

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

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: Miranda 5 Tice Toc							
2.	2. Facility mailing address: 1982 NW 44th St.							
	City: Seer	_	Beach	1000	roward		zip: 333 1	¬
3.	Facility permit		737		(((())	1.17	Zip: <u>303 1</u>	
	Facility teleph		7772	887- 6	23 29	- W 1	RECE	VED
	Authorized pe			J49		Ruiz	1111 1 1	2017
	Affiliation with		Accou		Rig	\u)Z	JOLEI	2017
	Telephone nu				41.0 -	10348	WEST SALA	EP
	Activity: Rep		one mont above	V Col)	(60)	437	WESTPALA	1 BEACH
		Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory
	Used Tires							inventory
	Other Whole Tires							
	Processed Tires	104,868		104,868		104,868		A.
	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?							
12								
	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							
						1		
9. Certification: To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete. Output Print Name of Authorized Agent Signature of Authorized Agent Date								
	Mail completed form to the							

appropriate District office listed below



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	Pursuant processing fac	to Rule 62-7 cility shall sub	711.530, Florid	a Administrative	e Code, the o	owner or opera	ator of a waste	tire		
Que	rter covered b		4th O	1. 12170	2110		ny 1 of any giver	a veer)		
1.	1. Facility name:									
2.	2. Facility mailing address: 1982 NW 44th St									
	city: Deerfield Beach county: Broward zip: 33317									
3.	3. Facility permit number: 0329101 - 001 - W T									
4.	Facility telephone number 772 882 - 2329									
5.	Authorized pe	rson preparin	g report:	Juc	ma T	Ruiz				
6.	3. Affiliation with facility: Accounts Payable Rep,									
7.	Telephone nu	mber (if differ	ent from above): 772)	460-	634	8			
8.	Activity: Rep	ort in tons								
		Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory		
	Used Tires									
	Other Whole Tires									
	Processed Tires	49.09	a	H9,09a		16.000		Δ		
	Processing Waste	,,,,		71,010		47,072		0-		
	Other					B	ECETVED			
	Total						ha What V ha h			
а	Explain all inve	entory adjustm	nents			J	UL 1 1 2017			
100	- ^ 1	y dajaotii					EL DEP			
1/2	10-					WES	T PALM BEA	CH		
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			
8										
	For any excess	any excess inventory at the end of the quarter, state how and when this condition will be relieved. Attach								
Additional sheets, if necessary.										
3	-14-									
9. Certification: To the best of my knowledge and belief, I certify the information provided in this report is true, accurate and complete.							ue, accurate,			
	Juana Ruiz MR 1/18/17									
	Print Name of Authorized Agent Signature of Authorized Agent Date									