Smith, George

From: Abdel Bell <us27tires@gmail.com>
Sent: Friday, July 09, 2021 12:56 PM

To: SWD_Waste

Subject: 2nd Quarter Report 2021 (US 27 Tires, 369009-001-WT/02)

Attachments: 2nd Quarter 2021.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 ApplicationNo.					

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

(Completed byDEP)

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.

2nd Quarter 2021

1.	Facility name: US 27 Tires, LLC											
2.	Facility mailing address: 29612 Hwy 27											
	City: Dundee County: Polk Zip: 33838											
3.	5. Facility permit number: 369009-001-WT/02											
4.	1. Facility telephone number () 863-248-2911											
5.	5. Authorized person preparing report: Abdel Belfakir Abdel Belfakir											
6.	S. 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	2398	2576			2045		2929				
	Other Whole Tires											
	Processed Tires											
	Processing Waste											
	Other											
	Total							2929				
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	lfakir 🎉	Digitally signed by Abdel Belfakir Date: 2021.07.09 12:29:03 -04'00'	7/9/2021					
Print Name of Authorized Agent Signature of Authorized Agent												