

**Memorandum**

**Florida Department of  
Environmental Protection**

May 12, 1994

TO: Joe Lurix

FROM: Frances Keith, Tire Shop

SUBJECT: Processing Facility Reports

Enclosed please find a Quarterly Report from Florida Tire Recycling Inc. The cover letter says it is for the Mobile Processing Equipment, however we already have their Mobile Processing Quarterly Report for the first quarter of this year, and the form (although it is on the old form) says Processing Facility. We are sending it on to you for your files.

Also enclosed is a Quarterly Report (on the draft version of the new form), from Waste Management in Pompano Beach signed by Joe Houle. I am not sure why it was sent to us.

If you have any questions please call.

Frances Keith

cc: Carol Meeds  
Janet Bowman

RECEIVED

MAY 17 1994

DEPT OF ENV PROTECTION  
WEST PALM BEACH



# Florida Tire Recycling, Inc.

**RECEIVED**  
MAY 8 1994  
SOLID WASTE

April 22, 1994

Bill Parker, Engineer  
SOLID WASTE SECTION  
FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
Twin Towers Office Building  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

**RE: WASTE TIRE MOBILE PROCESSING QUARTERLY REPORT**

Dear Mr. Parker,

Please find enclosed the quarterly report for January 1, 1994 through March 31, 1994.

If there are questions with regard to this report please call; I may be reached at 407-465-0477.

As always, thank you for your cooperation.

Sincerely,

Skip Robinson  
FLORIDA TIRE RECYCLING, INC.

encl.

**Providing An Environmental Solution**

9675 Range Line Road • Port St. Lucie, Florida 34987 • (407) 465-0477 • FAX (407) 489-2124



# Florida Department of Environmental Regulation

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

DER Form #	17-711.900(4)
Form Title	Waste Tire Processing Facility Annual Report
Effective Date	February 22, 1989
DER Application No.	(Filed in by DER)

## Waste Tire Processing Facility ~~Annual~~ <sup>QUARTERLY</sup> 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 annually.

- 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: SUSAN K. WILSON
- Affiliation with facility: PRESIDENT
- Telephone number (if different from above): (        )
- The year covered by the report: 01/01/94 TO 03/31/94
- Quantity of waste tires or processed tires, expressed in tons, received at the facility during the calendar year covered by the report (assume 100 tires per ton or 10 tires per cubic yard): 5679.7 tons
- Quantity of waste tires or processed tires, expressed in tons, shipped from the facility during the calendar year covered by the report (assume 100 tires per ton or 10 tires per cubic yard): 11,355.7 tons
- Quantity of waste tires and processed tires, expressed in tons, located at the facility at the beginning of the calendar year covered by the report (assume 100 tires per ton or 10 tires per cubic yard): n/a tons
- Describe the general disposition of waste tires, processed tires, and residuals shipped from the facility during the year covered by the report:  
67 % Shipped for disposal in a permitted solid waste management facility.  
1 % Shipped to retreader.  
0 % Shipped to another processing facility.  
26 % Shipped to fuel user.  
0 % Shipped to recycling end user. Describe type of recycling use:         
6 % Other. Explain. USED TIRES/RESALABLE TIRES AND PUNCH PRESS MANUFACTURER
- Attach the most recent closure cost estimate prepared using the criteria in Rule 17-711.510, F.A.C.
- Certification:

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

SUSAN K. WILSON, PRESIDENT  
Name of Authorized Agent

[Signature]  
Signature of Authorized Agent

04/22/94  
Date

Mail completed form to  
the appropriate district office  
listed below.

Page 1 of 1

Northwest District  
180 Government Center  
Pensacola, Florida 32501-5794  
904-438-8300

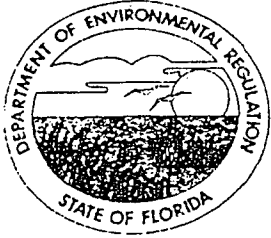
Northeast District  
3425 Bay Rd.  
Jacksonville, Florida 32207  
904-798-4200

Central District  
3319 Maguire Blvd., Suite 232  
Orlando, Florida 32803-3787  
305-894-7555

Southwest District  
4520 Oak Fair Blvd.  
Tampa, Florida 33610-7347  
813-823-5561

South District  
2268 Bay St.  
Fort Myers, Florida 33901-2898  
813-332-2887

Southeast District  
1900 S. Congress Ave., Suite A  
West Palm Beach, Florida 33406  
305-964-9868



# Florida Department of Environmental Regulation

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

DER Form # 17-711.900(4)
Form Title <u>Waste Tire Processing Facility Quarterly Report</u>
Effective Date _____
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: 1/1/94 - 3/31/94 (First quarter begins on January 1 of any given year)

- Facility name: Waste Management Inc. of Florida
- Facility mailing address: 3000 N. W. 48th Street  
City: Pompano Beach County: Broward Zip: 33073
- Facility permit number: SO 06-153940
- Facility telephone number: ( 305 ) 977-9551
- Authorized person preparing report: Joseph A. Houle
- Affiliation with facility: Tire Recycling Manager
- Telephone number (if different from above): ( ) \_\_\_\_\_
- Activity:

	Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory
Used Tires							
Other whole tires	0	877	877		877		0
Processed tires							
Processing Waste							
Other							
Total	0	877	877		877		0

Report in tons.

Explain all inventory adjustments.

List any period in which one or more category of inventory exceeded the permitted maximum for that category. How was that condition relieved? For any excess inventory at the end of the quarter, state how and when this condition will be relieved.

### 9. Certification:

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

Joseph A. Houle

Name of Authorize Agent

Joseph A. Houle  
Signature of Authorized Agent

4-28-99  
Date

Mail complete form to  
the appropriate district office