

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

DEP Form # ,62-701.990(21)	
Form Title: Weste Tire Processing Facility Quart Report	erty
Effective Date: January 6, 2010	
DEP Application No.	
(Completed by DEP)	

WASTE TIRE PROCESSING FACILITY QUARTERLY REPORT

	þ	rocessing faci	ility shall subm	nit the following	g information to	o the Departme	ent quarterly.	etor of a waste			
Qı	uar	er covered by	this report	2nd gt	2019	(First quarter b	egin s on Janu	ary 1 of any giv	en year)		
	1.1	Facility name:	Tire	Disposal	Service.	3			······································		
	2.	Facility mailing	address:	P.O. Box	550			,	···		
	+	City: C H	ondale		County:	Jackson		Zip: <u>324</u>	31		
	3.	Facility permit	number:6	06438	6-005	- WT					
	4.	Facility telepho	one number	(850) 35	2-104	<u> </u>	<u> </u>		· · · · · · · · · · · · · · · · · · ·		
	5.	Authorized pe	rson preparing	report: 🤶	Jim Ma	:rrifie)	<u>d</u>	· · · · · · · · · · · · · · · · · · ·			
		Affiliation with		_	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>		·····			
	7.	Telephone nu	mber (if differe	ent from above): (8)5	0)209-3	2336 (co	e//)			
		Activity: Rep									
			Beginning	Received	Processe d	Consumed	Removed	Adjustment s	Ending Inventory		
		Used Tires	Inventory				<u></u>				
		Other whole Tires	15	296	110		181		20		
		Processing							· · · · · · · · · · · · · · · · · · ·		
	1	Waste Other	<u> </u>				<u> </u>				
		Total	15	296	110		181		20		
	a.	Explain all inv	ventory adjustr	nents.		-					
	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:	,	····							
	9.	Certification:	f my knowledge	and belief, I cer	tify the informati	ion provided in th	is report is true,	accurate, and co	omp lete .		
ECFI	-	To the best of	f my knowledge Markait	and belief, I cer	tify the informati	ion provided in the	is report is true,	accurate, and co	omp lete . フロック		

AUG 2 6 2019

NORTHWEST FLORIDA DEP

Northwest District

160 Government Center Pensacola, FL 32501-5794 850-595-8360 Northeast District 7825 Brymeadows Way, Ste. 200 B Jacksonville, Ft. 32255-7590 904-807-3300 Contral District 3319 Maguire Stvd., Ste. 232 Orlando, FL 32803-3767 407-894-7555

the appropriate District office listed below

Southwest District 13051 N. Telecom Pky. Temple Terrace, PL 813-632-7800 South District 2295 Victoria Ava., Ste. 364 Fort Myers, FL 33902-2549 239-332-6975 Southeast District 400 North Congress Ave. West Palm Beach, FL 33401 561-661-6600



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

DEP Form #_62-701,990(21)	
Form Title: Weste Tire Processing Facility Quarterly Report	
Effective Date: January 6, 2010	
DEP Application No.	_

WASTE TIRE PROCESSING FACILITY QUARTERLY REPORT

processing faci	ility shall subm	nit the following	g information to	o the Departme	ent quarterly.	ator of a waste				
rter covered by	this report	1st at	2019	(First quarter b	egins on Janu	ary 1 of any giv	en year)			
Facility name:	Tire	Disposal	Service.	7						
Facility mailing	g address:	P.O. Box	550				· · · · · · · · · · · · · · · · · · ·			
City: Co H	londale		County: 🚅	Jackson		Zip: <u>324</u>	31			
Facility permit	number: ć	06438	6-005	- WT			···· · · · · · · · · · · · · · · · · ·			
Facility teleph	one number	(850) 35	2-104	4						
Authorized ne	rson preparino	report:	Jim Mo	·rrifie)	d					
Affiliation with										
Tolophone nu	mher (if differe	ent from above	n: (3957	01209-2	2 336 (c	ell)				
	elephone number (if different from above): (850) 209-2336 (cell)									
Activity. Hop	Beginning Inventory	Received	Processe d	Consumed	Removed	Adjustment s	Ending Inventory			
Used Tires	·						 			
Other whole Tires	6	192	145		38		15			
Processed tires										
Processing Waste		<u> </u>								
Other										
Total	6	192	145		38		15			
Explain all inv List any perio How was that		or more cate		ory exceeded th	ne permitted m	naximum for tha	it category.			
For any exce Additional sh	ss inventory a eets, if necess	eary.		how and whe	n this condition	n will be relieve	d. Attach			
		······································	 	···	·					
Certification:		and belief, I cer	rtify the informat	ion provided in th	nis report is true	, accurate, and co	omplete.			



