

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 state law. Incomplete reports are considered "not reporting".*

PART 1 Business Name: _____ Street Address (no POB): _____ City, State, Zip: _____ County: _____ Approval No.: _____ Telephone Number: _____ Fax Number: _____ Address Change? (circle one) YES NO (Address/ownership change requires new application)	PART 2 Calendar year of this report: <input style="width: 50px; height: 20px;" type="text"/> Calendar Quarter of This Report (check one): <input type="checkbox"/> Jan, Feb, Mar <input type="checkbox"/> Apr, May, Jun <input type="checkbox"/> Jul, Aug, Sep <input type="checkbox"/> Oct, Nov, Dec
---	--

PART 3 Number/tons of scrap tires, mixed tires, retread casings, and used tires on-site and received during the quarter: Number/tons of mixed tires on hand at start of 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 quarter: _____ Number/tons of scrap tires on hand at end of the quarter: _____ Number/tons of retreadable casings on hand at the end of the quarter: _____	Units: N = Number T = Tons	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Quantity</th> <th style="width: 50%;">Unit</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> </tbody> </table>	Quantity	Unit												
Quantity	Unit															

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

For additional entries please use additional pages.

PART 5	<i>This report shall be signed by the General/Facility Manager, or other authority, that is authorized to represent the company's interests.</i>		
I/we certify, under penalty of law, that I/we have personally examined and am familiar with the information submitted in that and all attached documents. I/we believe, warrant, swear and affirm that the submitted information is true, accurate and complete.			
Signature	Print/Type Name	Date	Title