Smith, George

From: Joanne Chamberlain < jchamberlain@pascocountyfl.net>

Sent: Tuesday, May 09, 2017 4:46 PM

To: SWD_Waste

Cc: John Power; Ronald J. Walker; Charles W. Ryburn; Robert Sigmond

Subject: Waste Tire Processing Facility Qtrly Rpts, Pasco County-West Pasco Processing Facility, WACS 45799,

Permit 126935-003-WT/02

Attachments: Pasco Qrtrly Waste Tire Report 201606 Jun.pdf; Pasco Qrtrly Waste Tire Report 201609 Sept.pdf;

Pasco Qrtrly Waste Tire Report 201612 Dec.pdf

Please see attached report for the quarters ending June 2016, September 2016 and December 2016.

Joanne Chamberlain

Budget Analyst II - Solid Waste

(813) 235-6196 X6881 FAX (813) 929-1064

Pasco County Utilities

Administration and Support Services

19420 Central Blvd Land O'Lakes, FL 34637

"Serving Our Community to Create a Better Future"





"Bringing Opportunities Home"

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CUSA18A7



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 April-June 2016 __(First quarter begins on January 1 of any given year) 1. Facility name: West Pasco Processing Facility 2. Facility mailing address: 19420 Central Blvd., Utilities Administration Building City: Land O' Lakes County: Pasco Zip: 34637 3. Facility permit number: 126935-003-WT/02 4. Facility telephone number (727) 856-0119 5. Authorized person preparing report: Joanne M. Chamberlain Accountant II, Utilities Administration and Support Services 6. Affiliation with facility: 7. Telephone number (if different from above): (813) 235-6196 X6881 8. Activity: Report in tons Beginning **Ending** Received Processed Consumed Removed **Adjustments** Inventory Inventory **Used Tires** 66.34 173.26 0 -1.41-236.63 0 1.56 Other Whole **Tires Processed** 0 0 0 0 **Tires Processing** Waste Other Total 66.34 173.26 0 -1.41-236.630 1.56 a. Explain all inventory adjustments.

For any excess inventory at the en Additional sheets, if necessary.	d of the quarter, state how and when this condition will be relieved. Attach
Certification: To the best of my kno and complete.	wledge and belief, I certify the information provided in this report is true, accurate
Charles W. Ryburn	(July) May 9 2017

b. List any period in which one or more category of inventory exceeded the permitted maximum for that category. How

Mail completed form to the appropriate District office listed below

9.

Print Name of Authorized Agent

was that condition relieved?

Signature of Authorized Agent

May 9, 2017

Date



Quarter covered by this report

1. Facility name: West Pasco Processing Facility

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

Report

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DEP Application No.

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

(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.

July-Sept 2016

2.	2. Facility mailing address: 19420 Central Blvd., Utilities Administration Building									
	City: Land O)' Lakes		County: Pa		Zip: <u>34637</u>				
3.	3. Facility permit number: 126935-003-WT/02									
4.	Facility teleph	one number	(727) 856-0	119						
5.	5. Authorized person preparing report: <u>Joanne M. Chamberlain</u>									
6.	. Affiliation with facility: Accountant II, Utilities Administration and Support Services									
7.	. Telephone number (if different from above): (813) 235-6196 X6881									
8.	Activity: Repo	ort in tons								
		Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory		
	Used Tires	1.56	366.94	0	0	-312.64	0	55.86		
	Other Whole Tires		, ,,,,,,,							
	Processed Tires	0		0	0			0		
	Processing Waste									
	Other									
	Total	1.56	366.94	0	0	-312.64	0	55.86		
а.	. Explain all inventory adjustments.									
-										
b	b. List any period in which one or more category of inventory exceeded the permitted maximum for that category. How was that condition relieved?							egory. How		
-	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, I certify the information provided in this report is true, accurate, and complete. Charles W. Ryburn Print Name of Authorized Agent Signature of Authorized Agent Mail completed form to the									



Quarter covered by this report

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.

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

(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.

Oct - Dec 2016

1.	Facility name:	West Pasc	co Processing	Facility				
2	Facility mailing	g address: 1	19420 Central	Blvd., Utilities	Administration	Building		
	City: Land O' Lakes County: Pasco Zip: 34637							
3.	3. Facility permit number: 126935-003-WT/02							
4.	Facility teleph	one number	(727) 856-0	119				
5.	5. Authorized person preparing report: Joanne M. Chamberlain							
6.	Affiliation with	facility:	Accountant II,	Utilities Admin	istration and	Support Servi	ces	
7.	Telephone nu	mber (if differe	ent from above): <u>(813)</u>	235-6196 X6	881		
8.	Activity: Repo	ort in tons						
		Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory
	Used Tires	55.86	180.34	0	0	-165.56	0	70.64
	Other Whole Tires							
	Processed Tires	0		0	0			0
	Processing Waste							
	Other							
	Total	55.86	180.34	0	0	-165.56	0	70.64
a.	a. Explain all inventory adjustments.							
b.	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, I certify the information provided in this report is true, accurate, and complete. Charles W. Ryburn Print Name of Authorized Agent Signature of Authorized Agent Date							
	. meradii	- 51 / Idillo1126	a rigorit	ال المامين الم	gnature or Autr	John Zed Agent		Date