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

DEP Form # ,62-701.	900(21)
Form Title: Waste Ti Report	re Processing Facility Quarterly
Effective Date: James	ry 6, 2010
DEP Application No.	(Completed by DEP)

WASTE TIRE PROCESSING FACILITY QUARTERLY REPORT

processing fac	ility shall subm	nit the following	information to	the Departme	ent quarterly.	ator of a waste		
uarter covered by	this report	4th gt	2018	First quarter b	egins on Janu	ary 1 of any giv	ren year)	
1. Facility name:								
2. Facility mailin	address:	P.O. Box	550					
City: Cot	tondale		County:	Jackson	<u> </u>	Zip: <u>324</u>	3 1	
3. Facility permit								
4. Facility teleph	one number	(850) 35	2-1041	1				
4. Facility teleph	rson preparing	report:	5im Mc	rrifiel	d			
6. Affiliation with	facility:	Owner						
7. Telephone nu	ımber (if differe	ent from above): <u>(8</u> 257	0)209-3	2336 (ell)		
8. Activity: Rep								
	Beginning Inventory	Received	Processe d	Consumed	Removed	Adjustment s	Ending inventory	
Used Tires							· · · · · · · · · · · · · · · · · · ·	
Other whole Tires	6	96	89		7	ļ	6	
Processed tires								
Processing Waste								
Other								
Total	6	96	89		7		6	
a. Explain all in	ventory adjustr	nents.						
b. List any period in which one or more category of inventory exceeded the permitted maximum for that category. How was that condition relieved?								
Additional sh	ss inventory at eets, if necess	the end of the ary.	quarter, state	how and whe	n this condition	n will be relieve	d. Attach	
9. Certification: To the best of	•	······································	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	· ,	



Quarter covered by this report

Department of **Environmental Protection**

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

DEP Form #_62-701.990(21)	
Form Title: Weste Tire Processing Facility Quarte Report	rty
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. 3rd at 2018 __(First quarter begins on January 1 of any given year)

1. Facility name	e: Tire	Disposal	Service.	٠			
2. Facility maili	ng address:	P.O. Box	550				
City: <u>C</u> 2	Hondale		County: 💆	Jackson		Zip: <u>324</u>	3 1
3. Facility perm	nit number:	06438	6-005	- W T	<u></u>		
4. Facility telep	hone number	(850) 35	2-104	4			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5. Authorized p	erson preparing	report: <u>≤</u>	Jim Ma	crifie)	d	····	
6. Affiliation wit	th facility:	Owner	<u> </u>				
7. Telephone r	number (if differe	ent from above): 185	0)209-3	2336 CC	ell)	
8. Activity: Re							
	Beginning Inventory	Received	Processe	Consumed	Removed	Adjustment s	Ending inventory
Used Tires	III VAILOI Y	 					
Other whole Tires	6	236	198		38		6
Processed tire	5						
Processing Waste							
Other							
Total	6	236	198		38		6
a. Explain all i	nventory adjustr	nents.					
b. List any per How was th	iod in which one at condition relic	umd2				naximum for tha	
	ess inventory at theets, if necess	the end of the					
	of my knowledge		\sim		• .		_
Print N	ame of Authoriz	ed Agent	— —	Signature of A	uthorized Age	<u>8:</u>	Date
			Mail complete	ed form to			

the appropriate District office listed below



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

DEP Form # ,62-701,940(21)	_
Form Title: Waste The Processing Facility Quarterly Report	
Effective Date: January 6, 2010	
DEP Application No.	_

