



**Part 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: (\_\_\_\_\_) \_\_\_\_\_ 3. County: \_\_\_\_\_
- 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: (\_\_\_\_\_) \_\_\_\_\_ 3. County: \_\_\_\_\_
- 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