



Board of County Commissioners
DEPARTMENT OF PUBLIC WORKS
SOLID WASTE MANAGEMENT DIVISION

P.O. Box 340, Lecanto, Florida 34460
Telephone: (352) 527-7670 FAX: (352) 527-7672
email: landfillinfo@bocc.citrus.fl.us
TDD Telephone: (352) 527-5303
Citrus Springs/Dunnellon/Inglis/Yankeetown area Toll Free (352) 489-2120

October 4, 2022

Hannah Westervelt
Department of Environmental Protection
13051 N Telecom Parkway
Temple Terrace, Florida 33637-0926

Re: Quarterly Waste Tire Report –3rd Quarter 2022

Dear Hannah,

Pursuant to Rule 62-711.530, Florida Administrative Code, enclosed is the Quarterly Waste Tire Report for the months of July, August, and September 2022 and the Fire Prevention Inspection Report for the Citrus County Central Waste Tire Facility.

If you have any questions, please let me know.

Sincerely,

Dan Sherlock,
Director of Solid Waste Management

cc: File



Florida Department of Environmental Protection

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

Reset Form
Print Form

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 3rd Quarter of 2022 (First quarter begins on January 1 of any given year)

1. Facility name: Citrus County Central Waste Tire Facility
2. Facility mailing address: P. O. Box 340
 City: Lecanto County: Citrus Zip: 34460
3. Facility permit number: 126602-005-WT-02
4. Facility telephone number (352) 527-7670
5. Authorized person preparing report: Joshua R. McMinds
6. Affiliation with facility: Program supervisor
7. Telephone number (if different from above): ()
8. Activity: Report in tons

	Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory
Used Tires	17	136	0	0	123	0	30
Other Whole Tires	0	0	0	0	0	0	0
Processed Tires	0	0	0	0	0	0	0
Processing Waste	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0
Total	17	136	0	0	199	0	30

- a. Explain all inventory adjustments.
N/A
 - b. List any period in which one or more category of inventory exceeded the permitted maximum for that category. How was that condition relieved?
N/A
- For any excess inventory at the end of the quarter, state how and when this condition will be relieved. Attach Additional sheets, if necessary.
N/A
9. Certification: To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete.

Daniel Sherlock SWM Director *Daniel Sherlock* 10/4/2022
 Print Name of Authorized Agent Signature of Authorized Agent 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

Citrus County Fire Rescue

FIRE PREVENTION INSPECTION REPORT

3600 W. Sovereign Path, Suite 141 • Lecanto, FL 34461 • 352-527-5527 • Fax 352-527-5404

Business Name: <u>Citrus County Landfill Tire Storage</u> Physical Address: <u>230 W. Gulf to Lake Hwy</u> Mailing Address: _____ City: <u>Lecanto</u> City Limits: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Zip Code: <u>34461</u> Plaza <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Unit # / Suite: <u>Tire Storage</u> Owner/Manager: <u>Joshua McMillan</u> Station: <u>23</u> Owner/Mgr. Phone #: <u>on file</u> Email: _____	Business Phone: <u>352-527-5576</u> Business Hours: _____ Responsible Party: _____ Contact Info: _____ AED <input type="checkbox"/> KNOX <input type="checkbox"/> LWRT <input type="checkbox"/> DRILLS <input type="checkbox"/> CEMP <input type="checkbox"/> Type of Construction: <u>Outdoor</u> Occupancy Class: <u>Tire Storage</u> Occupant Load: _____ Square Footage: _____
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Initial
 Annual
 Re-inspection
 Request
 Complaint
 Other _____

CODE DEFICIENCIES:

