Johnson, Sabrina O

From: Al Bell <us27tires@gmail.com>
Sent: Wednesday, April 15, 2020 8:19 PM

To: SWD_Waste

Subject: 1ST Quarter report 2020 (US 27 Tires, 369009-001-WT/02)

Attachments: 1st Quarter 2020.pdf

Please see attached report.

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



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.	

(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.

uarter covered b	y this report	First Quarter 2020	(F	_(First quarter begins on January 1 of any given year)						
1. Facility name	US 27 Tires, L	LC								
2. Facility mailir	ng address:	29612 Hwy 27								
City: Dundee		County: Polk	Polk Zip: 33838							
3. Facility perm	Facility permit number: 369009-001-WT/02									
4. Facility telep	Facility telephone number () 863-248-2911									
•	uthorized person preparing report: Abdel Belfakir									
·	Affiliation with facility: Employee									
	. Telephone number (if different from above): ()									
8. Activity: Report in tons										
	Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory			
Used Tires	2631	1567			1748		2450			
Other Whole Tires										
Processed Tires										
Processing Waste										
Other										
Total							2450			
-	Explain all inventoryadjustments. These are individual tires, not tons.									
	od in which one dition relieved?		ory of inventory	exceeded the	permitted max	imum for that cat	tegory. How			
	ess inventory at eets, ifnecess		quarter, state h	now and when	this condition v	will be relieved. A	Attach			
9. Certification: and complete		my knowledge	and belief, I cer	tify the informa	ition provided i	n this report is tro	ue, accurate,			
Abdel Belfakir			Abdel Be	elfakir /{	Digitally signed by Abdel Belfakir Date: 2020.04.15 19:41:16 -04'00'	4.15.2020				
Print Na	me of Authoriz	S	Signature of Authorized Agent Date			Date				