

Quarter covered by this report

1. Facility name: Tire Depot USA Inc.

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

порон

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.

October 1st 2021

2.	2. Facility mailing address: 1104 Cassat Ave								
	City: Jacksonville Co			County: Du	ıval		Zip: <u>32205</u>		
3.	Facility permit number: 334548-001-WT-02								
4.	4. Facility telephone number @04)647-8505								
5.	Authorized person preparing report: Sam Hanania								
6.	3. Affiliation with facility: Site Manager								
7.	Telephone number (if different from above): (904)444-9999								
8.	Activity: Report in tons								
		Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory	
	Used Tires	43.720	31.700	0	30.280	0	0	45.140	
	Other Whole Tires								
	Processed Tires								
	Processing Waste								
	Other								
	Total	43.720	31.700	0	30.280	0	0	45.140	
a.	Explain all inventory adjustments. NONE								
	List any period in which one or more category of inventory exceeded the permitted maximum for that category. How was that condition relieved? None								
	For any excess inventory at the end of the quarter, state how and when this condition will be relieved. Attach Additional sheets, if necessary. None								
9.	Certification: To the best of my knowledge and belief, I certify the information provided in this report is true, accurate and complete.								
	Sam Hanania			sam hana	sam hanania Digitally signed by sam henseria Date: 2015,10,08 12:00:03 -04100		11/05/20	11/05/2021	
	Print Nam	e of Authorize	d Agent	Si	Signature of Authorized Agent			Date	
	** **								

Mail completed form to the appropriate District office listed below