

## Florida Department of Environmental Protection

Form Title: Waste Tire General Permit Application
Effective Date: January 6, 2010
DEP Application No.\_\_\_\_\_\_\_(Completed by DEP)

DEP Form # 62-701.900(19), F.A.C.

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

## **WASTE TIRE GENERAL PERMIT APPLICATION**

Pursuant to Rule 62-711.801, Florida Administrative Code, the owners or operators of a qualifying waste tire mobile shredding, chopping, or cutting equipment shall submit the following information on this form to the Department:

Ту	oe of submittal:	General Permit notification □	Quarterly report □		
	If submitting notific	ation for use of a general permit, fill out Parts	I & II. If making a quarterly report fill out Pa	ırts I & III.	
Pa	rt I. General:				
A.	Company name:				
	1. Phone: ()_	2. Street Address:			
	City:	State:	Zip code:		
	3. Mailing address of	of collector:			
	City:	State:	Zip code:		
	4. Contact Person_	5. Tel	ephone number: ()		
	6. Federal Employe	er Identification Number (FEID) of Collector:			
Pa	rt II. Notification				
A.	Status of Operation	☐ Existing ☐ Proposed			
В.	Submit information for mobile shredding, chopping, or cutting equipment.				
	1. Equipment manufacturer:				
	2. Equipment mode	number:			
	3. Equipment serial	number:4. Manufacture	s rated capacity:		
	5. Maximum input s	ze:6. Minimum output si	ze:		
	7. Equipment owner	· ·			
	8. Address:				
	City:	State:	Zip code:		
C.	Describe how and where processed tires will be used or disposed of:				
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D.	Attach a check or money order for the \$100.00 general permit fee required for new or renewal notifications. ( <i>Rule 62-4, F.A.C.</i> )				
E.	Certification for Parts I and II:				
	To the best of my kr	nowledge and belief, I certify the information pro	ovided in this notification is true, accurate, and	d correct.	
	Name of Auth	norized Agent Signature	of Authorized Agent Da	ate	

Paı	t III. Quarterly Report:				
A.	Quarterly reporting submissions for mobile shredding, chopping, or cutting equipment.				
	1. Quarter of this report (First quarter begins on January 1, of any given year):				
	2.   No activity in this quarter				
B.	Quarterly activity at landfills. (Use additional sheets if necessary)				
	List each landfill where your equipment operated in the quarter covered by this report.				
	1. Landfill Name:				
	2. Owner / Operator Telephone number: ()				
	4. Quantity tires processed: (Expressed in tons assuming 100 passenger tires per ton, 20 truck tires per ton)				
	5. Describe how processed tires were used or disposed of (Example: daily cover, TDF, Landfillable shred ,etc):				
C.	Quarterly activity at other sites. (Use additional sheets, if necessary)  List each site where your equipment operated in the quarter covered by this report.  1. Site name:				
	2. Owner / Operator Telephone number: ()				
	4. Street Address:				
	City:        State:         Zip code:				
	5. Quantity tires processed: (Expressed in tons assuming 100 passenger tires per ton, 20 truck tires per ton)				
	6. Describe how processed tires were used or disposed of (Example: daily cover, TDF, Landfillable shred ,etc):				
	7. Product removed to:				
	8. Waste removed to: (Example: daily cover, TDF, Landfillable shred ,etc):				
D.	Certification for Parts I and III:				
	To the best of my knowledge and belief, I certify the information provided in this notification is true, accurate, and correct.				
	Name of Authorized Agent Signature of Authorized Agent Date				

## Mail completed form to:

Florida Department of Environmental Protection Bureau of Solid & Hazardous Waste / Tires 2600 Blair Stone Road, MS 4550 Tallahassee, Florida 32399-2400