

Send Form To:
Georgia EPD
Scrap Tire Program
4244 International Pkwy, Suite 104
Atlanta, Georgia 30354

**GEORGIA DEPARTMENT OF NATURAL RESOURCES
ENVIRONMENTAL PROTECTION DIVISION**

SCRAP TIRE PROCESSOR QUARTERLY REPORT

This report must be filed by the **30th day** of the month following the quarter for which the report is due.

1.	Scrap Tire Processor Name _____ Address _____ City/State/Zip/County _____ Processor Approval #: _____ Generator ID#: _____	
2.	Quarter of This Report (check one) _____ Year _____ ____ Jan, Feb, Mar ____ Apr, May, Jun ____ Jul, Aug, Sep ____ Oct, Nov, Dec	
3.	a. Number/tons of scrap tires on hand at start of quarter: _____ b. Number/tons of tire products (tdf, primary shreds, etc.) on hand at start of quarter _____ c. Adjusted number/tons of scrap tires received during the quarter [c(1)-c(2)] : _____ c(1): Number/tons of scrap tires received during the quarter: _____ c(2): Number/tons of whole scrap tires shipped to cement kilns during qtr: _____ d. Number/tons of processed tires and tire products (metal, fibers, chips, crumb, etc.) shipped to recyclers/users during quarter _____ e. Number/tons of whole tires (used, casings, construction projects, etc.) shipped to users, other than cement kilns, during quarter _____ f. Number/tons of whole tires or processing residuals transported to disposal facilities(landfills) _____ g. Percentage of tires and tire products shipped for recycling and/or disposal _____ (use formula below) $\frac{d+e+f}{a+b+c} \times 100 = g$	
4.	Name/address/telephone numbers of end users/recyclers where processed tires were shipped. Name _____ Address _____ Telephone _____ _____ _____ _____ _____ _____	
I hereby certify that this report has been examined by me and is, to the best of my knowledge and belief, a true and complete report for the period stated.		
	_____ Signature	_____ Date
	_____ Print/Type Name	_____ Title