Johnson, Sabrina O

From: Al Bell <us27tires@gmail.com>
Sent: Tuesday, October 15, 2019 8:25 PM

To: SWD_Waste

Subject: 3rd Quarter report 2019 (US 27 Tires, 369009-001-WT/02)

Attachments: 3rd Quarter 2019.pdf

See attachment.

Do I need to send a hard copy as well? Please let me know.

Thank you.

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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 Form #_62-701.900(21)
Form Title: Waste Tire Processing Facility Quarterly Report
Effective Date: January 6, 2010
DEP ApplicationNo.

(Completed byDEP)

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	3rd Quarter 2019	(F	(First quarter begins on January 1 of any given year)				
1.	Facility name:	US 27 Tires, LL	С						
2.	Facility mailing address: 29612 Hwy 27								
	City: Dundee County				Polk Zip: <u>33838</u>				
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	2765	2270			2126		2909	
	Other Whole Tires								
	Processed Tires								
	Processing Waste								
	Other								
	Total					e e		2909	
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?							
		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. Abdel Belfakir Print Name of Authorized Agent Signature of Authorized Agent Date								
	Print Name of Authorized Agent				Signature of Authorized Agent			Date	

Mail completed form to the