

Florida Department of **Environmental Protection**

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400 DEP Form #_62-701.900(21)

Form Title: Waste Tire Processing Facility Quarterly

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.

Quarter covered by this report October-December 2015 (First quarter begins on January 1 of any given year)									
Facility name: West Pasco Processing Facility									
2. Facility mailing address: 19420 Central Blvd., Utilities Administration Building									
	City: Land O' Lakes County: Pasco Zip:								
3	3. Facility permit number: 126935-003-WT/02								
4. Facility telephone number (727) 856-0119									
5. Authorized person preparing report: Joanne M. Chamberlain									
6. Affiliation with facility: Accountant II, Utilities Administration and Support Services									
7. Telephone number (if different from above): (813) 235-6196 X6881									
8. Activity: Report in tons									
		Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory	
	Used Tires	69.94	163	0	-32.32	-64.32	0	136.3	
	Other Whole Tires								
	Processed Tires	0		0	0			0	
	Processing Waste								
	Other								
	Total	69.94	163	0	-32.32	-64.32	0	136.3	
a. Explain all inventory adjustments.									
b. List any period in which one or more category of inventory exceeded the permitted maximum for that category was that condition relieved?								tegory. How	
For any excess inventory at the end of the quarter, state how and when this condition will be relieved. Att Additional sheets, if necessary.								ttach	
-		*							
9. Certification: To the best of my knowledge and belief, Lcertify the information provided in this rep and complete.								ue, accurate,	
Charles W. Ryburn									
	Print Name of Authorized Agent Signature of Authorized Agent							January 19, 2016 Date	

Mail completed form to the appropriate District office listed below