

Quarter covered by this report

Florida Department of **Environmental Protection**

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

Res	et I	orr	'n.

Print Form

DEP Form # 62-701.900(21)

Form Title: Waste Tire Processing Facility Quarterly

Effective Date: January 6, 2010

DEP Application No.

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

(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.

Fourth, 2021

1.	Facility name:	Consolidat	ted Tire Proces	ssing							
2.	2. Facility mailing address: 3100 S. Ridgewood Ave,Unit 190										
	City: South E	th Daytona County: Volusia Zip: 32119									
3.	. Facility permit number: 0310464-002-WT										
4.	4. Facility telephone number (386)212-2048										
5.	5. Authorized person preparing report: Max Meseroll										
6.	. Affiliation with facility: managing director										
7.	. Telephone number (if different from above): ()										
8.	Activity: Repo	ort in tons									
	·	Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory			
	Used Tires	68	237	249				56			
	Other Whole Tires	0									
	Processed Tires	0				REC	FIVED				
	Processing Waste	0					9 6 2027				
	Other	0		-		אורונ	C C LULIS				
	Total	0				DEP Ce	Intral Distric	•			
	 a. Explain all inventory adjustments. b. List any period in which one or more category of inventory exceeded the permitted maximum for that category. How was that condition relieved? 										
9.	For any excess inventory at the end of the quarter, state how and when this condition will be relieved. Attach Additional sheets, if necessary. 9. Certification: To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete.										
Max Meseroll Print Name of Authorized Agent Max Meseroll Signature of Authorized Agent O1/05/20								022 Date			

Mail completed form to the appropriate District office listed below