

Johnson, Sabrina O

From: Joshua L. Younce <Joshua.Younce@citrusbocc.com>
Sent: Tuesday, April 6, 2021 2:28 PM
To: SWD_Waste; Morgan, Steve; Black, Alexis
Cc: Michael R. Holst; Henry C. Norris; Dan S. Sherlock
Subject: 1st Quarter Tire Report
Attachments: 1st Quarter Waste Tire Report 2021.pdf

Dear Mr. Morgan:

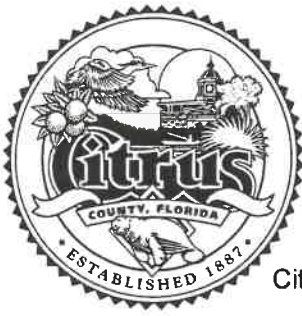
Attached please find the 1st Quarter Waste Tire Report for 2021 (FDEP Form #62-701.900(21)) and the Fire Prevention Inspection Report for the Citrus County Central Landfill.

If you should have any questions regarding this matter, please do not hesitate to contact me.

Regards,

Joshua Younce

Compliance Manager
Citrus County Solid Waste Management Division
230 W. Gulf to Lake Hwy.
Lecanto, FL. 34461
Office: (352) 527-7679
Joshua.Younce@citrusbocc.com



Board of County Commissioners

DEPARTMENT OF PUBLIC WORKS

SOLID WASTE MANAGEMENT DIVISION

P.O. Box 340, Lecanto, Florida 34460

Telephone: (352) 527-7670 FAX: (352) 527-7672

email: landfillinfo@bocc.citrus.fl.us

TDD Telephone: (352) 527-5303

Citrus Springs/Dunnellon/Inglis/Yankeetown area Toll Free (352) 489-2120

April 6, 2021

Mr. Steve Morgan
Department of Environmental Protection
13051 N Telecom Parkway
Temple Terrace, Florida 33637-0926

Re: Quarterly Waste Tire Report – 1st Quarter 2021

Dear Steve,

Pursuant to Rule 62-711.530, Florida Administrative Code, enclosed is the Quarterly Waste Tire Report for the months of January, February, and March 2021 and the Fire Prevention Inspection Report for the Citrus County Central Waste Tire Facility.

If you have any questions, please let me know.

Sincerely,

Henry C. Norris Jr.,
Director of Solid Waste Management

cc: File



Florida Department of Environmental Protection

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

Reset Form Print Form

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 1st Quarter of 2021 (First quarter begins on January 1 of any given year)

- Facility name: Citrus County Central Waste Tire Facility
- Facility mailing address: P. O. Box 340
City: Lecanto County: Citrus Zip: 34460
- Facility permit number: 126602-005-WT-02
- Facility telephone number (352) 527-7670
- Authorized person preparing report: Joshua Younce
- Affiliation with facility: Compliance Manager
- Telephone number (if different from above): ()
- Activity: Report in tons

	Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory
Used Tires	14	93	0	0	102	0	5
Other Whole Tires	0	0	0	0	0	0	0
Processed Tires	0	0	0	0	0	0	0
Processing Waste	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0
Total	14	93	0	0	102	0	5

- Explain all inventory adjustments.
N/A
 - List any period in which one or more category of inventory exceeded the permitted maximum for that category. How was that condition relieved?
N/A
- For any excess inventory at the end of the quarter, state how and when this condition will be relieved. Attach Additional sheets, if necessary.
N/A

9. Certification: To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete.

Henry C. Norris Jr. SWM Director
Print Name of Authorized Agent

[Signature]
Signature of Authorized Agent

4/6/2021
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

Citrus County Fire Rescue

FIRE PREVENTION INSPECTION REPORT

3600 W. Sovereign Path, Suite 141 • Lecanto, FL 34461 • 352-527-5527 • Fax 352-527-5404

Business Name: <u>C.C. Lord Full Tire Storage</u>	Business Phone: <u>352-527-5576</u>
Physical Address: <u>230 W. Gulf to Lake Hwy</u>	Business Hours: _____
Mailing Address: _____	Responsible Party: _____
City: <u>Lecanto</u>	Contact Info: _____
City Limits: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	AED <input type="checkbox"/> KNOX <input type="checkbox"/> LWRT <input type="checkbox"/> DRILLS <input type="checkbox"/> CEMP <input type="checkbox"/>
Plaza <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type of Construction: <u>II</u>
Unit # / Suite: _____	Occupancy Class: <u>Storage</u>
Owner/Manager: <u>Michael Holst</u> Station: <u>23</u>	Occupant Load: <u>500 Tires</u>
Owner/Mgr. Phone #: <u>352-442-0674</u>	Square Footage: _____
Email: _____	

