

Florida Department of **Environmental Protection**

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

DEP Form #	62-701.900(21)
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Form Title: Waste Tire Processing Facility Quarterly

Effective Date: January 6, 2010

DEP Application No.

(Completed by DEP)

WASTE TIRE PROCESSING FACILITY QUARTERLY REPORT

	processing fa	cility shall sub	mit the following	a Administrativing information to	e Code, the o	owner or oper	ator of a waste	tire		
Qua	rter covered b	y this report	2,3,	4 (First quarter b	eains on Janu	and 1 of any aire			
Quarter covered by this report $\frac{2}{3}$, $\frac{3}{4}$ (First quarter begins on January 1 of any given year) 1. Facility name: $\frac{FRIEMDS}{FRIEMDS}$ $\frac{Recyeling}{Recyeling}$ $\frac{LC}{Recyeling}$										
2.	2. Facility mailing address: 2350 NW 27 Ave									
	City: <u>OCA/A</u> County: <u>MARION</u> Zip: <u>344</u> 75									
3. Facility permit number: 00/9600-0/0 - W 7-06										
4. Facility telephone number (2(3) / 2 2 CC										
5. Authorized person preparing report: GenAID Lounewco										
6.	6. Affiliation with facility: MANAGER 7. Telephone purely of 155									
7.	Telephone nu	mber (if differ	ent from above): <u>(</u>)						
8.	Activity: Rep	ort in tons		, <u>, , , , , , , , , , , , , , , , , , </u>						
-		Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory		
	Used Tires Other Whole	0	0	0	Provide and an artist of the second	77.17		O		
	Tires	0						0		
	Processed Tires	0						8		
	Processing Waste	0						0		
	Other	0						0		
	Total	0						0		
a 1	Evolain all inus	nton all d	•							
a. Explain all inventory adjustments. Sus perulish All Tine Decrease in the superior of the s										
	a. Explain all inventory adjustments. 505 pendis All Tine processing Have NoThing To Repour									
b. I	ist any period	in which one	or more catego	ory of inventory	exceeded the	nermitted may	imum for that ca	la		
V	vas that condit	tion relieved?			and and and a	ocimilied max	imum for triat ca	tegory. How		
_										
For any excess inventory at the end of the quarter, state how and when this condition will be relieved. Attach Additional sheets, if necessary.										
								wacn		
a c										
э. с а	2. Certification: To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete.									
	Gen All Lourenco Jul Jum 12-30-19									
Print Name of Authorized Agent Signature of Authorized Agent Date										

Mail completed form to the appropriate District office listed below