WASTE TIRE PROCESSING FACILITY QUARTERLY REPORT

processing faci	ility shall subm	nit the following	g information to	the Departme	ent quarterly.		e tire		
						ary 1 of any giv			
Facility name:	Tire	1712/05/1	Service.	7					
Facility mailing	g address:	P.O. Box	550		· · · · · · · · · · · · · · · · · · ·		····		
City: Co H	londale		County:	Jackson		Zip: <u>324</u>	31		
Facility permit	number:č	06438	6-005	- W.T			 		
Facility teleph	one number	(850) 35	2-104	4	· · · · · · · · · · · · · · · · · · ·		<u> </u>		
Authorized pe	rson preparinç	report: <a>S	Jim Ma	rrifie)	<u>d</u>				
Affiliation with	facility:	Duner							
Telephone nu	mber (if differe	ent from above): <u>(8</u> 25	0)209-3	2336 Cc	e11)			
Activity: Rep									
	Beginning Inventory	Received	Processe d	Consumed	Removed	Adjustment s	Ending inventory		
Used Tires							 		
Other whole Tires	6	206	156		50		6		
Processed tires									
Processing Waste					<u> </u>				
Other	<u> </u>								
Total	6	206	156		50		6		
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?									
LIOTI MED LIIO									
For any exce	ss inventory at eets, if necess	t the end of the ary.	e quarter, state	how and whe	n this condition	n will be relieve	d. Attach		
For any exce Additional ships Certification:	eets, if necess	and belief, I cer	tify the informati		is report is true,	, accurate, and co			

Mail completed form to the appropriate District office listed below

Northwest District 160 Government Canter Pensacola, Ft. 32501-5794 850-595-8360 Northeast District 7825 Baymaadows Way, Ste. 200 B Jacksonville, FL 32256-7590 904-807-3300 Central District 3319 Maguire Bird., Ste. 232 Orlando, Ft. 32803-3767 407-894-7555 Southwest District 13051 N. Telecom Pky. Temple Terrace, Ft. 813-832-7800 South Dietrict 2285 Victoria Ave., Ste. 384 Fort Myers, Ft. 33902-2549 238-332-6975

Southeast District 400 North Congress Ave. West Palm Beach, FL 33401 561-681-5800



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

**	
DEP Form # ,62-701,940(21)	
Form Title: Waste Tire Processing Facility Quarterly Report	
Effective Date: January 6, 2010	
DEP Application No.	

WASTE TIRE PROCESSING FACILITY QUARTERLY REPORT

nrocessing faci	lity shall subm	1.530, Florida it the following	information to	the Departme	ent quarterly.		
arter covered by	this report	1st gt	2018	First quarter b	egins on Janu	ary 1 of any giv	en year)
, Facility name:	Tire	D12,000	Service.	7			
. Facility mailing	address:	P.O. Box	550				
City: Co H	condule	· · · · · · · · · · · · · · · · · · ·	County:	Jackson		(ip: <u>324</u>	31
. Facility permit	number: _6	06438	6-005	- W T			
. Facility telepho	one number	(850) 35	2-104	7			
Authorized per	rson preparing	report:	5im Ma	rrifiel	d		
Affiliation with	facility:	Owner					
Telephone nur	mber (if differe	ent from above): (8)57	0)209-3	2336 (c	e//)	
. Activity: Repo				·			
	Beginning Inventory	Received	Processe d	Consumed	Removed	Adjustment S	Ending Inventory
Used Tires							
Other whole Tires	6	192	129		63		6
Processed tires							
Processing Waste					 		
Other							
Total	6	192	129		63]	6
List any period	· · · · · · · · · · · · · · · · · · ·	or more cates	gory of invento	ry exceeded th	ne permitted m	aximum for tha	t category.
For any exces Additional she	ss inventory at eets, if necess	the end of the ary.	quarter, state			n will be relieve	
-	· .		•			accurate, and co	
Jim	Mercifi	ed Agent		Signature of A	<u> </u>	<u> </u>	-20-1°
Print Nar	ne of Authoriz	ed Agent		Signature of A	utnorized Ager	nt	Date



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

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DEP Form # ,62-701.990(21)
Form Title: Waste Tire Processing Facility Quarterly Report
Effective Date: January 6, 2010
DEP Application No.

