Johnson, Sabrina O

From: Al Bell <us27tires@gmail.com>
Sent: Wednesday, July 15, 2020 9:02 AM

To: SWD_Waste

Subject: 2nd Quarter report 2020 (US 27 Tires, 369009-001-WT/02)

Attachments: 2nd Quarter 2020.pdf

Please see attachment.

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



Quarter covered by this report

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)							

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

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.

Second Quarter 2020

1.	Facility name: US 27 Tires, LLC										
2.	Facility mailing address: 29612 Hwy 27										
	City: Dundee			County: Polk	olk Zip: <u>3383</u>						
3.	B. Facility permit number: 369009-001-WT/02										
4.	4. Facility telephone number () 863-248-2911										
5.	5. Authorized person preparing report: Abdel Belfakir 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	2450	1334			1863		1921			
	Other Whole Tires										
	Processed Tires										
	Processing Waste										
	Other										
	Total							1921			
a.	Explain all inventory adjustments. These are individual tires, not tons.										
b.	List any period was that cond	imum for that cat	egory. How								
	For any excess inventory at the end of the quarter, state how and when this condition will be relieved. Attach Additional sheets, if necessary.										
 Certification: To the best of my knowledge and belief, I certify the information provided in this report is true, and complete. 											
	Abdel Belfakir							7/15/2020			
	Print Name of Authorized Agent				Signature of Authorized Agent			Date			