

FILE

EXHIBIT I

- St. Lucie Co.

Waste Tire Processing Facility Annual Report

Permit File

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.

1. Facility name: FLORIDA TIRE RECYCLING, INC.
2. Facility mailing address: 9675 RANGE LINE ROAD
City PORT ST. LUCIE County ST. LUCIE Zip 34987
3. Facility permit number: WT 56-165345
4. Facility telephone number: (407) 465-0477
5. Authorized person preparing report: JOHN J. WILSON
6. Affiliation with facility: TREASURER
7. Telephone number (if different from above): ()
8. The year covered by the report: 3/90 - 3/91
9. 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): 16,259 tons
10. 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): 13,171 tons
11. 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): 24,000 tons
12. Describe the general disposition of waste tires, processed tires, and residuals shipped from the facility during the year covered by the report:

<u>79</u>	%	Shipped for disposal in a permitted solid waste management facility.
<u>02</u>	%	Shipped to retreader.
<u>XX</u>	%	Shipped to another processing facility.
<u>XX</u>	%	Shipped to fuel user.
<u> </u>	%	Shipped to recycling end user. Describe type of recycling use: <u> </u>
<u>1</u>	%	Other. Explain. <u>USED TIRES</u>

13. Attach the most recent closure cost estimate prepared using the criteria in Rule 17-711.510, F.A.C.

14. Certification:

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

JOHN J. WILSON

Name of Authorized Agent

Signature of Authorized Agent

Date

Mail completed form to
the appropriate district office
listed below.

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Northwest District
700 Governmental Center
Tallahassee, Florida 32301-5704
904-438-4300

Northwest District
5495 Bils Rd.
Jacksonville, Florida 32207
904-798-4200

Central District
2510 Maguire Blvd. Suite 232
Orlando, Florida 32803-0787
407-894-7546

Southeast District
4630 Oak Park Blvd.
Tampa, Florida 33607-7347
813-422-9061

South District
2219 Gay St.
Fort Myers, Florida 33901-5286
813-335-0547

Southeast District
1800 S. Congress Ave., Suite A
West Palm Beach, Florida 33406
800-954-8388

#185 P02

TEL NO: 407-964-1275

JUN-09-'92 09:06 ID: DER WEST PALM