

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

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. (First quarter begins on January 1 of any given year) Quarter covered by this report 1. Facility name: MMD Enterprises, Inc. 9975 NW 88th Ave 2. Facility mailing address: Zip: 33178 County: Dade City: Miami 0307930-001-WT 3. Facility permit number: 4. Facility telephone number (305)805-9390 5. Authorized person preparing report: Elee Dammous 6. Affiliation with facility: Manager 7. Telephone number (if different from above): 8. Activity: Report in tons Ending Beginning Received Processed Consumed Removed Adjustments Inventory Inventory 11,109 12,147 14,876 1,901 6,479 **Used Tires** Other Whole Tires Processed Tires Processing Waste Other 11,109 12,147 14.876 1,901 6,479 Total a. Explain all inventory adjustments. 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. Certification: To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete. 7/13/18 Elee Signature of Authorized Agent Date Print Name of Authorized Agent

Mail completed form to the appropriate District office listed below

RER SOLID WASTE OPERATING REPORT FORM

Eacility Name: MMD Enterprises Inc.	inc				Facility Type (Landfill, C&D MKF, etc.):	r, etc.): Tires
Facility Address: 9975 NW 88 AVE Miami, FL 33178	Miami, FL 33178				Permit N	Permit Number: SW-1713
Operating Schedule: 8	hrs./day	5	days/week or	days/quarter	Reporting Period (Month/Year): Jun-17	n/Year): Jun-17
	Waste Received	Received	On-Site Disposal	Disposal ing Period	Off-Site Disposal this Reporting Period ⁽¹⁾	
Waste Type	Amount	Units (2)	Amount	Units (2)	Facility Name and address	Amount Units (2)
Concrete, Stone, Brick, Ceramic Tiles						
Soil						
Construction & Demolition (C&D) Debris						
Recovered Screen Material (RSM)						
RSM Reused ⁽⁴⁾						
C & D Residuals (screening overs)						
Metals (Ferrous)						
Metals (Non Ferrous)						
Land Clearing Debris/Lumber						
C & D Wood						
Roofing						
Plastic						ADEZ tirac
Tires	4701	4701 tires			several vendors / suppliers	cain iczt
Paper/Cardboard						
Glass						
Garbage						
Filters						
Bio-hazardous Waste						
Unacceptable (list below)	0	tires				
Mixed Waste (list below)						
TOTALS		4701 tires			-	TOTALS 4257 tires
I hereby certify, under penalty of perjury, that the information given in this report is accurate to the best of my knowledge	ry, that the infor	rmation given i	n this report is a	ccurate to the best of my knowle	edge	7/13/2018
Name of Operating Authority Representative ⁽³⁾	tive ⁽³⁾		Signature of O	Signature of Operating Adthority Representative ⁽³⁾	3)	Date
Facility Operator		,	Signature of Operator	perator		Date
Notes: (1) ATTACH DISPOSAL RECEIPTS FOR ALL WASTE DISPOSED OFF SITE (2) Cubic Yards or Tons (3) Corporate Officer or Authorized Representative (letter of authorization must be on-file with RER if not a Corporate Officer)	FOR ALL WASTE	DISPOSED OFF SI	ITE ust be on-file with RE	R if not a Corporate Officer)		
(4) RER Approval required for REUS	of RSM					