

# ADEQ

ARKANSAS  
Department of Environmental Quality

## WASTE TIRE PROCESSING FACILITY ANNUAL REPORT

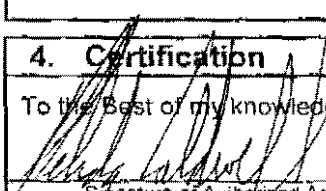


Pursuant to Regulation 14, Waste Tire Program, the owner or operator of a waste tire processing facility is required to submit the following information to the Department by March 1 of each year for the prior calendar year. The annual report must be submitted along with the annual permit fee as a condition of holding a waste tire processing facility permit.

1. Facility Information		Calendar Year Covered By This Report:	
		<b>2009</b>	
Permit Nbr.:	0022-SWTP	AFIN:	03-00208
Facility Name:	NW AR RSWMD	Telephone Nbr.:	870-741-0208
Authorized person preparing report:	Melinda Caldwell	Fax Nbr.:	870-741-0208
Mailing Address:	927 WEST RUSH AVENUE	Affiliation with facility:	EXECUTIVE DIRECTOR
City/State/Zip:	HARRISON, ARKANSAS 72601	Manager and/or Owner Name:	NW AR RSWMD
		E-Mail:	VIA@WINDSTREAM.NET

2. Quantities of Waste Tires and/or Processed Tires	Auto #	Truck #	OTR#	Tons
a. Quantity located at the facility at beginning of the reporting period	58,400	3,996	616	830
b. Quantity received at the facility during the reporting period	112,397	4,444	703	1548
c. Quantity shipped from the facility during the reporting period	44,880	2,923	252	632
d. Quantity remaining at the facility at the end of the reporting period	67,517	1,521	431	915
e. For Fuel End Users, tons utilized during the reporting period				

3. Disposition of Waste Tires, Processed Tires and Waste Tire Residuals (from total quantity in 2c)			
Type of Disposition	Name/City/State of Facility Shipped To	Tons	Percent
a. TDF End User:			
<input type="checkbox"/> Cement Kiln <input type="checkbox"/> Steel Mill <input type="checkbox"/> Industrial Boiler <input type="checkbox"/> Pulp & Paper			%
b. TDF End User:			
<input type="checkbox"/> Cement Kiln <input type="checkbox"/> Steel Mill <input type="checkbox"/> Industrial Boiler <input type="checkbox"/> Pulp & Paper			%
c. Another Processing Facility			%
d. Permitted 3T Landfill			%
e. Solid Waste Disposal Facility			%
f. Retreader			%
g. Road Project			%
h. Waste Tire Chip Aggregate			%
i. Dam Construction			100%
j. Playground Fall Zone Cover			%
k. Rubber Mulch			%
l. Other: (Explain)			%
m. Other: (Explain)			%
TOTAL			100%

4. Certification		
To the Best of my knowledge, I certify the above information provided is true and correct.		
 Signature of Authorized Agent	Melinda Caldwell, EXECUTIVE DIRECTOR Print Authorized Agent Name and Title	3.1.10 Date