### Johnson, Sabrina O

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

**Sent:** Wednesday, January 5, 2022 4:15 PM

To: SWD\_Waste; alexis.black@floridadep.gov; Morgan, Steve

**Cc:** Dan S. Sherlock; Joshua L. Younce

**Subject:** Waste Tire Report Q4 2021 **Attachments:** SKM\_C360i22010515370.pdf

#### **EXTERNAL MESSAGE**

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

Attached please find the <sup>4th</sup> 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

# 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

January 5, 2022

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

Re: Quarterly Waste Tire Report –4th Quarter 2021

Dear Steve,

Pursuant to Rule 62-711.530, Florida Administrative Code, enclosed is the Quarterly Waste Tire Report for the months of October, November, and December 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,

Dan Sherlock,

Acting Director of Solid Waste Management

Don Sherbek

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 # 62-701.900(21)
Form Title: Waste Tire Processing Facility Quarterly Report

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.

Forth Quarter 2021

1.	1. Facility name: Citrus County Central Landfill								
2. Facility mailing address: P.O. Box 340									
	City: Lecanto County: Citrus Zip: 34						Zip: <u>34460</u>		
3.	3. Facility permit number: 126602-005-WT-02								
4.	4. Facility telephone number ( ) 352-527-7670								
5.	Authorized person preparing report: Joshua R. McMinds								
6.	. Affiliation with facility: Program Supervisor								
7.	7. Telephone number (if different from above): ()								
8. Activity: Report in tons									
		Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory	
	Used Tires	34	263	0	0	257	0	40	
	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	34	263	0	0	257	0	40	
a. Explain all inventory adjustments.  N/A									
<ul> <li>List any period in which one or more category of inventory exceeded the permitted maximum for was that condition relieved?</li> </ul>								egory. How	
	For any exces Additional she			ne end of the quarter, state how and when this condition will be relieved. Attach					
9.	Certification: To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete.  Dan Sherlock Acting SWM Director  Print Name of Authorized Agent  Signature of Authorized Agent  Date								
	Print Name of Authorized Agent				ignature of Aut	nonzea Agent		Date	

Mail completed form to the appropriate District office listed below

## 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. 3	overeign Fatti, Sui	te 141 · Lecanto, i L 0440 i	
Business Name: Physical Address: Mailing Address: City: Plaza [ ] Yes [ ] No: Unit # / Suite: Owner/Manager: Owner/Mgr. Phone #: Email:	Z36 W. Gul Lecato Testra Young 352-634- Z	City Limits: []Y []N Zip Code:  Station: 23   5	Business Phone:  Business Hours:  Responsible Party:  Contact Info:  AED [ ] KNOX [ ] LWRT [ ] DRILLS [ ] CEMP [ / Type of Construction:  Occupancy Class:  Occupant Load:  Square Footage:
[ ] Initial [ 📝	Annual [ ] Re-inspection	[ ] Request [ ] Complaint [	] Other
[ ] Storage too close to [ ] Storage too close to [ ] Unsafe storage  EXIT DEFICIENCIES [ ] Exits inadequate no [ ] Aisles/corridors too [ ] Exit door does not [ ] Door not equipped [ ] Exit doors inoperated [ ] Exit blocked / obstement of [ ] Exit sign (s) not illuted [ ] Exit sign (s) battement of [ ] Exit sign (s) battement of [ ] Not proper type [ ] Not inspected / tage [ ] Not visible / access [ ] Inadequate number [ ] Not charged / oper [ ] Not properly install Date last inspected:    Type:	of combustible material to ceiling to electrical panel  umber or capacity or parrow swing in direction of travel with approved exit hardware tive or locked ructed not provided or working uminated or not operable  provided Reconfiguration of travel with approved exit hardware tive or locked ructed not provided or working uminated or not operable  provided Reconfiguration of travel with approved exit hardware tive or locked ructed not provided or working uminated or not operable  provided Reconfiguration or assistance, pleas  comments:	neted  neted  neted  neted	Date last cleaned: Company:
Inspection Date / Time:	5/7/2021	Compliance Date:	1/2-
Inspector: 144533	Gillon	Occupant Signature:	Par. 0/40
Page 1	of	WHITE - office YELLOW -customer	Rev. 8/18