

Florida Department of Environmental Protection

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

DEP Form #_62-7	(01.900(21)
Form Title: Waste Report	Tire Processing Facility Quarterly
iffective Date: Jar	ovary 6, 2010
EP Application N	0.

WASTE TIRE PROCESSING FACILITY QUARTERLY REPORT

Affiliation with facility: Managea. Telephone number (if different from above): Activity: Report in tons Beginning Inventory Other Whole Tires Processed Other Total Explain all inventory adjustments	Jarler covered by this report First quarter begins on January 1 of any given year) Facility name: Fuenus Recycling UCC Facility mailing address: 2350 NW 27 AVE City: OPMA County: Market Zip: 34/175 Facility permit number: 00 19 (6 00 - 010 - W 7 - 06 Facility telephone number (3/2) (6 22 - 5800 Authorized person preparing report: Gerall Lourerco Affiliation with facility: Marketa. Telephone number (if different from above): Activity: Report in tons Beginning Inventory Received Processed Consumed Removed Adjustments Ending Inventory Used Tires O O O O O Other Whole Tires O O O Total O O O O Other Other
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1. Facility name: Fuerus Recycling LCC 2. Facility mailing address: 2350 NW 27 AVE City: Olaria County: Marina Zip: 34/75 3. Facility permit number: 00/9 (600-0/0-WT-06 4. Facility telephone number (3/2) (622-5800 6. Authorized person preparing report: Gerall) Lourerco 6. Authorized person preparing report: Gerall) Lourerco 7. Telephone number (if different from above): 8. Activity: Report in tons 8. Beginning Inventory 9. Used Tires 10. Other Whole Tires 10	1. Facility name: FRENDS RECYCLING LLC 2. Facility mailing address: 2350 Nw 2 Ave City: OLMA County: MANA Zip: 34/775 3. Facility permit number: 00 / 9 (6 0 0 - 0 / 0 - w 7 - 0 6 4. Facility telephone number (3/2) (6 22 - 5800 Authorized person preparing report: GERALL) Loverace Affiliation with facility: MANAGEA. Telephone number (if different from above): 1. Activity: Report in tons Beginning Inventory Received Processed Consumed Removed Adjustments Ending Inventory
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Mail completed form to the appropriate District office listed below

Signature of Authorized Agent