

1. Certified Company Name:

2. Facility Name:

3. Address:4. City/Zip:5. County:

Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road, MS 4555 Tallahassee, Florida 32399-2400 DEP Form #: 62-722.400(9)(d), F.A.C.

Form Title: Reporting Form for Post-Use Polymers

Effective Date: Pending

YEAR OF DATA:

Incorporated in Rule: 62-722.400, F.A.C.

REPORTING FORM FOR POST-USE POLYMERS

USE ONE FORM FOR EACH COUNTY FROM WHICH A PYROLYSIS FACILITY HANDLED POST-USE POLYMERS

Submit to: 2600 Blair Stone Rd. MS 4555, Tallahassee, FL 32399-2400

6. County of Origin: 7. Contact person & Phone	e Number:		
8. POST-USE POLYMERS		TOTAL TONS	
	Agricultural		
POST-USE POLYMERS	Industrial		
	Municipal Solid Waste		
	Source:		
		Tot	al Municipal Solid Waste:
9. REPORTED TONS O	F POST-USE POLYMERS		TONS:
10.*TOTAL TONS OF PO	OST-USE POLYMERS RECEIVE	ED OR HANDLED	TONS:
11.*AMOUNT OF SOLID	WASTE DISPOSED		······
12.*Name and Address of	Disposal Facilities or Waste Haule	ers receiving and Collecting Solid	Waste from this Facility:
Company na	ıme	Address	City and Zip Code
*These items are to be comple	eted only if the County of Origin (6) m	natches the County (in item 5) on this j	form.
13. I hereby certify that the fore	egoing information is true and correct to th	ne best of my knowledge and belief.	
Signature (authorized representative)		Title	Date
	ls in this box, I hereby represent that all info		
15. redacts, or marks as		tained hereon that constitutes a trade secre	al, duplicate copy of this form which identifies and et under Section 688.002, F.S., or other law; and the duplicate form.