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

October 4, 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, 3rd 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 3rd Quarter 2017.

In addition, please find an Amended 2nd Qt. 2017 Tire Report for Trail Ridge Landfill.

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

Sincerely,

Amended

Greg Mathes

Sr. District Manager

Enclosures

RECEIVED

By bobbitt_b at 9:31 am, Sep 27, 2018

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.

arter covered by	this report	3rd Qt. 2017	<u>'</u> (_ (First quarter begins on January 1 of any given year)					
. Facility пате:	Trail Ridge	e Landfill							
. Facility mailing	g address:	5110 U.S. Higl	nway 301 Sout	h					
City: Baldwir	City: Baldwin County: Duval Zig						ip: 32234		
Facility permit	number: 00	013493-025-S	0						
Facility telepho	one number	(904)748-6	012_				·		
Authorized pe	rson preparing	g report: A	lien Rhodes			120			
Affiliation with	facility:	District Manag	ger						
Telephone nu	mber (if differ	ent from above); ()						
Activity: Repo									
	Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory		
Used Tires	59.8	343.68			402.01		1.47		
Other Whole Tires									
Processed Tires									
Processing Waste									
Other									
Total					<u> </u>				
Explain all inve	entory adjustn	nents.							
List any period was that condi	in which one tion relieved?	or more categ	ory of inventory	exceeded the	permitted max	imum for that ca	tegory. How		
For any excess Additional shee	s inventory at ets, if necessa	the end of the	quarter, state h	ow and when t	his condition v	vill be relieved. A	Attach		
Certification: T and complete.	o the best of	my knowledge	and belief, I cer	tify the informa	ition provided	in this report is tr	ue, accurate		
Greg Mathes						10/10/20	017		
Print Nam	e of Authorize	ed Agent	Si	gnature of Auti	horized Agent		Date		

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 b	y this report	2nd Qt. 2017	7 -Amended (First quarter be	egins on Janua	ary 1 of any give	n year)	
Facility name	: <u>Trail Ridge</u>	Landfill						
2. Facility mailing	ng address:	5110 U.S. Higl	hway 301 Sout	<u>h</u> _				
City: Baldw	City: Baldwin County: Duval Zip: 32234							
3. Facility perm	it number: 00	013493-025-S	0					
4. Facility telepl	none number	(904)748-60	012					
5. Authorized po	erson preparin	g report: Al	llen Rhodes					
6. Affiliation with	n facility:	District Manag	ger					
7. Telephone nu	umber (if differ	ent from above): ()					
8. Activity: Rep	oort in tons							
	Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory	
Used Tires	24.85	592.1			557.15		59.8	
Other Whole Tires								
Processed Tires								
Processing Waste					**			
Other	-				_			
Total								
a. Explain all inv	entory adjustn	nents.	ived Removed	l and Ending I	nuenten denn	age amounts.		
Amended Re	port provides	the correct Re	ceived, Remove	ved and Endir	g Inventory to	onnage amounts.	S.	
b. List any period was that cond	d in which one lition relieved?	or more catego	ory of inventory	exceeded the	permitted max	imum for that ca	tegory. How	
For any exces Additional she	ss inventory at eets, if necessa	the end of the	quarter, state he	ow and when t	his condition w	ill be relieved. A	Attach	
9. Certification: and complete.	To the best of a	ny knowledge a	and belief, I cen	tify the informa	tion provided i	n this report is tr	rue, accurate,	
Greg Mathes						10/10/20	017	
Print Nan	ne of Authorize	d Agent	Si	gnature of Auti	norized Agent		Date	