

## Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400 DEP Form # 52-701.900(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 January 2027 (First quarter begins on January 1 of any given year)									
1.	1. Facility name: Clobal Tire Recycline of Sunter Cty. Inc.								
2.	Facility mailing address: 1201 Industrial Drive								
	City:(い)	city: Wildwood county: Santer zip: 34785							
3.	3. Facility permit number: 0136808-007-WT								
4.	4. Facility telephone number (352) 330-2213								
5.	5. Authorized person preparing report: Was K Bailey								
6.	Affiliation with facility: President								
7.	. Telephone number (if different from above): ( ) SQ me								
8.	8. Activity: Report in tons								
	The state of the s	Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory	
	Used Tires	396.40	2718.47	(1289.16)				1885.11	
	Other Whole Tires								
	Processed Tires	140		2082.50	(1984.00)			238.50	
	Processing Waste			825.26		(825.26)		03030	
	Other					(0-0-0)	metalia di didina		
	Total	536.40	2178,47	1618.00	(1984w)	(825.26		2123.61	
a.	a. Explain all inventory adjustments.								
		10-110-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-							
							Walling To State of the State o		
b.	List any period in which one or more category of inventory exceeded the permitted maximum for that category. Ho 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.								
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<ol> <li>Certification: To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete.</li> </ol>									
	Mark .	J. Bailey		M	Mento		4-7	9-77	
	Print Nan	ne of Authorize	ed Agent	St	nature of Aut	horized Agent		Date	
					-				

Mail completed form to the appropriate District office listed below

Northwest District 160 Government Centar 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 Maguiry Sivd., Ste. 232 Orlando FL 32803-3767 07-894-7555

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 Boach, FL 33401 561-681-6600

Email: DEP\_CD@ dep. state. Alus