Johnson, Sabrina O

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

Sent: Monday, April 26, 2021 11:47 AM

To: SWD_Waste Cc: Newsome, Kaitlyn

Subject: Waste Tire Quarterly Report WACS 87895 1Q21

Attachments: Angelos Dade City WTPF 1Q21 62-701_900_21 WACS 87895.pdf

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John Arnold, P.E. Ph. (813) 477-1719



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)				
1	Form Title: Waste Tire Processing Facility Quarterly Report				
1	Effective Date: January 6, 2010				

(Completed by DEP)

DEP Application No.

(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.

1Q2021

1.	Facility name:	y name: Angelo's Recycled Materials Enterprise Recycling and Disposal WTPF									
2.	Facility mailing	nailing address: 41111 Enterprise Raod									
	City: Dade City	Dade City County: Pasco Zip: 33525									
3.	Facility permit number: 303741-003-WT/02										
4.	Facility telephone number ()352 567 76767										
5.	Authorized person preparing report: John Arnold										
6.	Affiliation with facility: Engineer										
7.	Telephone number (if different from above): ()										
8.	Activity: Report in tons										
		Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory			
	Used Tires	0	3943	3743	0	3743		200			
	Other Whole Tires										
	Processed Tires										
	Processing Waste										
	Other										
	Total										
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 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.										
	John Arnold			John Arn	old	Digitally signed by John Arnold Date: 2021.04.26 08:45:20 -07'00'	4/26/21				
	Print Nan	Print Name of Authorized Agent				Signature of Authorized Agent					