

Johnson, Sabrina O

From: Neil A. Maves <Neil.Maves@citrusbocc.com>
Sent: Friday, January 10, 2020 11:56 AM
To: SWD_Waste
Cc: Michael R. Holst
Subject: Citrus County Landfill Waste Tire Report
Attachments: 4th Quarter Waste Tire Report.pdf



Board of County Commissioners

DEPARTMENT OF PUBLIC WORKS

SOLID WASTE MANAGEMENT DIVISION

P.O. Box 340, Lecanto, Florida 34460

Telephone: (352) 527-7670 FAX: (352) 527-7672

email: landfillinfo@bocc.citrus.fl.us

TDD Telephone: (352) 527-5303

Citrus Springs/Dunnellon/Inglis/Yankeetown area Toll Free (352) 489-2120

January 13th, 2020

Mr. Steve Morgan
Department of Environmental Protection
13051 N Telecom Parkway
Temple Terrace, Florida 33637-0926

Re: Quarterly Waste Tire Report – 4th Quarter 2019

Dear Steve,

Pursuant to Rule 62-711.530, Florida Administrative Code, enclosed is the Quarterly Waste Tire Report for the months of October, November, and December, 2019 for the Citrus County Central Waste Tire Facility.

If you have any questions, please let me know.

Sincerely,

Henry C. Norris Jr.,
Director of Solid Waste Management

cc: File



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.

Quarter covered by this report 4th Quarter 2019 (First quarter begins on January 1 of any given year)

1. Facility name: Citrus County Central Waste Tire Facility
2. Facility mailing address: P. O. Box 340
 City: Lecanto County: Citrus Zip: 34460
3. Facility permit number: 126602-004-WT/02
4. Facility telephone number (352) 527-7670
5. Authorized person preparing report: Michael Holst
6. Affiliation with facility: Program Supervisor
7. Telephone number (if different from above): ()

8. Activity: Report in tons

	Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory
Used Tires	21	72	0	0	82	0	11
Other Whole Tires	0	0	0	0	0	0	0
Processed Tires	0	0	0	0	0	0	0
Processing Waste	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0
Total	21	72	0	0	82	0	11

a. Explain all inventory adjustments.
n/a

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. Attach Additional sheets, if necessary.
n/a

9. Certification: To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete.

Henry C. Norris Jr. SWM Director
 Print Name of Authorized Agent

Signature of Authorized Agent

1/9/2020
 Date

Mail completed form to the appropriate District office listed below

Northwest District
160 Government Center
Pensacola, FL 32501-5794
850-595-8360

Northeast District
7825 Baymeadows Way, Ste. 200 B
Jacksonville, FL 32256-7590
904-807-3300

Central District
3319 Maguire Blvd., Ste. 232
Orlando, FL 32803-3767
407-894-7555

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
561-681-6600

Citrus County Fire Report

FIRE PREVENTION INSPECTION REPORT

3600 W. Sovereign Path, Suite 141 • Lecanto, FL 34461 • 352-527-5527 • Fax 352-527-5404

Business Name: _____
Physical Address: _____
Mailing Address: _____ City Limits: [] Y [] N
City: _____ Zip Code: _____
Plaza [] Yes [] No: _____
Unit # / Suite: _____
Owner/Manager: _____ Station: _____
Owner/Mgr. Phone #: _____
Email: _____

Business Phone: _____
Business Hours: _____
Responsible Party: _____
Contact Info: _____
AED [] KNOX [] LWRT [] DRILLS [] CEMP []
Type of Construction: _____
Occupancy Class: _____
Occupant Load: _____
Square Footage: _____

[] Initial [] Annual [] Re-inspection [] Request [] Complaint [] Other _____

CODE DEFICIENCIES:

STORAGE

- Improper storage of combustible material
- Storage too close to ceiling
- Storage too close to electrical panel
- Unsafe storage

EXIT DEFICIENCIES

- Exits inadequate number or capacity
- Aisles/corridors too narrow
- Exit door does not swing in direction of travel
- Door not equipped with approved exit hardware
- Exit doors inoperative or locked
- Exit blocked / obstructed
- Emergency lights not provided or working
- Exit sign (s) not illuminated
- Exit sign (s) battery not operable

EXTINGUISHERS

- Extinguishers not provided
- Not proper type
- Not inspected / tagged
- Not visible / accessible
- Inadequate number
- Not charged / operable
- Not properly installed

Date last inspected: _____

Company: _____

Type: _____ Number: _____

ELECTRIC EQUIPMENT

- Overloaded circuits
- Electrical panel obstructed
- Electrical panel / boxes open
- Coverplate missing
- Temporary wiring / extension cords
- GFCI not functioning
- HVAC equipment not maintained

FIRE ALARM

- Fire alarm not provided
- Log book not provided
- Fire alarm does not meet code
- Fire alarm not inspected / maintained
- Smoke detector not provided
- Smoke detector inoperative

Date last inspected: _____

Company: _____

SPRINKLERS/STANDPIPE

- System not inspected / maintained
- Valves closed
- Loaded sprinkler heads
- Heads obstructed or too close to stock
- FDC deficiency
- Missing spare heads / wrench

Date last inspected: Qtr. _____ Annual _____

Company: _____

System Type: _____

KITCHEN SUPPRESSION SYSTEM

- Filters missing or improperly installed
- Extinguishment system not in accordance w/NFPA 96
- Accumulation of grease in ducting

Date last inspected: _____

Company: _____

COOKING EQUIPMENT

- Accumulation of grease on/in cooking equipment
- Cooking equipment maintenance

Date last inspected: _____

Company: _____

HOOD SYSTEM

- Hood & duct system not in accordance with NFPA 96

Date last cleaned: _____

Company: _____

Deficiencies noted below may cause a fire, contribute to the spread of fire, or cause undue injury in the event of a fire. Deficiencies must be corrected FORTHWITH.
For additional information or assistance, please call: 352-527-5527. BUILDING PERMITS ARE REQUIRED FOR ALL RENOVATION / REPAIRS.

REQUIREMENTS / COMMENTS:

Inspection Date / Time: _____ Compliance Date: _____

Inspector: _____ Occupant Signature: _____