

## Department of Environmental Protection

DEP Form	# 62-701.900(21)
	Waste Tire Processing Facility Quarterly Report
Effective Da	ale <u>3/22/00</u>
DEP Applic	
	(Filled in by DEP)

or. Of Environmental Pro	tectio	\$					Quarterly owner or open			
~ ~ U \U	11	processing fa	CHILLY SHIZH SUD	nu me monowa	na maamatian	in ina Hanami	nont alladork			
Vei District	lk Qu	arter covered i	by this report	<u> </u>	3 31 /11	(First quarter	begins on Jar	uary 1 of any	glven year)	
Southwess	1	. Facility name	: _Globa	1 Tire	Recyclin	g of Sur	nter Cty	Inc		
	2	. Facility maili	ng address:	1201 In	dustrial	Drive	i de	<u> </u>		
		City: Wildwood County: Sumter Zip: 34785								
	3	. Facility perm	it number:	136806-	004-WT		÷			
			hone number		330-2213					
•	5	. Authorized p	erson preparir				Plant C	neration	5	
		Affiliation wi		_				porucion	<u> </u>	
•			ımber (if diffe	rent from abo			<del></del>		<del></del>	
• •		Activity: Re		rent from abt	,vej. <u>1</u>			<del></del>		
	. •	Thousand, Ite	Beginning	Received	Processed	Consumed	Removed	Adjustments	Endina	
· 0		Used Tires	Inventory				Kellioved	Valazanantz	Ending Inventory	
•		Other whole	124,49	2813.34	K2690,33)					
		Tires Processed tires	100	* ;	0.115	1		· .		
		Processing	406.69		•	(2015,DE)	,			
	٠	Waste Other			605,42		(605,42)		·/	
		Total		<u> </u>						
	a.	Explain all inv	entory adjust	ments.						
•										
	b.	List any perio	d in which on	e or more cat	acory of invor	ton, ovecode	d the permitte			
		category. Hov	v was that co	ndition relieve	ed?	nory exceede	d the bermitte	u maximum toi	· tnat	
				<del></del>			<del></del>			
		For any exces	s inventory at	the end of the	ne quarter, sta	te how and v	vhen this cond	ition will be re	ieved.	
		Attach Addition	onal sheets, if	necessary.			•			
									<del></del>	
	9.	Certification:	•			·. ————				
		To the best of	my knowledge	and belief, I ce	rtify the Inform	ation provided i	n this report is t	rue, accurate, a	nd complete	
		Mar	KJ.Ba	iles	m	W Soil.		41	15/11	
		Print Name	of Authorize	d Agest	Sin	TOTAL OF ALL	horized Agent	<i>1</i>	13/1	

Mail complete form to the appropriate district office