

Smith, George

From: Neil A. Maves <Neil.Maves@citrusbocc.com>
Sent: Monday, October 14, 2019 1:09 PM
To: SWD_Waste
Cc: Michael R. Holst
Subject: Citrus County Landfill Waste Tire Report
Attachments: 3rd Quarter Waste Tire Report.pdf



Board of County Commissioners

DEPARTMENT OF PUBLIC WORKS SOLID WASTE MANAGEMENT DIVISION

P.O. Box 340, Lecanto, Florida 34460

Telephone: (352) 527-7670 FAX: (352) 527-7672

email: landfillinfo@bocc.citrus.fl.us

TDD Telephone: (352) 527-5303

Citrus Springs/Dunnellon/Ingles/Yankeetown area Toll Free (352) 489-2120

October 14th, 2019

Mr. Steve Morgan
Department of Environmental Protection
13051 N Telecom Parkway
Temple Terrace, Florida 33637-0926

Re: Quarterly Waste Tire Report – 3rd Quarter 2019

Dear Steve,

Pursuant to Rule 62-711.530, Florida Administrative Code, enclosed is the Quarterly Waste Tire Report for the months of July, August, and September, 2019 for the Citrus County Central Waste Tire Facility.

If you have any questions, please let me know.

Sincerely,

Henry C. Norris Jr.,
Director of Solid Waste Management

cc: File



Florida Department of Environmental Protection

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

Reset Form	Print Form
DEP Form # 62-701.900(21)	
Form Title: Waste Tire Processing Facility Quarterly Report	
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 3rd Quarter 2019 (First quarter begins on January 1 of any given year)

- Facility name: Citrus County Central Waste Tire Facility
- Facility mailing address: P. O. Box 340
City: Lecanto County: Citrus Zip: 34460
- Facility permit number: 126602-004-WT/02
- Facility telephone number: (352) 527-7670
- Authorized person preparing report: Michael Holst
- Affiliation with facility: Program Supervisor
- Telephone number (if different from above): ()
- Activity: Report in tons

	Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory
Used Tires	8	169	0	0	156	0	21
Other Whole Tires	0	0	0	0	0	0	0
Processed Tires	0	0	0	0	0	0	0
Processing Waste	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0
Total	8	169	0	0	156	0	21

- Explain all inventory adjustments.
n/a
 - 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.
n/a

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

Henry C. Norris Jr. SWM Director
Print Name of Authorized Agent

[Signature]
Signature of Authorized Agent

10/14/19
Date

Mail completed form to the appropriate District office listed below

Northwest District
160 Government Center
Pensacola, FL 32501-5794
850-595-8360

Northeast District
7825 Baymeadows Way, Ste. 200 B
Jacksonville, FL 32256-7590
904-807-3300

Central District
3319 Maguire Blvd., Ste. 232
Orlando, FL 32803-3767
407-894-7555

Southwest District
13051 N. Telecom Pky.
Temple Terrace, FL
813-632-7600

South District
2295 Victoria Ave., Ste. 364
Fort Myers, FL 33902-2549
239-332-6975

Southeast District
400 North Congress Ave.
West Palm Beach, FL 33401
561-681-6600

Citrus County Fire Rescue

FIRE PREVENTION INSPECTION REPORT

3600 W. Sovereign Path, Suite 141 • Lecanto, FL 34461 • 352-527-5827 • Fax 352-527-5828

Business Name: <u>Citrus County Landfill Tire Storage</u> Physical Address: <u>230 W. Gulf to Lake</u> Mailing Address: _____ City: <u>Lecanto</u> City Limits: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Zip Code: _____ Plaza <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Unit # / Suite: _____ Owner/Manager: _____ Station: <u>23</u> Owner/Mgr. Phone #: _____ Email: _____	Business Phone: <u>726-5576</u> Business Hours: _____ Responsible Party: _____ Contact Info: _____ AED <input type="checkbox"/> KNOX <input type="checkbox"/> LWRT <input type="checkbox"/> DRILLS <input type="checkbox"/> CEMP <input type="checkbox"/> Type of Construction: <u>II</u> Occupancy Class: <u>Storage</u> Occupant Load: _____ Square Footage: _____
--	--

Initial Annual Re-inspection Request Complaint Other _____

CODE DEFICIENCIES:

STORAGE

- Improper storage of combustible material
- Storage too close to ceiling
- Storage too close to electrical panel
- Unsafe storage

EXIT DEFICIENCIES

- Exits inadequate number or capacity
- Aisles/corridors too narrow
- Exit door does not swing in direction of travel
- Door not equipped with approved exit hardware
- Exit doors inoperative or locked
- Exit blocked / obstructed
- Emergency lights not provided or working
- Exit sign (s) not illuminated
- Exit sign (s) battery not operable

EXTINGUISHERS

- Extinguishers not provided
- Not proper type
- Not inspected / tagged
- Not visible / accessible
- Inadequate number
- Not charged / operable
- Not properly installed

Date last inspected: _____
 Company: _____
 Type: _____ Number: _____

ELECTRIC EQUIPMENT

- Overloaded circuits
- Electrical panel obstructed
- Electrical panel / boxes open
- Coverplate missing
- Temporary wiring / extension cords
- GFCI not functioning
- HVAC equipment not maintained

FIRE ALARM

- Fire alarm not provided
- Log book not provided
- Fire alarm does not meet code
- Fire alarm not inspected / maintained
- Smoke detector not provided
- Smoke detector inoperative

Date last inspected: _____
 Company: _____

SPRINKLERS/STANDPIPE

- System not inspected / maintained
- Valves closed
- Loaded sprinkler heads
- Heads obstructed or too close to stock
- FDC deficiency
- Missing spare heads / wrench

Date last inspected: Qtr. _____ Annual _____
 Company: _____
 System Type: _____

KITCHEN SUPPRESSION SYSTEM

- Filters missing or improperly installed
 - Extinguishment system not in accordance w/NFPA 96
 - Accumulation of grease in ducting
- Date last inspected: _____
 Company: _____

COOKING EQUIPMENT

- Accumulation of grease on/in cooking equipment
 - Cooking equipment maintenance
- Date last inspected: _____
 Company: _____

HOOD SYSTEM

- Hood & duct system not in accordance with NFPA 96
- Date last cleaned: _____
 Company: _____

NFPA 1: 33.1.10
 Rims to be removed upon arrival

Deficiencies noted below may cause a fire, contribute to the spread of fire, or cause undue injury in the event of a fire. Deficiencies noted below are for informational purposes only. For additional information or assistance, please call: 352-527-5827. BUILDING PERMITS ARE REQUIRED FOR ALL PERMITS.

REQUIREMENTS / COMMENTS:

1. Fire Extinguisher at light recycling requires tag
loader ok for Fire Exting.
Aug 2018

Inspection Date / Time: 9/29/19 Compliance Date: 5/20/19
 Inspector: 144559 Gilliam Occupant Signature: [Signature] 3857
 Page 1 of 1