Johnson, Sabrina O

From: John Arnold <john.phillip.arnold@gmail.com>

Sent: Friday, July 31, 2020 10:34 AM

To: Black, Alexis; SWD_Waste; Phillip Curtin

Subject: WACS 87895 2Q2020 Waste Tire Processing Report

Attachments: 62-701_900_21 WTPF Quarterly Report Enterprise 2Q2020 WACS 87895 Angelos Aggregate Dade

City.pdf; 62-701_900_21 WTPF Quarterly Report Enterprise 2Q2020 WACS 87895 Angelos Aggregate

Dade City.pdf

--

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	# <u>6</u> 2-7	01.900(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

				Administrative (g information to			of a waste tire		
Quarter covered by this report 20			(First quarter begins on January 1 of any given year)						
1.	Facility name:	Angelo's Recyc	cled Materials Enterp	rise Recycling and Di	sposal WTPF				
2.	Facility mailing address: 41111 Enterprise Road								
	City: Dade City		County: PascoZip: 3				Zip: 33525		
3.	Facility permit	number: 30	03741-003-WT/02						
4.	4. Facility telephone number (352) 567 7676								
5.	Authorized pe	rson preparin	greport:	ohn Arnold					
6.	Affiliation with	facility:	Engineer						
7.	Telephone nu	mber (if differe	entfrom above): <u>(</u> 813) 477-	1719			
8.	Activity: Rep	ort in tons							
		Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory	
	Used Tires	0	2711	2511	0	2511		200	
	Other Whole Tires								
	Processed Tires								
	Processing Waste								
	Other								
	Total								
a.	a. Explain all inventoryadjustments.								
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 she			quarter, state i	low and when	uns conduon	will be relieved. A		
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			John Arr	nold /r	Digitally signed by John Arnold Date: 2020.04.20 10:51:02 -04'00'	7/31/20		
	Print Nan	Print Name of Authorized Agent			Signature of Authorized Agent			Date	



Florida Department of Environmental Protection

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

DEP	Form	# <u>6</u> 2-7	01.900(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

				Administrative (g information to			of a waste tire		
Quarter covered by this report 20			(First quarter begins on January 1 of any given year)						
1.	Facility name:	Angelo's Recyc	cled Materials Enterp	rise Recycling and Di	sposal WTPF				
2.	Facility mailing address: 41111 Enterprise Road								
	City: Dade City		County: PascoZip: 3				Zip: 33525		
3.	Facility permit	number: 30	03741-003-WT/02						
4.	4. Facility telephone number (352) 567 7676								
5.	Authorized pe	rson preparin	greport:	ohn Arnold					
6.	Affiliation with	facility:	Engineer						
7.	Telephone nu	mber (if differe	entfrom above): <u>(</u> 813) 477-	1719			
8.	Activity: Rep	ort in tons							
		Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory	
	Used Tires	0	2711	2511	0	2511		200	
	Other Whole Tires								
	Processed Tires								
	Processing Waste								
	Other								
	Total								
a.	a. Explain all inventoryadjustments.								
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 she			quarter, state i	low and when	uns conduon	will be relieved. A		
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			John Arr	nold /r	Digitally signed by John Arnold Date: 2020.04.20 10:51:02 -04'00'	7/31/20		
	Print Nan	Print Name of Authorized Agent			Signature of Authorized Agent			Date	