

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. o **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. Wasteremoved 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