

**Johnson, Sabrina O**

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**From:** John Arnold <john.phillip.arnold@gmail.com>  
**Sent:** Tuesday, February 4, 2020 11:36 AM  
**To:** SWD\_Waste; Black, Alexis  
**Subject:** 87895 Angelos Aggregate Dade City WTPF 4Q19 Report  
**Attachments:** 62-701\_900\_21 WTPF Quarterly Report Enterprise 4q19 WACS 87895 Angelos Aggregate Dade City.pdf

Enclosed please find the 4th quarter report for the waste tire processing facility. Please let me know if you have any questions or if you need any additional information.

Sincerely,

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John Arnold, P.E.  
Ph. (813) 477-1719



# 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 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 4Q2019 (First quarter begins on January 1 of any given year)

- Facility name: Angelo's Recycled Materials Enterprise Recycling and Disposal WTPF
- Facility mailing address: 41111 Enterprise Road  
City: Dade City County: Pasco Zip: 33525
- Facility permit number: 303741-003-WT/02
- Facility telephone number ( ) 352-567-7676
- Authorized person preparing report: John Arnold
- Affiliation with facility: Engineer
- Telephone number (if different from above): ( 813 ) 477-1719

8. Activity: Report in tons

	Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory
Used Tires	0	2,727	2,000	0	2,000	0	727
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?

\_\_\_\_\_  
\_\_\_\_\_

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.

John Arnold

Print Name of Authorized Agent

Agent

02/04/20

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