

Florida Department of **Environmental Protection**

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

DEP	Form	# 62	2-701.9	900(2	1)	
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Form Title: Waste Tire Processing Facility Quarterly Report

Effective Date: January 6, 2010

DEP Application No.

(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.

Quarter covered by this report (First quarter begins on January 1 of any given year)												
1.	Facility name:	amorica	see fire	Recep	cling	61000	MC.		_			
2.	Facility mailing		3551 N	w 116/1	e St	•			_			
	city: Mismi - Dade zip: 33167											
3.	Facility permit	number: S	w-1731	CFIFE	File 4	£ 03032°	9-wt c	001,002	£003			
4. Facility telephone number (305) 688.8566												
5.	5. Authorized person preparing report: allredo Kaviah											
6.	6. Affiliation with facility: Handsong - Hember											
7.	Telephone nu	mber (if differ	ent from above)	: ()					_			
8.	Activity: Rep	ort in tons										
		Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory				
	Used Tires	5350	732,808	730,851				4,307	1			
	Other Whole Tires	,				,						
	Processed Tires					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1			
	Processing Waste					<u> </u>						
	Other								1			
	Total	5,350	732,808	730,851				7,304	1			
a.	Explain all inv	entory adjustn	nents.						•			
	-	T							_			
									-			
b.	List any period was that cond	in which one ition relieved?	or more catego	ory of inventory	exceeded the	permitted max	imum for that ca	tegory. How	-			
	***************************************							***************************************	_			
									-			
	For any exces Additional she	s inventory at ets, if necess	t the end of the ary.	quarter, state he	ow and when	this condition	will be relieved.	Attach				
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					1.							
9.	 Certification: To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete. 											
	College laviate											
	Print Name of Authorized Agent Signature of Authorized Agent Date											
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Mail completed form to the appropriate District office listed below

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