Initial Annual Re-inspection Request Complaint Other _____

CODE DEFICIENCIES:

STORAGE <input type="checkbox"/> Improper storage of combustible material <input type="checkbox"/> Storage too close to ceiling <input type="checkbox"/> Storage too close to electrical panel <input type="checkbox"/> Unsafe storage	ELECTRIC EQUIPMENT <input type="checkbox"/> Overloaded circuits <input type="checkbox"/> Electrical panel obstructed <input type="checkbox"/> Electrical panel / boxes open <input type="checkbox"/> Coverplate missing <input type="checkbox"/> Temporary wiring / extension cords <input type="checkbox"/> GFCI not functioning <input type="checkbox"/> HVAC equipment not maintained	KITCHEN SUPPRESSION SYSTEM <input type="checkbox"/> Filters missing or improperly installed <input type="checkbox"/> Extinguishment system not in accordance w/NFPA 96 <input type="checkbox"/> Accumulation of grease in ducting Date last inspected: _____ Company: _____
EXIT DEFICIENCIES <input type="checkbox"/> Exits inadequate number or capacity <input type="checkbox"/> Aisles/corridors too narrow <input type="checkbox"/> Exit door does not swing in direction of travel <input type="checkbox"/> Door not equipped with approved exit hardware <input type="checkbox"/> Exit doors inoperative or locked <input type="checkbox"/> Exit blocked / obstructed <input type="checkbox"/> Emergency lights not provided or working <input type="checkbox"/> Exit sign (s) not illuminated <input type="checkbox"/> Exit sign (s) battery not operable	FIRE ALARM <input type="checkbox"/> Fire alarm not provided <input type="checkbox"/> Log book not provided <input type="checkbox"/> Fire alarm does not meet code <input type="checkbox"/> Fire alarm not inspected / maintained <input type="checkbox"/> Smoke detector not provided <input type="checkbox"/> Smoke detector inoperative Date last inspected: _____ Company: _____	COOKING EQUIPMENT <input type="checkbox"/> Accumulation of grease on/in cooking equipment <input type="checkbox"/> Cooking equipment maintenance Date last inspected: _____ Company: _____
EXTINGUISHERS <input type="checkbox"/> Extinguishers not provided <input type="checkbox"/> Not proper type <u>ABC - etc</u> <input type="checkbox"/> Not inspected / tagged <u>water - ok</u> <input type="checkbox"/> Not visible / accessible <input type="checkbox"/> Inadequate number <u>Equip - ok</u> <input type="checkbox"/> Not charged / operable <input type="checkbox"/> Not properly installed Date last inspected: <u>Sept 2019</u> Company: <u>Eveready</u> Type: <u>abc</u> Number: _____	SPRINKLERS/STANDPIPE <input type="checkbox"/> System not inspected / maintained <input type="checkbox"/> Valves closed <input type="checkbox"/> Loaded sprinkler heads <input type="checkbox"/> Heads obstructed or too close to stock <input type="checkbox"/> FDC deficiency <input type="checkbox"/> Missing spare heads / wrench Date last inspected: Qtr. _____ Annual _____ Company: _____ System Type: _____	HOOD SYSTEM <input type="checkbox"/> Hood & duct system not in accordance with NFPA 96 Date last cleaned: _____ Company: _____

Deficiencies noted below may cause a fire, contribute to the spread of fire, or cause undue injury in the event of a fire. Deficiencies must be corrected FORTHWITH. For additional information or assistance, please call: 352-794-5999. BUILDING PERMITS ARE REQUIRED FOR ALL RENOVATION / REPAIRS.

REQUIREMENTS / COMMENTS:
No deficiencies noted
Tire storage passed

Inspection Date / Time: 5/12/2020 Compliance Date: _____
 Inspector: 148379 Gilliam Occupant Signature: [Signature]
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