Smith, George

From: Joshua R. McMinds < Joshua.McMinds@citrusbocc.com>

Sent: Tuesday, October 5, 2021 1:22 PM **To:** SWD_Waste; Black, Alexis; Morgan, Steve

Cc: Henry C. Norris; Dan S. Sherlock; Joshua L. Younce

Subject: 3rd Quarter tire Report 2021

Attachments: 2021 Fire Inspection.pdf; Quartarly waste tire report Q3.pdf

EXTERNAL MESSAGE

This email originated outside of DEP. Please use caution when opening attachments, clicking links, or responding to this email.

Dear Mr. Morgan:

Attached please find the ^{3rd} Quarter Waste Tire Report for 2021 (FDEP Form #62-701.900(21)) and the Fire Prevention Inspection Report for the Citrus County Central Landfill.

If you should have any questions regarding this matter, please do not hesitate to contact me.

Joshua McMinds Program Supervisor Citrus County Solid Waste Desk Phone- 352-527-5576 Cell Phone- 352-400-0674

Citrus County Fire Rescue

FIRE PREVENTION INSPECTION REPORT 3600 W. Sovereign Path, Suite 141 • Lecanto, FL 34461 • 352-527-5527 • Fax 352-527-5404

3000 W. Govereight ath, or		
Physical Address: 232 w, Formalling Address: City: Lecarto Lecarto Linit # / Suite:	Station: 23 15t sharled le	Business Phone: 352-527-557/ Business Hours: Responsible Party: Contact Info: AED [] KNOX [] LWRT [] DRILLS [] CEMP [/ Type of Construction:
For additional information or assistance, ple	ease call: 352-527-5527. BUILDING PERMITS AR	Date last cleaned: Company:
Inspection Date / Time: 5/7/202/ Inspector: 1/4535 6.// Page 1 of	Compliance Date: Occupant Signature: WHITE - office YELLOW -customer	//

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

October 5, 2021

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

Re: Quarterly Waste Tire Report -3rd Quarter 2021

Dear Steve,

Pursuant to Rule 62-711.530, Florida Administrative Code, enclosed is the Quarterly Waste Tire Report for the months of July, August, and September 2021 and the Fire Prevention Inspection Report 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



Quarter covered by this report

Florida Department of Environmental Protection

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

DEP	Form	# <u>6</u> 2-70	01.900(21)	
Form	Title:	Waste	Tire Processing F	

Form Title: Waste Tire Processing Facility Quarterly

Report

(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.

Third Quarter 2021

1.	Facility name:	Citrus County C	Central Landfill							
2.	Facility mailing	g address: _F	P.O. Box 340			_				
	City: Lecanto	anto County: Citrus Zip: 34460								
3.	Facility permit number: 126602-005-WT-02									
4.	Facility telephone number (352) 527-7670									
5.	Authorized pe	outhorized person preparing report:								
6.	Affiliation with	facility:	Program Supervisor							
7.	Telephone number (if different from above):									
8.	Activity: Rep	ort in tons								
		Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory		
	Used Tires	30	188	0	0	184	0	34		
	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	30	188	0	0	184	0	34		
a.	Explain all invented in N/A	entory adjustm	nents.							
b. List any period in which one or more category of inventory exceeded the permitted maximum for that category. was that condition relieved? N/A								egory. How		
	For any exces Additional she			quarter, state h	ow and when	this condition v	vill be relieved. A	Attach		
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