STORAGE <input type="checkbox"/> Improper storage of combustible material <input type="checkbox"/> Storage too close to ceiling <input type="checkbox"/> Storage too close to electrical panel <input type="checkbox"/> Unsafe storage EXIT DEFICIENCIES <input type="checkbox"/> Exits inadequate number or capacity <input type="checkbox"/> Aisles/corridors too narrow <input type="checkbox"/> Exit door does not swing in direction of travel <input type="checkbox"/> Door not equipped with approved exit hardware <input type="checkbox"/> Exit doors inoperative or locked <input type="checkbox"/> Exit blocked / obstructed <input type="checkbox"/> Emergency lights not provided or working <input type="checkbox"/> Exit sign (s) not illuminated <input type="checkbox"/> Exit sign (s) battery not operable EXTINGUISHERS <input type="checkbox"/> Extinguishers not provided <input type="checkbox"/> Not proper type <input type="checkbox"/> Not inspected / tagged <input type="checkbox"/> Not visible / accessible <input type="checkbox"/> Inadequate number <input type="checkbox"/> Not charged / operable <input type="checkbox"/> Not properly installed Date last inspected: <u>Sept. 2021</u> Company: <u>Amcor</u> Type: <u>ABC</u> Number: _____	ELECTRIC EQUIPMENT <input type="checkbox"/> Overloaded circuits <input type="checkbox"/> Electrical panel obstructed <input type="checkbox"/> Electrical panel / boxes open <input type="checkbox"/> Coverplate missing <input type="checkbox"/> Temporary wiring / extension cords <input type="checkbox"/> GFCI not functioning <input type="checkbox"/> HVAC equipment not maintained FIRE ALARM <input type="checkbox"/> Fire alarm not provided <input type="checkbox"/> Log book not provided <input type="checkbox"/> Fire alarm does not meet code <input type="checkbox"/> Fire alarm not inspected / maintained <input type="checkbox"/> Smoke detector not provided <input type="checkbox"/> Smoke detector inoperative Date last inspected: _____ Company: _____ SPRINKLERS/STANDPIPE <input type="checkbox"/> System not inspected / maintained <input type="checkbox"/> Valves closed <input type="checkbox"/> Loaded sprinkler heads <input type="checkbox"/> Heads obstructed or too close to stock <input type="checkbox"/> FDC deficiency <input type="checkbox"/> Missing spare heads / wrench Date last inspected: Qtr. _____ Annual _____ Company: _____ System Type: _____	KITCHEN SUPPRESSION SYSTEM <input type="checkbox"/> Filters missing or improperly installed <input type="checkbox"/> Extinguishment system not in accordance w/NFPA 96 <input type="checkbox"/> Accumulation of grease in ducting Date last inspected: _____ Company: _____ COOKING EQUIPMENT <input type="checkbox"/> Accumulation of grease on/in cooking equipment <input type="checkbox"/> Cooking equipment maintenance Date last inspected: _____ Company: _____ HOOD SYSTEM <input type="checkbox"/> Hood & duct system not in accordance with NFPA 96 Date last cleaned: _____ Company: _____
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Deficiencies noted below may cause a fire, contribute to the spread of fire, or cause undue injury in the event of a fire. Deficiencies must be corrected FORTHWITH.
 For additional information or assistance, please call: 352-527-5527. **BUILDING PERMITS ARE REQUIRED FOR ALL RENOVATION / REPAIRS.**

REQUIREMENTS / COMMENTS:

Emergency plan approved.

Inspection passed

Inspection Date / Time: 3/23/2022 Compliance Date: _____
 Inspector: 144559 Gillum Occupant Signature: copy sent via Email
 Page 1 of 1 WHITE - office YELLOW -customer Rev. 8/18



CITRUS COUNTY FIRE RESCUE
3600 W. SOVEREIGN PATH SUITE 141
LECANTO, FL 34461
352-527-5527 – OFFICE
352-527-5404 - FAX

03/23/2022

Citrus County Solid Waste
Attn: Joshua McMinds
230 W. Gulf To Lkae Hwy.,
Lecanto, Fl. 34461

Dear Joshua McMinds,

I reviewed the Fire Safety Plan section of the Emergency Plan for Citrus County Solid Waste. Regarding the fire safety and evacuation procedures, your plan appears to meet the criteria of the current Florida Fire Prevention Code.

In practice, the outlined policies and procedures should eliminate or reduce the potential for deaths, injuries, or damages caused from an uncontrolled fire.

It has been a pleasure to review your disaster plan. Remember, **practice, practice, and practice** fire safety every day.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Paul Gillum
Fire Marshal