

Florida Department of **Environmental Protection**

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400 Reset Form

Print Form

DEP Form #_62-701.900(21)

Form Title: Waste Tire Processing Facility Quarterly Report

Effective Date; January 6, 2010

DEP Application No.

(Completed by DEP)

WASTE TIRE PROCESSING FACILITY QUARTERLY REPORT

Pursuant 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.

Qua	rter covered by	this report	01/01/2014 -	03/31/2014 (First quarter be	gins on Janua	ary 1 of any giver	ı year)	
1.	Facility name: Tarmac America LLC								
2.	2. Facility mailing address: 11000 NW 121 Way								
	City: Medley Cour			County: Mi	ami Dade		Zip: <u>33178</u>		
3.	Facility permit number: WT13-0314354-001								
4.	Facility telephone number (305)364 - 2200								
5,	Authorized person preparing report: Muhammad Khan								
6.	Affiliation with facility: Area Manager								
7.	Telephone number (if different from above): (305)200-1655								
8.	Activity: Report in tons								
		Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory	
	Used Tires	0	373		373			0	
	Other Whole Tires								
	Processed Tires						·		
	Processing Waste						, ,	***************************************	
	Other								
	Total	0	373		373			0	
a,	Explain all inventory adjustments. NA								
b.	List any period in which one or more category of inventory exceeded the permitted maximum for that category. How								
	was that condition relieved? NA								
	For any excess inventory at the end of the quarter, state how and when this condition will be relieved. Attach								
	Additional sheets, if necessary. NA								
9.	Certification: T	ertification: To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete.							
	Muhammad Khan Muhammad Khan 04/17/2013							013	
	Print Name of Authorized Agent				Signature of Authorized Agent			Date	

Mail completed form to the appropriate District office listed below