WASTE TIRE PROCESSING FACILITY QUARTERLY REPORT

proc	essing faci	lity shall subm	nit the following	information to	o the Departme	ent quarterly.	ator of a waste		
Quarter (covered by	this report	4that	2017	(First quarter b	egins on Janu	ary 1 of any giv	en year)	
1. Fac	ality name:	Tire	Disposal	Service	7		· · · · · · · · · · · · · · · · · · ·		
2 Fac	ility mailing	address:	P.O. Box	550					
City	r. Cott	endule		County:	Jackson	7	(ip: <u>324</u>	31	
3. Fac	ility permit	number: č	06438	6-005	- WT		,		
T. 100	horized ne	rean preparing	renort 5	Sim Mo	noifie)	d			
о. Am	ilation with	retanty.	or from about	· (8)	N 2 NA - 3	336 (6	ell)		
			SUL HORR SDOAD). <u>183</u> .	2,001.				
8. Ad	tivity: Repo	Beginning	Received	Processe	Consumed	Removed	Adjustment	Ending	
	<u></u>	Inventory	14001100	d			S	Inventory	
	d Tires								
Tire		6	196	127		69		6	
	cessed tires				<u> </u>				
Wa	ste					<u> </u>			
Oth	er								
Tot	al	6	196	127		69		6	
	-inia ali inia	entory adjustr	nonte	<i></i>					
a. Ex	piani an iliv	entory adjusti	ileilis.						
b. Lis	List any period in which one or more category of inventory exceeded the permitted maximum for that category How was that condition relieved?								
Fo Ad	r any exces ditional she	s inventory at ets, if necess	t the end of the eary.	quarter, state	how and whe	n this condition	n will be relieve	d. Attach	
						·········			
	Certification: To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete.								
	5	Many A	11	d	Min	_	ጽ	20-19	
	Print Nar	ne of Authoriz	ed Agent		Signature of A	uthorized Age	nt	Date	



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

DEP Form # ,62-701,940(21)	****
Form Title: Weste The Processing Facility Quarterly Report	
Effective Date: January 6, 2010	
DEP Application No.	_

WASTE TIRE PROCESSING FACILITY QUARTERLY REPORT

processing faci	lity shall subm	it the following	g information t	o the Departme	ent quarterly.	ator of a waste				
						ary 1 of any giv				
Facility name:	Tire	Disposal	<u>Serviće</u>	7			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Facility mailing	address:	P.O. Box	550	·						
City: CoH	<u>ondule</u>		County:	Jackson	· · · · · · · · · · · · · · · · · · ·	Zip: <u>324</u>	31			
Facility permit	number:	06438	6-005	- W T						
Authorized per	son preparing	report:	Jim Mo	rrifie)	d					
Affiliation with										
	nber (if differe	nt from above	n: (8°57	0)209-2	2336 C	ell')				
	elephone number (if different from above): (850) 209-2336 (cell)									
	Beginning Inventory	Received	Processe d	Consumed	Removed	Adjustment s	Ending inventory			
Used Tires										
Other whole Tires	6	172	85.8		87		6			
Processed tires										
Processing Waste										
Other							i			
Total	6	172	86		87		6			
Explain all inv	d in which one	or more cate		ory exceeded th		naximum for tha	t category.			
For any exces Additional she	s inventory at eets, if necess	the end of the	e quarter, state	how and whe	n this condition	n will be relieve	d. Attach			
Certification:	,									
To the best of	my knowledge A	and belief, I cer	_	ion provided in th	nis report is true.	, accurate, and co	omplete.			



