ANNUAL REPORT FORM - TIRE RECYCLING FACILITY

Report Period: January 1, 2022 – December 31, 2022

Business Name:	County:
Business Phone: Contact Name:	
Physical Address / Location of Facility:	
Mailing Address:	City:
State:Zip: E-mail Address if available_	
Owner Name:	Phone:
Please check the method of reporting: # of tires weig	ht (tons) of tires
Total number or weight of tires received in 2022:	
Total number or weight of tires processed in 2022:	
Describe type(s) of processing including rammed earth, bal	ing, splitting, grinding, shredding etc:
Total number of loose tires on site on 12/31/2022:	
Total number of tire bales (if applicable) on site on 12/31/2	2022:
Number of ground or rammed earth scrap tires (not in a pro	oject) on site on 12/31/2022:
1. List all scrap tire haulers or scrap tire generators, in 2022. [NOTE: "Scrap tire generator" means a person we Use additional pages if scrap tires were transported by more	
a. Name of hauler/dealer:	
Contact Person:	Phone number:
Mailing Address:	City:
State:Zip: E-mail Address if ava	ailable
Number of PTEs delivered to your facility in 2022:	·
Origin of scrap tires:	
Contact Person:	Phone number:
Mailing Address:	City:
State: Zip: E-mail Address if ava	ailable

b.	nme of hauler/dealer:		
	Contact Person:	Phone number:	
	Mailing Address:	City:	
	State:Zip: E-mail Address if availa	able	
	Number of PTEs delivered to your facility in 2022:		
	Origin of scrap tires:		
	Contact Person:	Phone number:	
	Mailing Address:	City:	
	State:Zip: E-mail Address if availa	able	
c. Name of hauler/dealer:			
	Contact Person:	Phone number:	
	Mailing Address:	City:	
	State:Zip: E-mail Address if available		
	Number of PTEs delivered to your facility in 2022:		
	Origin of scrap tires:		
	Contact Person:	Phone number:	
	Mailing Address:	City:	
	State:Zip: E-mail Address if availa	able	
	OPTIONAL: What are the final dispositions (e.g., lar essed scrap tires that were removed for your facility in o more than three locations.]		
NO	OTE: Upon your request, the information will be held of	confidential.	
a.	Name of final disposition entity:		
	Contact Person:	Phone number:	
	Mailing Address:	City:	
	State:Zip: E-mail Address if availa	able	
	Physical Address / Location:		

	Number of PTEs disposed	from your facility in 2022:		
b.	Name of final disposition entity:			
	Contact Person:		Phone number:	
	Mailing Address:		City:	
	State:Zip:	E-mail Address if available		
	Physical Address / Locatio	n:		
	Number of PTEs disposed from your facility in 2022:			
c.	c. Name of final disposition entity:			
	Contact Person:		Phone number:	
	Mailing Address:		City:	
	State:Zip:	E-mail Address if available		
	Physical Address / Locatio	n:		
	Number of PTEs disposed	from your facility in : 2022		
	penalty of perjury, I hereby tof my knowledge.	attest that the information provided	in this report is accurate and complete, to	
 Signatı	ure		Date	