

Quarter covered by this report

## Florida Department of Environmental Protection

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

Danal	
Reset	-om
110001	

Print Form

DEP Form #\_62-701.900(21)

Form Title: Waste Tire Processing Facility Quarterly Report

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.

Second, 2018

1.	Facility name:	Consolida	ted Tire Proce	ssing						
2.	Facility mailing	g address: 3	3100 S. Ridgewood Ave,Unit 190							
	City: South [	Daytona	County: Volusia Zip: 32119							
3.	Facility permit	number: 0	nber: 0310464-002-WT							
4.	Facility telephone number (386 )212-2048									
5.	Authorized pe	rson preparin	ring report: Max Meseroll							
6.	Affiliation with	facility:	managing director JUL 0.5 2018							
7.	Telephone nu	elephone number (if different from above):								
8.	Activity: Report in tons									
		Beginning inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory		
	Used Tires	67	198	205				60		
	Other Whole Tires	0								
	Processed Tires	0								
	Processing Waste	0								
	Other	0								
	Total	0								
	Explain all inve			om of inventory	averaged the	nouncited way	in that as	toward Mary		
<b>D.</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, accur and complete.   Output  Description: To the best of my knowledge and belief, I certify the information provided in this report is true, accur and complete.										
	Max Meseroll Print Name of Authorized Agent  Signature of Authorized Agent  Date									
	Mail completed form to the									

Mail completed form to the appropriate District office listed below