

## Department of Environmental Protection

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

DEP Form # 62-711.900(4)
Form Title Waste Ten Processing Facility Charlests Based
Effective DateFebruary 28, 1994
DEP Application No.
(Filled in by DEP)

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## Waste Tire Processing Facility Quarterly Report JAN 24 2003

Pursuant to Ru the following i	ule 62-711.530, nformation to th	Florida Administ e Department qu	trative Code, the uarterly.	owner or opera	tor of a waste t	ire processing f	Higebotted Aires		
Quarter covere	ed by this report:	10/1/02-	12/31/02	(First quar	rter begins on Ja	anuary 1 of any	given year)		
1. Facility na	me: <u>Global</u>	Tire Recy	cling						
2. Facility ma	ailing address:	1201 Indus	trial Driv	vе	·				
City:	City: Wildwood County: Sumter Zip: 34785								
3. Facility pe	rmit number:_1	36806 001	WT, Sumte	County			77		
4. Facility te	elephone number	: 1352 13	30-2213				······································		
5. Authorized	d person preparin	g report: Rob	ert Bjork	, Vice Pre	sident/Pla	ant Contro	oller		
6. Affiliation	with facility:	N/A		······································	<del>(50</del>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
7. Telephone	number (if diffe	rent from above	): <u> </u>	····					
	Report in tons.		66.						
	Beginning Inventory	Received	Processed	Sold ()	Removed	Adjustments	Ending Inventory		
Used Tires/Chips	474 70	.3 232 11	(3.059.44)				647.37		
Processed Rubber	509.15	1,925.11		(1,943,17	)	la.	491.08		
Processigg Waste Water	ļ	· · · · · · · · · · · · · · · · · · ·	1,134.30		(1,134.30)				
Other	<u> </u>								
Total		· · · · · · · · · · · · · · · · · · ·			<del></del>		<del>                                     </del>		
a. Explain all i	nventory adjustn	nents							
	eriod in which or relieved?						tegory. How was		
how and wher	this condition v	vill be relieved.	Attach additiona			at the end of	the quarter, state		
9. Certification	on:				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
To the bes	st of my knowled	lge and belief, I	certify the inform	mation provided	in this report is t	true, accurate a	nd complete.		
Name of Authorized Agent			Sig	Signature of Authorized Agent			Date		
			the appropria	plete form to ate district office a 1 of 1	,				