

Department of Environmental Protection

DEP Form # 62-701,900(21)	_								
Waste Tire Processing Facility Form Title Quarterly Report									
Effective Date 3/22/00									
DEP Application No(Filled in by DEP)									

Waste Tire Processing Facility Quarterly Report Of Environmental Protection

	Pursuant processing fa	to Rule 62-7 cility shall sub	'11.530, Florid mit the followin	a Administrativing information t	e Code, the the the	owner or ope nent quarterly.	rator of a was	telle 15
ua	rter covered t	y this report	4/1/11-6	1/30/11	(First quarter	begins on Jar	nuary 1 of any	nive hween):
						mter Cty		
			1201 Inc			<u></u>		
					=		Zip: 3478!	 5
3.								<u> </u>
								· · · · · · · · · · · · · · · · · · ·
						P Plant (
	Affiliation wi						эрсгастог	13
		•	erent from abo	va): (
	Activity: Re		TOTAL TOTAL BOO	ve). <u> </u>	<u> </u>			
[, startity: 100	Beginning	Received	Processed	Consumed	Removed	Adjustments	Ending
-	Used Tires	Inventory	0.040.00	("a 4 a a a a a		-	rajustinicitis	Inventory
ŀ	Other whole	247.50	2,762.97	(2697,22)	 ··			
· -	Tires Processed tires	509.54		221.91	Carreal	<u> </u>		
	Processing Waste	001.27		575,31	(2148.96)	17	1	
-	Other		-	0/3/31		(515,31)		
ŀ	Total							
L						<u> </u>		
١	Expiain all inv	entory adjust	ments.					
_								
. L	ist any periodatent	d in which on	e or more cate	egory of invent	tory exceede	d the permitte	d maximum fo	r that
_	ategory. How was that condition relieved?							
F	or any excess inventory at the end of the quarter, state how and when this condition will be relieved.							
f	Attach Additio	onal sheets, it	f necessary.	, , , , , , , , , , , , , , , , , , , ,	o novi uno v	viicii tiii3 Cojiu	illion will be le	nevea.
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Ç	ertification:				· · · · · · · · · · · · · · · · · · ·	·		
	To the best of	my knowledge	and bellef, I cer	rtify the informa	tion provided i	In this report is t	true, accurate, a	nd complete.
_	$- \Omega \alpha$	ck 3. (Bailen	mo	VR.L		71	12/11
	Print Name	of Authorize	d Agent	Sigr	nature of Au	thorized Agent	 	Date
			M	ail complete for	rm to			

Mail complete form to the appropriate district office