From:
 Al Bell

 To:
 SWD Waste

**Subject:** 3rd Quarter report 2020 (US 27 Tires, 369009-001-WT/02)

**Date:** Tuesday, October 06, 2020 10:13:57 AM

Attachments: 3rd Quarter 2020.pdf

## 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 # <u>6</u> 2-701.900(21)	
Form Title: Waste Tire Processing Facility Quarterly Report	
Effective Date: January 6, 2010	
DEP Application No.	

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

(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.

Third Quarter 2020

1.	Facility name:	US 27 Tires, LI	_C									
2.	Facility mailing	g address: 2	29612 Hwy 27									
	City: Dundee			County: Polk	y: Polk Zip: 33838							
3.	Facility permit	number: 36	9009-001-WT/02									
4.	1. 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	1921	2039			1811		2149				
	Other Whole Tires											
	Processed Tires											
	Processing Waste											
	Other											
	Total							2149				
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			Abdel Be	Abdel Belfakir Date: 2020.10.06 10:07:59 -04'00		10/06/2020	10/06/2020				
	Print Name of Authorized Agent			S	Signature of Authorized Agent			Date				