

Florida Department of Environmental Protection

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

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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 processing fac	to Rule 62-7 cility shall sub	11.530, Floridanit the following	a Administrative	e Code, the o	wner or ope	rator of a waste	tire		
processing facility shall submit the following information to the Department quarterly. Quarter covered by this report (First quarter begins on January 1 of any given year)										
1. Facility name: Friends Recycling LLC										
2. Facility mailing address: 3350 NW 27th Ave										
•	City:	AA		County:	Mario	^	Zin: 344	175		
3.	City: <u>Ucala</u> County: <u>Marion</u> Zip: 34475 3. Facility permit number: 80 19600 - 010 - 11 - 06									
4. Facility telephone number (. (. \$93) 6.8 2 5 8.00										
5. Authorized person preparing report: Geralo Lourence										
6. Affiliation with facility: MANAgeo										
7.	6. Affiliation with facility: 7. Telephone number (if different from above): ()									
8.	Activity: Rep	ort in tons		<u> </u>						
	<u> </u>	Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory		
	Used Tires	0	21.96			21.96		0		
	Other Whole Tires									
	Processed Tires									
	Processing Waste						 			
	Other						RECEN	/ED-		
	Total					<u> </u>	APR 02	021		
a.	a. Explain all inventory adjustments. DEP Central District									
	a. Explain all inventory adjustments. DEP Central District									
b.	List any period was that condi	in which one	or more catego	ory of inventory	exceeded the	permitted max	kimum for that ca	tegory. How		
		mon reneved?		A 1 1 %						
•	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, accurate, and complete.										
	Print Name of Authorized Agent Signature of Authorized Agent Date									
Date										