



Florida Department of Environmental Regulation

Twin Towers Office Bldg. 2600 Blair Stone Road Tallahassee, Florida 32399-2400

OCT 24 1995

DEPT OF ENV PROTECTION
WEST PALM BEACH

DER Form # 17-711.900(4)

Form Title Waste Tire Processing Facility Quarterly Report

Effective Date February 28, 1994

DER Application No. _____

(Filled in by DER)

Waste Tire Processing Facility Quarterly Report

Pursuant to Rule 17-711.530, Florida Administrative Code, the owner or operator of a waste tire processing facility shall submit the following information to the Department quarterly.

Quarter covered by this report: First Quarter, 1995 (First quarter begins on January 1 of any given year)

- Facility name: Florida Tire Recycling, Inc.
- Facility mailing address: 9675 Range Line Road
City: Port St. Lucie County: St. Lucie Zip: 34987
- Facility permit number: WT56-165345
- Facility telephone number: (407) 465-0477
- Authorized person preparing report: David L. Quarterson
- Affiliation with facility: General Manager
- Telephone number (if different from above): ()
- Activity: Report in tons.

	Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory
Used Tires	140	5,756	5,116		352	288	140
Other whole tires	0						
Shredded tires	23,902						23,325
Processing Waste	150				3,121		300
Other TDF	450				2,770		362
Total	24,642	5,756	5,116		6,243	288	24,127

a. Explain all inventory adjustments. 5% allowance for water trapped in whole trapped in whole tires when collected from customer premises.

b. List any period in which one or more category of inventory exceeded the permitted maximum for that category. How was that condition relieved? Inventory of shredder tires exceeds quantity permitted.

For any excess inventory at the end of the quarter, state how and when this condition will be relieved. Attach additional sheets, if necessary. Excess inventory being recycled to TDF and civil engineering applications.

9. Certification:

To the best of my knowledge and belief, I certify the information provided in this report is true, accurate and complete.

David L. Quarterson

Name of Authorized Agent

[Signature]
Signature of Authorized Agent

April 10, 1995

Date

Mail complete form to
the appropriate district office.