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)

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

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: 3rd 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	225.56	378.81	419.92				184.45
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_____ __10/3/2016

Digitally signed by Jennifer R Stirk
DN: cn=Jennifer R Stirk, o=Volusia County Solid Waste, ou, email=jstirk@volusia.org, c=US
Date: 2016.10.03 10:09:45 -04'00'

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

Mail completed form to the appropriate district office