

RECEIVED

FEB 20 2002

DEPT OF ENV PROTECTION
WEST PALM BEACH

Florida Tire Recycling, Inc.

9675 Range Line Road
Port St. Lucie, FL 34987
Phone 772/465-0477
Fax 772/489-2124
email ftri @ earthlink.net



February 15, 2002

CONFIDENTIAL

Joe Lurix, Engineer
Southeast District
Florida Department of Environmental Protection
P.O. Box 15425
West Palm Beach, FL 33416

Re: Quarterly Report

Dear Mr. Lurix,

Attached is our report for the quarter ending December 31, 2002. *ol*

Sincerely,


David L. Quarterson
Chief Executive Officer

DLQ:ms

Att.

Fax to 561/681-6770

RECEIVED

FEB 20 2002

DEPT OF ENV PROTECTION
WEST PALM BEACH

Department of
Environmental Protection

Waste Tire Processing Facility Quarterly Report

Persulant 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.

Quarter covered by this report: Forth Quarter 2001 (First quarter begins on January 1 of any given year.)

- 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: 41202-WT-001
- 4. Facility telephone number: (561) 465-0477
- 5. Authorized person preparing report: David L. Quarterson
- 6. Affiliation with facility: Chief Operating Officer
- 7. Telephone number (if different from above): same

8. Activity: Report in tons.

	Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory
Used tires	-						-
Other whole tires	134.00	13,693.20	13,693.06				134.00
Processed tires	4,759.00				(13,102.30)		5,349.90
Processing waste	250.00						250.00
Other	-						-
Total	5,143.00	13,693.20	13,693.06	-	(13,102.30)	-	5,733.90

a. Explain all inventory adjustments. Excludes non-regulated OTR tires.

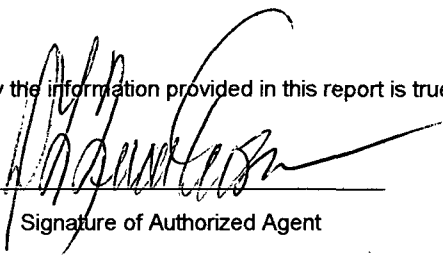
b. List any period in which one or more category of inventory exceeded the permitted maximum for that category. How was that condition relieved?

For any excess inventory at the end of the quarter, state how and when this condition will be relieved. Attach additional sheets if necessary:

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 of Authorized Agent

February 10, 2002
Date