FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
Twin Towers Office Bldg. 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DER Form # 17-711.900(4)
Form Title: Waste Tire Processing Facility Quarterly Report
Effective Date: February 28, 1994
DER ApplicationNO._____
(Filled in by DER)

WASTE TIRE PROCESSING FACILITY QUARTERLY REPORT

Pursuant to Rule 17-711.530, Florida Administrative Code, the owner or operator of a waste tire processing facility shall submit the following to the Department quarterly.

Quarter covered by this report: 1st Quarter 2016 (First quarter begins on January 1 of any given year)

1. **Facility Name:** County of Volusia – Tomoka Farms Road Landfill

2. **Facility mailing address:** 1990 Tomoka Farms Raod

   City: Port Orange **County:** Volusia **Zip:** 32128

3. **Facility permit number:** SO64-121811

4. **Facility telephone number:** 386/947-2952

4. **Authorized person preparing report:** Jennifer R. Stirk

5. **Affiliation with facility:** Environmental Specialist III

7. **Telephone number (if different from above):** _____

8: **Activity: Report in tons.**

	Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory
Used Tires	86.41	372.22	409.38				49.25
Other whole tires							
Processed tires							
Processing Waste							
Other							
Total							

a. **Explain all inventory adjustments.** _

_____

b. **List any period in which one or more category of inventory exceeded the permitted maximum for that category. How was that condition relieved?** N/A _____ **For any excess inventory at the end of the quarter, state how and when this condition will be relieved. Attach additional sheets, if necessary.** _____

9. **Certification:**

To the best of my knowledge and belief, I certify the information provided in this report is true, accurate and complete.

Leonard L. Marion, Director Jennifer R Stirk Digitally signed by Jennifer R Stirk DN: cn=Jennifer R Stirk, o=Volusia County Solid Waste, ou, email=jstirk@volusia.org, c=US Date: 2016.04.07 09:56:42 -04'00' **4/7/2016**

Name of Authorized Agent (for) Signature of Authorized Agent Date

Mail completed form to the appropriate district office