## Johnson, Sabrina O

From: Al Bell <us27tires@gmail.com>
Sent: Saturday, April 13, 2019 11:47 AM

To: SWD\_Waste

**Subject:** 1st Quarterly report 2019 (US 27 Tires, 369009-001-WT/02)

**Attachments:** 1st Quarter report.pdf

Please see attached report. Thank you.

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US 27 Tires, LLC 29612 Highway 27 Dundee, FL 33838 863-248-2911



## 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 ApplicationNo.					
(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 1st Quarter 2019 (First quarter begins on January 1 of any given year)							year)		
1.	Facility name:	US 27 Tires, LL	_C						
2.	Facility mailing	address: 2	29612 Hwy 27						
	City: Dundee		County: Polk			Zip: 33838			
3.	Facility permit number: 369009-001-WT/02								
4.	. Facility telephone number ( )863-248-2911								
5.	Authorized person preparing report: Abdel Belfakir								
6.	Affiliation with facility: employee employee								
7.	Telephone number (if different from above):								
8.	8. Activity: Report in tons								
		Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory	
	Used Tires	3400	1424			1998		2826	
	Other Whole Tires								
	Processed Tires								
	Processing Waste								
	Other	А							
	Total	3400	1424			1998		2826	
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?  N/A								
For any excess inventory at the end of the quarter, state how and when this condition will be relieved. Additional sheets, if necessary.  N/A								Attach	
9.	Certification: To the best of my knowledge and belief, I certify the information provided in this report is true, according to the complete.								
	Abdel Belfakir				/ MIN	1		4/10/2019	
Print Name of Authorized Agent Signature of Authorized Agent								Date	

Mail completed form to the appropriate District office listed below