

## Smith, George

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**From:** John Arnold <john.phillip.arnold@gmail.com>  
**Sent:** Friday, August 13, 2021 1:05 PM  
**To:** SWD\_Waste  
**Subject:** Waste Tire Quarterly Report WACS 87895 1Q21  
**Attachments:** Angelos Dade City WTPF 2Q21 62-701\_900\_21 WACS 87895.pdf

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



# Florida Department of Environmental Protection

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

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 2Q21 (First quarter begins on January 1 of any given year)

- Facility name: Enterprise Road Class III Landfill WTPF WACS 87895
- Facility mailing address: 41111 Enterprise RD  
City: Dade City County: Pasco Zip: 33525
- Facility permit number: 303741-004-WT/02
- Facility telephone number ( ) 352 567-7676
- Authorized person preparing report: John Arnold
- Affiliation with facility: Engineer
- Telephone number (if different from above): ( 813 ) 477-1719

8. Activity: Report in tons

	Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory
Used Tires	200	3371	3371	0	3371		0
Other Whole Tires							
Processed Tires							
Processing Waste							
Other							
Total							

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.

John Arnold  
Print Name of Authorized Agent

  
Signature of Authorized Agent

8/13/21  
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