Johnson, Sabrina O

From: Al Bell <us27tires@gmail.com>
Sent: Friday, January 17, 2020 10:41 AM

To: SWD_Waste

Subject: 4th Quarter report 2019 (US 27 Tires, 369009-001-WT/02)

Attachments: 4th Quarter 2019.pdf

Please see attached document.

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



Quarter covered by this report

Florida Department of Environmental Protection

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

DEP Form # <u>6</u> 2-701.900(21)	
Form Title: Waste Tire Processing Facility Quarterly Report	
Effective Date: January 6, 2010	
DEP ApplicationNo.	

(First quarter begins on January 1 of any given year)

(Completed byDEP)

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.

Fourth Quarter 2019

1.	Facility name:	Facility name: US 27 Tires, LLC									
2.	Facility mailing address: 29612 Hwy 27										
	City: Dundee County: Polk Zip: 33838										
3.	3. Facility permit number: 369009-001-WT/02										
4.	4. Facility telephone number () 863-248-2911										
5.	Authorized person preparing report: Abdel Belfakir Abdel Belfakir										
6.	Affiliation with facility: Employee										
7.	Telephone number (if different from above): ()										
8.	Activity: Report in tons										
		Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory			
	Used Tires	2909	1596			1874		2631			
	Other Whole Tires										
	Processed Tires										
	Processing Waste										
	Other										
	Total							2631			
a.	Explain all inventory adjustments. These are individual tires, not tons.										
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.	9. Certification: To the best of my knowledge and belief, I certify the information provided in this report is true, a and complete.										
Abdel Belfakir Abdel Belfakir Date: 2020.01.17 10:34:07-0500 1.17.2020											
Print Name of Authorized Agent Signature of Authorized Agent								Date			