From: lynn roesser
To: Schroer, Jeffrey

Cc: <u>DEP_NED</u>; <u>Ussery, Richard</u>; <u>Thigpen, Hope</u>; <u>Schroer, Jeffrey</u>

Subject: Re: Webber recycling 1st quarter report 2021

Date:Monday, July 26, 2021 2:43:08 PMAttachments:DEP 2nd quarter report 2021.pdf

Attached is our 2nd quarter report for 2021.

Thank you,

Lynn Roesser Webber Recycling, LLC

On Thu, May 6, 2021 at 1:42 PM lynn roesser < lroesser.webberrecycling@gmail.com> wrote:

Attached is our 1st quarter report for 2021.

Thank you,

Lynn Roesser



Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400 Form Title: Waste Tire Processing Facility Quarterly Report

Effective Date: January 6, 2010

DEP Application No.

(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. Quarter covered by this report autr 2021 (First quarter begins on January 1 of any given year) 1. Facility name: 2. Facility mailing address: County: 3. Facility permit number: 00 4. Facility telephone number 904 5. Authorized person preparing report: 6. Affiliation with facility: 7. Telephone number (if different from above): 8. Activity: Report in tons Beginning Received Processed Ending Inventory Consumed Removed Adjustments Inventory **Used Tires** 0.14 Tons 308, 75Thus 0 0 235.14 Tans 0 73.61 ton Other Whole Tires 0 Processed Tires 0 0 Processing Waste 0 0 Other 0 0 6.14 Tons 308.75 Tans Total 235.14Tans 0 73,61 a. Explain all inventory adjustments. NIA b. List any period in which one or more category of inventory exceeded the permitted maximum for that category. How 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,

Mail completed form to the appropriate District office listed below

Print Name of Authorized Agent

Signature of Authorized Agent