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

DEP Form	*_62-701.900(21)
Form Title: Report	Waste Tieo Processing Facility Quarterly
Effective D	ate: January 6, 2010
DED Andi	antina Na

(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.

uarter covered by	this report	2 Agt	2017	(First quarter b	egins on Janu	uary 1 of any gi	ven year)
1. Facility name:	Tire	Dispose	1 Service	د .	· · · · · · · · · · · · · · · · · · ·		
2. Facility mailing	g address:	RO. Box	550				
City: 💪 o	Hondale		County: 🥫			Zip: 324	
3. Facility permit							
. Facility teleph		(850) 35	2-1044				
Authorized pe	rson preparin	g report:	JimM	writield		#	
. Affiliation with	facility:					····	
Telephone nu						· · · · · · · · · · · · · · · · · · ·	
. Activity: Rep	ort in tons						
Used Tires	Beginning Inventory	Received	Processe d	Consumed	Removed	Adjustment s	Ending inventory
Other whole	0		1,000		······································		
Tires Processed tires	6	199	138		61		_ 6
Processing Waste							
Other		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	 	
Total	6	199	138		61		6
List any perior How was that	d in which one	or more cates	gory of invento	ry exceeded th	e permitted m	aximum for tha	t category,
For any exces Additional she	ss inventory at eets, if necess	the end of the	quarter, state	how and wher	this condition	will be relieved	d. Attach
Jim	my knowledge a	eld	$\underline{}$	on provided in thi	Lui	accurate, and co	mplete.
1 1317 2 142 551	······································		<u>~</u>	•	WINNER TYPE	14	Date
			viail complete	d form to			

Mail completed form to the appropriate District office listed below

Northwest District 150 Government Center Pensacota, FL 32501-5794 850-595-8360 Northeast District 7825 Baymaadows Way, Ste. 200 B Jacksonville, FL 32256-7590 904-807-3300 Central District 3319 Maguire Blvd., Ste. 232 Orlando, FL 32803-3767 407-804-7656 Southwest District 13051 N. Telecom Pky, Temple Terrace, FL 813-632-7600 South District 2295 Victoria Ave., Ste. 364 Fort Myers, FL 33902-2549 239-332-6975 Southeast District 400 North Congress Ave. West Palm Beach, FL 33401 561-581-5600



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(Completed by DEP)

WASTE TIRE PROCESSING FACILITY QUARTERLY REPORT

Pursuant processing fac	to Rule 62-71 ility shall subn	11.530, Florida nit the following	i Administrativ g information t	ve Code, the o	owner or oper ent quarterly.	ator of a waste	e tire				
arter covered by	this report	15tgx	2017	(First quarter b	egins on Janu	iary 1 of any giv	en year)				
. Facility name:	Tire 6	اعدوجور	Service								
. Facility mailing	g address:	Po. Box	<u>550</u>		·	·					
City: Co+	londale		County:	Jackso	<u> </u>	Zip: <u>32</u>	13.1				
. Facility permit	number: 🙍	06438	6-001-	WT	······································						
. Facility telepho	Authorized person preparing report: J. Mernifield										
Authorized per	rson preparing	report:	Tim Me	emifiel	d		······				
Affiliation with	facility:	Dwne	<u> </u>			·					
Telephone nui	mber (if differe	ent from above): <u>(</u>	7							
Activity: Repo	ort in tons										
	Beginning Inventory	Received	Processe d	Consumed	Removed	Adjustment s	Ending Inventory				
Used Tires	0										
Other whole Tires	6	240	121		119		6				
Processed tires											
Processing Waste					· · · · · · · · · · · · · · · · · · ·						
Other											
Total	6	240	121		119		6				
Explain all inv											
List any period How was that			gory of invento	ry exceeded th	e permitted m	aximum for tha	t category.				
For any exces Additional she	es inventory at ets, if necess	the end of the ary.	quarter, state	how and whe	n this condition	n will be relieve	d. Attach				
. Certification:	my knowledge	and helief I cert	ify the information	on provided in th	is report is true.	accurate, and co	mnlete				
	- Merry		/	7 61	n. 1	سک	1-31-1				
	ne of Authoriz			signature of Au	- July						