



## Florida Department of Environmental Protection

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

SW-128	į
DEP Form #_82-701 900(21)	1
Form Title: Waste Tire Processing Facility Quarterly Report	
Effective Date: January 8, 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	7/1/2014-9/3	0/2014 (	First quarter be	gins on Janua	ary 1 of any giver	ı year)		
1.	Facility name:	Tarmac Ar	nerica LLC	<u></u>						
2,	Facility mailing	g address: _1	11000 NW 121	Way						
	City: Medley County: Miami Dade				ami Dade	Zip: 33178				
3.	Facility permit	number: W	T13-0314 <u>3</u> 54	-001						
4.	4. Facility telephone number 605 364 - 2200									
5.	5. Authorized person preparing report: Muhammad Khan									
6.	Affiliation with facility: Area Manager UC 1.7 2014									
7.	. Telephone number (if different from above): (305 )200-1655						D E.R M POLLUTION REGULATION AND			
8.	Activity: Rep	ort in tons	_				ENFOR	EMENT DIVIS		
		Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending inventory		
	Used Tires	0	805		805			0		
	Other Whole Tires									
	Processed Tires									
	Processing Waste					-				
	Other									
	Total	0	805		805			0		
	Explain all inventory adjustments. NA									
	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: To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete.									
	Muhammad I		<del></del>		mad Khan 10/17/2014			014		
	Print Name of Authorized Agent Signature of Authorized Agent Date									