Johnson, Sabrina O

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

Sent: Friday, January 28, 2022 4:58 PM **To:** SWD_Waste; Newsome, Kaitlyn

Cc: Agustin Moreno

Subject: Waste Tire Quarterly Report WACS 87895 3Q21 and 4Q21

Attachments: CCF01282022.pdf; CCF01282022.pdf

EXTERNAL MESSAGE

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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 ApplicationNo.

(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 3Q21 (First quarter begins on January 1 of any given year) Enterprise Road Class III Landfill WTPF WACS 87895 1. Facility name: Facility mailing address: 41111 Enterprise RD City: Dade City County: Pasco Zip: 33525 303741-004-WT/02 Facility permit number: 4. Facility telephone number) 352 567-7676 5. Authorized person preparing report: John Anrold 6. Affiliation with facility: Engineer 7. Telephone number (if different from above): 477-1719 (813)8. Activity: Report in tons Beginning Ending Received Processed Consumed Removed Adjustments Inventory Inventory **Used Tires** 0 3756 3756 0 3756 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. 1/28/27 John Arnold 8/13/21

Mail completed form to the appropriate District office listed below

Print Name of Authorized Agent

Signature of Authorized Agent

Date



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