Johnson, Sabrina O

From: Al Bell <us27tires@gmail.com>
Sent: Thursday, July 18, 2019 5:17 PM

To: SWD_Waste

Subject: 2nd Quarter report 2019 (US 27 Tires, 369009-001-WT/02)

Attachments: 2n Quarter 2019.pdf

See attached report.

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US 27 Tires, LLC 29612 Highway 27 Dundee, FL 33838 863-248-2911



Florida Department of Environmental Protection

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

DEP For	m # <u>6</u> 2-701.900(21)
Form Titl Report	le: Waste Tire Processing Facility Quarterly
Effective	Date: January 6, 2010
DEP Ap	olicationNo.

(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	2nd Quarter 2019	(F	irst quarter be	gins on Januaı	y 1 of any given	year)		
1.	Facility name:	US 27 Tires, LI	_C							
2.	Facility mailing	address: _2	29612 Hwy 27							
	City: Dundee County:				zip: 33838					
3.	Facility permitnumber: 369009-001-WT/02									
4.	Facility telephone number ()863-248-2911									
5.	Authorized person preparing report: Abdel Belfakir									
6.	Affiliation with facility: employee									
7.	Telephone number (if different from above):									
8.	Activity: Report in tons									
		Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory		
	Used Tires	2826	2015			2076		2765		
	Other Whole Tires	54								
	Processed Tires	2								
	Processing Waste									
	Other									
	Total	2826	2015		4	2076		2765		
	Explain all inventory adjustments. N/A									
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. Att Additional sheets, if necessary. N/A									
9.	Certification: To the best of my knowledge and belief, I certify the information provided in this report is true, accur and complete. Abdel Belfakir Print Name of Authorized Agent Signature of Authorized Agent Date									

Mail completed form to the appropriate District office listed below