



# Department of Environmental Protection

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

DEP Form #: 62-701.900(24)  
Form Title: Waste Tire Small Processing Facility Permit Application  
Effective Date: January 6, 2010  
DEP Application No. \_\_\_\_\_  
(Completed by DEP)

## WASTE TIRE SMALL PROCESSING FACILITY PERMIT APPLICATION

A Small Waste Tire Processing Facility Permit allows up to 1,500 waste tires to be stored at the facility at any one time and allows up to 1,500 waste tires to be processed during any 30 day period. If these quantities are exceeded, a Waste Tire Processing Facility Permit is required.

Permit No. \_\_\_\_\_

Renewal  Modification  Existing unpermitted facility  Proposed new facility

### Part I-General Information:

#### A. Applicant Information:

1. Applicant Name: \_\_\_\_\_
2. Applicant Street Address: \_\_\_\_\_
3. City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Applicant Mailing Address: \_\_\_\_\_
5. City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_
6. Contact person: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ FEID No: \_\_\_\_\_

7. Have any enforcement actions been taken by the Department against the applicant relating to the operation of any solid waste management facility in this state? This includes any Complaint, Notice of Violation, or revocation of a permit or registration, as well as any Consent Order in which a violation of Department rules is admitted. It does not include a Warning Letter, Warning Notice, Notice of Noncompliance, or other similar document which does not constitute agency action.

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **If yes**, attach a history and description of the enforcement actions.

#### B. Facility Information:

1. Facility Name: \_\_\_\_\_
2. Facility Street Address (Main Entrance): \_\_\_\_\_
3. City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Facility Mailing Address: \_\_\_\_\_
5. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
6. Contact Person: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

#### Facility Location Coordinates:

7. Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_
8. Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_
9. Anticipated date for starting construction \_\_\_\_\_ and for completion of construction \_\_\_\_\_
10. Anticipated date for receipt of tires \_\_\_\_\_ and for start of processing \_\_\_\_\_

**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

**C. Land Owner Information** (if different from applicant):

1. Owner's name: \_\_\_\_\_
2. Land owner's mailing address: \_\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Authorized Agent: \_\_\_\_\_ Agent's phone (\_\_\_\_)
5. Current lease expires: \_\_\_\_\_

**D. Facility Operator Information** (if different from applicant):

1. Operator's name: \_\_\_\_\_
2. Operator's mailing address: \_\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Contact person: \_\_\_\_\_ Phone: (\_\_\_\_)

**E. Preparer of Application:**

1. Name of person preparing application: \_\_\_\_\_
2. Mailing address: \_\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Phone: (\_\_\_\_)
5. Affiliation with facility: \_\_\_\_\_

**Part II Operations:**

**A.** Describe the process and products and how storage will be maintained in compliance with 62-711.540, F.A.C.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B.** Describe the equipment (other than the hand held equipment) used for processing waste tires. This description shall include the make, model, and hourly capacity of each piece of equipment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C.** Describe the waste from the process, the amount of waste expected from 1,500 tires, and how and where it will be disposed of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part III Attachments:**

Please attach the following information to this application:

- A. A plot plan of the small processing facility showing:
  - 1. Boundaries of the area being permitted, easements, and rights of way
  - 2. All wetlands and water bodies in or within 200 feet of this area.
  - 3. The storage areas for whole tires, processed tires and processing waste.
  - 4. The processing area.
  - 5. All structures including buildings, fences, roadways, stormwater control devices, and water wells.
- B. A copy of a fire safety survey of the small processing facility.
- C. A copy of the emergency preparedness manual.
- D. A letter from the landowner (if different from applicant) authorizing use of the land as a small waste tire processing facility.
- E. A check for the application fee.

**Note: the record keeping requirements of 62-711.530(4) apply to small processing facilities. Quarterly reports to the Department are required by 62-711.530(5),F.A.C.**

**Part IV Certification:**

To the best of my knowledge and belief, I certify the information provided in this application is true, accurate, and correct. I have attached all documents and/or authorizations that are required.

\_\_\_\_\_

Print Name of Authorized Agent                      Signature of Authorized Agent                      Date