## Johnson, Sabrina O

From: Traci J. Schoenrock <Traci.Schoenrock@citrusbocc.com>

Sent: Wednesday, April 15, 2020 1:24 PM

**To:** SWD\_Waste

Cc: Henry C. Norris; Michael R. Holst

**Subject:** First Quarter 2020 Report for Citrus County Central Landfill Waste Tire Facility

**Attachments:** 1st Quarter Waste Tire Report 2020.pdf

### Good Afternoon,

Please see the attached First Quarter of 2020 Waste Tire Report for the Citrus County Central Landfill (WACS ID # 395789), Waste Tire Facility.

Should you have any questions feel free to contact us.

Thank you,

### Traci Schoenrock

Solid Waste Compliance Manager
Division of Solid Waste Management
Email: Traci.Schoenrock@citrusbocc.com

Main Office # (352)-527-7670 Direct # (352)-527-7679 Fax #(352)-527-7672



# 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@citrusbocc.com
TDD Telephone: (352) 527-5303
Citrus Springs/Dunnellon/Inglis/Yankeetown area Toll Free (352) 489-2120

April 15, 2020

Mr. Steve Morgan Air & Solid Waste Permitting Manager Department of Environmental Protection Solid Waste Section 13051 N Telecom Pkwy Temple Terrace, FL 33637-0926

Re: Quarterly Waste Tire Report -1st Quarter 2020

Dear Mr. Morgan:

Pursuant to Rule 62-711.530, Florida Administrative Code, enclosed is a Quarterly Waste Tire Report for the months of January, February and March, 2020 for the Citrus County Central Landfill Waste Tire Facility.

If you should need additional information, please let me know.

Sincerely,

Henry C. Norfis Jr.

Solid Waste Management Director

cc. File



## Florida Department of Environmental Protection

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

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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.

uarter covered by	this report	1st Quarter 2	.020 (I	First quarter be	egins on Janua	ary 1 of any giver	n year)
1. Facility name:	Citrus Cou	nty Central W	aste Tire Facili	ty			
2. Facility mailing	g address: <u>F</u>	P. O. Box 340					
City: Lecanto	)		County: Cit	rus		Zip: <u>34460</u>	
3. Facility permit	number: 12	26602-004-WT	7/02				
4. Facility telepho	one number	(352 )527-76	570				
. Authorized per	rson preparing	g report: M	ichael Holst				
6. Affiliation with	facility:	Program Supe	ervisor				
'. Telephone nu	mber (if differe	ent from above	): ( )				
B. Activity: Repo	ort in tons						
	Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory
Used Tires	11	138	0	0	140	0	9
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	11	138	0	0	82	0	9
List any period was that condin/a	l in which one	or more categor	ory of inventory	exceeded the	permitted max	kimum for that ca	itegory. How
For any excess Additional sheen/a  Certification: T and complete.	ets, if necessa	ary.				vill be relieved. A	
Henry C. Nor	ris Jr. SWM I		_ //si	gnature of Aut	horized Agent	4/9	2020 Date

Mail completed form to the appropriate District office listed below

## Citrus County Fire Rescue

## FIRE PREVENTION INSPECTION REPORT

Business Name:	Citres Coun	ty hand F.11 Tire	Business Phone: 726 - 55-76
Physical Address:	230 W.a	CILF to Lety Huston	Business Hours:
Mailing Address:		City Limits: [ ] Y [ ] N	Responsible Party:
City:	Lecore	Zip Code:	Contact Info:
Plaza [ ] Yes [ ] No:			AED[ ] KNOX[ ] LWRT[ ] DRILLS[ ] CEMP[
Unit # / Suite:			Type of Construction:
Owner/Manager:	on Rile	Station: 23	Occupancy Class:
-		Gidaon.	Occupant Load:
Owner/Mgr. Phone #:			Square Footage:
Email:			
[ ] Initial [ /	Annual [/] Re-inspection	[ ] Request [ ] Complaint [	] Other
CODE DEFIC	EIENCIES:		
Storage too close Storage too close Unsafe storage	to electrical panel	ELECTRIC EQUIPMENT  [ ] Overloaded circuits [ ] Electrical panel obstructed [ ] Electrical panel / boxes open [ ] Coverplate missing [ ] Temporary wiring / extension cords	KITCHEN SUPRESSION SYSTEM  [ ] Filters missing or improperly installed [ ] Extinguishment system not in accordance
EXIT DEFICIENCIES	number or capacity	[ ] GFCI not functioning	Company:
Aisles/corridors to		[ ] HVAC equipment not maintained	COOKING EQUIPMENT
[ ] Exit door does not	swing in direction of travel	FIRE ALARM	Accumulation of grease on/in cooking equipmer
	d with approved exit hardware	[ ] Fire alarm not provided	Cooking equipment maintenance     Date last inspected:
<ul><li>Exit doors inopera</li><li>Exit blocked / obsi</li></ul>		Log book not provided     Fire alarm does not meet code	Company:
	not provided or working	Fire alarm not inspected / maintained	
Exit sign (s) not illi		[ ] Smoke detector not provided	HOOD SYSTEM
[ ] Exit sign (s) batter	ry not operable	[ ] Smoke detector inoperative	[ ] Hood & duct system not in accordance with NFPA 96
EXTINGUISHERS		Date last inspected: Company:	Date last cleaned:
[ ] Extinguishers not	provided		Company:
Not proper type	anad	SPRINKLERS/STANDPIPE	
<ul><li>Not inspected / tag</li><li>Not visible / acces</li></ul>		System not inspected / maintained Valves closed	
[ ] Inadequate number		Valves closed     Loaded sprinkler heads	
Not charged / ope		Heads obstructed or too close to stock	(
Not properly insta	led	[ ] FDC deficiency	
Date last inspected:		[ ] Missing spare heads / wrench	
Company: Ever. Type: 770 C Nun	nber: Multiple	Date last inspected: QtrAnnual	and the same of th
Type: Nun	nber:	Company: System Type:	
Deficiencies noted belo	w may cause a fire, contribute t	o the spread of fire, or cause undue injury in th	e event of a fire. Deficiencies must be corrected FORTHWITH.
For additional	information or assistance, pleas	se call: 352-527-5527. BUILDING PERMITS AT	RE REQUIRED FOR ALL RENOVATION / REPAIRS.
REQUIREMENTS / 0	noted deti	centics corrected	/
	Inspe	ction passed	
Inspection Date / Time: _	9//29/19	Compliance Date: 2	The state of the s
Inspector: 14457		Occupant Signature:	1,1
	of	WHITE - office YELLOW -customer	Rev. 8/18