Johnson, Sabrina O

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

Sent: Monday, July 13, 2020 10:06 AM

To: Morgan, Steve

Cc: SWD_Waste; Michael R. Holst

Subject: Citrus County Central Landfill Waste Tire Quarterly Report 2nd Quarter 2020

Attachments: Waste Tire Quarterly Report 2nd Quarter 2020.pdf

Good morning Steve,

Attached is the Citrus County Central Landfill Waste Tire Quarterly Report for the 2nd Quarter of 2020. Should you have any questions or require anything further from me, feel free to contact me.

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@bocc.citrus.fl.us
TDD Telephone: (352) 527-5303
Citrus Springs/Dunnellon/Inglis/Yankeetown area Toll Free (352) 489-2120

July 13th, 2020

Mr. Steve Morgan Department of Environmental Protection 13051 N Telecom Parkway Temple Terrace, Florida 33637-0926

Re: Quarterly Waste Tire Report – 2nd Quarter 2020

Dear Steve,

Pursuant to Rule 62-711.530, Florida Administrative Code, enclosed is the Quarterly Waste Tire Report for the months of April, May, and June, 2020 for the Citrus County Central Waste Tire Facility.

If you have any questions, please let me know.

Sincerely

Henry C. Norris Jr.,

Director of Solid Waste Management

cc: File

Citrus County Fire Rescue

FIRE PREVENTION INSPECTION REPORT 2600 W Sovereign Path Suite 141 • Lecanto, FL 34461 • 352-527-5527 • Fax 352-527-5404

| 3600 W. Sovereigh Path, St | | 222 |
|--|---|--|
| Business Name: Physical Address: Mailing Address: City: Plaza [] Yes [] No: Unit # / Suite: | The Storese If to Lake Kuny City Limits: []Y [NN Zip Code: Station: 23 | Business Phone: Business Hours: Responsible Party: Contact Info: AED [] KNOX [] LWRT [] DRILLS [] CEMP [Type of Construction: Occupancy Class: Occupant Load: Square Footage: Other |
| Improper storage of combustible material Storage too close to celling Storage too close to electrical panel Unsafe storage Unsafe storage EXIT DEFICIENCIES Exits inadequate number or capacity Aisles/corridors too narrow Exit door does not swing in direction of travel Door not equipped with approved exit hardware Exit doors inoperative or locked Exit blocked / obstructed Emergency lights not provided or working Exit sign (s) not illuminated Exit sign (s) battery not operable EXTINGUISHERS Extinguishers not provided Not proper type Afficient Afficien | [] Overloaded circuits [] Electrical panel obstructed [] Electrical panel / boxes open [] Coverplate missing [] Temporary wiring / extension cords [] GFCI not functioning [] HVAC equipment not maintained FIRE ALARM [] Fire alarm not provided [] Log book not provided [] Fire alarm does not meet code [] Fire alarm not inspected / maintained [] Smoke detector not provided [] Smoke detector inoperative Date last inspected: Company: SPRINKLERS/STANDPIPE [] System not inspected / maintained [] Valves closed [] Loaded sprinkler heads [] Heads obstructed or too close to stock [] FDC deficiency [] Missing spare heads / wrench Date last inspected: QtrAnnual Company: System Type: | [] Filters missing or improperly installed [] Extinguishment system not in accordance w/NFPA 96 [] Accumulation of grease in ducting Date last inspected: Company: COOKING EQUIPMENT [] Accumulation of grease on/in cooking equipmer [] Cooking equipment maintenance Date last inspected: Company: HOOD SYSTEM [] Hood & duct system not in accordance with NFPA 96 Date last cleaned: Company: |
| REQUIREMENTS / COMMENTS: Tire 5 to | icreies noted | e event of a fire. Deficiencies must be corrected FORTHWITH. RE REQUIRED FOR ALL RENOVATION / REPAIRS. |
| Inspection Date / Time: 5/12/202. Inspector: 1445rg 6, 1/2m | Compliance Date: Occupant Signature: WHITE - office YELLOW -customer PINE | Doy 11/17 |



Quarter covered by this report

Florida Department of Environmental Protection

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

Print Form

DEP Form #_62-701.900(21)

Form Title: Waste Tire Processing Facility Quarterly

Repo

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

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.

2nd Quarter 2020

| 1. | Facility name: Citrus County Central Waste Tire Facility | | | | | | | | | | |
|----|---|------------------------|----------|-----------|----------|---------|-------------------|---------------------|--|--|--|
| 2. | 2. Facility mailing address: P. O. Box 340 | | | | | | | | | | |
| | City: Lecanto | 0 | | | | | Zip: <u>34460</u> | | | | |
| 3. | S. Facility permit number: 126602-004-WT/02 | | | | | | | | | | |
| 4. | 4. Facility telephone number (352)527-7670 | | | | | | | | | | |
| 5. | Authorized person preparing report: Michael Holst | | | | | | | | | | |
| 6. | Affiliation with facility: Program Supervisor | | | | | | | | | | |
| 7. | Telephone number (if different from above): | | | | | | | | | | |
| 8. | Activity: Repo | ort in tons | a) (| 2 | | | | 10 | | | |
| | | Beginning Inventory | Received | Processed | Consumed | Removed | Adjustments | Ending Inventory | | | |
| | Used Tires | 9 | 117 | 0 | 0 | 115 | 0 | 11 | | | |
| | 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 | 9 | 117 | 0 | 0 | 115 | 0 | 11 | | | |
| a. | a. Explain all inventory adjustments. n/a | | | | | | | | | | |
| b. | List any period in which one or more category of inventory exceeded the permitted maximum for that category. How was that condition relieved? n/a | | | | | | | | | | |
| | For any excess inventory at the end of the quarter, state how and when this condition will be relieved. Attach Additional sheets, if necessary. n/a | | | | | | | | | | |
| 9. | Certification: To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete. Henry C. Norris Jr. SWM Director Print Name of Authorized Agent Signature of Authorized Agent Date | | | | | | | | | | |

Mail completed form to the appropriate District office listed below