

## GEORGIA EPD SCRAP TIRE SORTER QUARTERLY REPORT

*This report is required by law to be filed by the 1st day of May, Aug, Oct, or Nov following the period for which the report is due. Not reporting is a violation of Georgia Scrap Tire Management Rule 391-3-4-.19. Incomplete reports are considered "not reporting."*

<b>PART 1</b> <b>Business Name:</b> _____ <b>Street Address (no POB):</b> _____ <b>City, State, Zip:</b> _____ <b>County:</b> _____ <b>Permit No.:</b> _____ <b>Telephone Number:</b> _____ <b>Fax Number:</b> _____ <b>Email Address:</b> _____ <b>Address Change? (circle one) Yes No</b> (Address/ownership change requires new application)	<b>PART 2</b> <b>Calendar Year of this Report:</b> <input style="width: 50px; height: 20px;" type="text"/> <b>Calendar Quarter of this Report (check one):</b> <input type="checkbox"/> Jan, Feb, Mar <input type="checkbox"/> Apr, May, Jun <input type="checkbox"/> Jul, Aug, Sep <input type="checkbox"/> Oct, Nov, Dec
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<b>PART 3</b>	<b>Number/tons of scrap tires, mixed tires, retread casings, and used tires on-site and received during the quarter:</b>	<b>Quantity</b>	<b>Unit</b>
	Number/tons of mixed tires on hand at start of the quarter:		
	Number/tons of mixed tires received during the quarter:		
	Number/tons of used tires extracted during the quarter:		
	Number/tons of used tires on hand at end of the quarter:		
	Number/tons of scrap tires on hand at end of the quarter:		
	Number/tons of retreadable casings on hand at end of the quarter:		

<b>PART 4</b>	<b>Number/tons of scrap tires, used tires, and retreadable casings shipped to a point of final disposition (processors, retreaders, end users, disposal facilities, etc.):</b>							
<b>Material Type:</b> ut = used tires rc = retread casings st = scrap tires o = other (explain)							<b>Material</b>	<b>Unit</b>
<b>EPD ID No.</b>	<b>Company Name/Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Telephone</b>	<b>Type</b>	<b>Quantity (N or T)</b>	

*For additional entries, please use additional pages.*

**PART 5** *This report shall be signed by the General/Facility Manager, or other authority, who is authorized to represent the company's interests.*

I certify, under penalty of law, that I have personally examined and am familiar with the information submitted in this report and all attached documents. I further believe, warrant, swear and affirm that the submitted information is true, accurate and complete.

Signature	Print/Type Name	Date	Title
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