL RIDGE LANDFILL, INC.

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

April 14, 2017

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, 1st Qt. 2017

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 1st Quarter 2017.

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

Sincerely,

Greg Mathes
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)

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 1st Qt. 2017 (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 3. Facility permit number: 0013493-025-SO 4. Facility telephone number (904)748-6012 5. Authorized person preparing report: Grea Mathes Affiliation with facility: Sr. District Manager Telephone number (if different from above): 8. Activity: Report in tons Beginning Ending Received **Processed** Consumed Removed Adjustments Inventory Inventory **Used Tires** 8 314.06 297.21 24.85 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. 9. Certification: To the best of my knowledge and belief. Leadify the information provided in this report is true, accurate, and complete. Greg Mathes 04/14/2017 Print Name of Authorized Agent

> Mail completed form to the appropriate District office listed below

Signature of Authorized Agent

Date