



Colorado Department of Public Health and Environment
MOBILE WASTE TIRE PROCESSOR ANNUAL REPORTING FORM (FORM WT-8)
CALENDAR YEAR 2015
Annual Mobile Waste Tire Processor Activity Report for the period of
January 1, 2015 – December 31, 2015

Mobile Waste Tire Processor Information:

Mobile Waste Tire Processor Name: _____
Certificate of Registration Number: _____
Street Address: _____ County: _____
City or Town: _____ State: _____ Zip Code: _____
Mailing Address: _____
City or Town: _____ State: _____ Zip Code: _____
Mobile Processor Contact Name: _____
Telephone: _____ Fax Number: _____
Email Address: _____

Reporting form must be submitted by April 1, 2016, reporting on the mobile waste tire processing activities of calendar year 2015.

If completing the form by hand, send completed form to:

Shana Baker
Colorado Department of Public Health and Environment
HMWMD-SW-B2
4300 Cherry Creek Dr. South
Denver, CO 80246-1530

If you have questions regarding this form, please contact Shana Baker at 303-692-3305 (1-888-569-1831 ext 3305 toll-free) or send an email to cdphe.hmwastetires@state.co.us.

Reporting

Under 6 CCR 1007-2 Section 10 of the Colorado Regulations Pertaining to Solid Waste Sites and Facilities, mobile waste tire processors must report annually to the Department on or before April 1st of each year, reporting on their mobile waste tire processing activities of the previous calendar year.

Confidentiality of Report (Optional)

Waste tire facilities may request confidential business protection on volume and quantity data submitted per C.R.S. 24-72-204(3)(a)(IV). The Hazardous Materials and Waste Management Division will not disclose any records in its possession identified as “confidential business information” or as a “trade secret” without giving the party raising the claim notice of the request and an opportunity to contest the release of the information. The burden of proving that the information is protected as a trade secret is on the party raising the claim.

In order to claim this protection, you must meet the following requirements:

1. You must show that you have taken reasonable measures to protect the confidentiality of the information, and that you intend to continue to take such measures;
2. The information is not, and has not been, reasonably obtainable without your consent by other persons using legitimate means;
3. Either:
 - i. You have satisfactorily shown that disclosure of the information is likely to cause substantial harm to your competitive position; or
 - ii. The information is voluntarily submitted information and its disclosure would be likely to impair the Government’s ability to obtain necessary information in the future;
4. No statute specifically requires disclosure of the information; and
5. You have to assert a claim of business confidentiality in writing. You may do so by checking the box below, adding your facility information and submitting along with your reporting forms.

I have read Items 1-5 and am hereby requesting that information submitted on my 2015 Colorado Mobile Waste Tire Processor Annual Reporting form (WT-8) be kept as confidential information.

Yes (**Box MUST be checked to claim privilege**)

Name of Mobile Waste Tire Processor: _____

Street Address: _____ City: _____ Zip Code: _____

Telephone: _____ County: _____

Submitted By: _____ Date: _____

Submit only one confidentiality form per Mobile Waste Tire Processor. Applies only to the Mobile Waste Tire Processor identified above.

Section II – Mobile Processing Locations continued (extra page)

<p>3: NAME / DESCRIPTION OF LOCATION WHERE WASTE TIRES WERE PROCESSED BY MOBILE PROCESSING</p> <hr/> <p>WASTE TIRE REGISTRATION NUMBER (IF APPLICABLE)</p> <hr/> <p>(Do not list P.O. Boxes) STREET ADDRESS OR PROPERTY LOCATION/DESCRIPTION):</p> <hr/> <p>CITY: _____ STATE: ____ ZIP CODE: _____ COUNTY: _____</p>	<p>TOTAL QUANTITY OF WASTE TIRES PROCESSED BY MOBILE PROCESSING (indicate in tons or total count)</p>
<p>4: NAME / DESCRIPTION OF LOCATION WHERE WASTE TIRES WERE PROCESSED BY MOBILE PROCESSING</p> <hr/> <p>WASTE TIRE REGISTRATION NUMBER (IF APPLICABLE)</p> <hr/> <p>(Do not list P.O. Boxes) STREET ADDRESS OR PROPERTY LOCATION/DESCRIPTION):</p> <hr/> <p>CITY: _____ STATE: ____ ZIP CODE: _____ COUNTY: _____</p>	<p>TOTAL QUANTITY OF WASTE TIRES PROCESSED BY MOBILE PROCESSING (indicate in tons or total count)</p>
<p>5: NAME / DESCRIPTION OF LOCATION WHERE WASTE TIRES WERE PROCESSED BY MOBILE PROCESSING</p> <hr/> <p>WASTE TIRE REGISTRATION NUMBER (IF APPLICABLE)</p> <hr/> <p>(Do not list P.O. Boxes) STREET ADDRESS OR PROPERTY LOCATION/DESCRIPTION):</p> <hr/> <p>CITY: _____ STATE: ____ ZIP CODE: _____ COUNTY: _____</p>	<p>TOTAL QUANTITY OF WASTE TIRES PROCESSED BY MOBILE PROCESSING (indicate in tons or total count)</p>
<p>6: NAME / DESCRIPTION OF LOCATION WHERE WASTE TIRES WERE PROCESSED BY MOBILE PROCESSING</p> <hr/> <p>WASTE TIRE REGISTRATION NUMBER (IF APPLICABLE)</p> <hr/> <p>(Do not list P.O. Boxes) STREET ADDRESS OR PROPERTY LOCATION/DESCRIPTION):</p> <hr/> <p>CITY: _____ STATE: ____ ZIP CODE: _____ COUNTY: _____</p>	<p>TOTAL QUANTITY OF WASTE TIRES PROCESSED BY MOBILE PROCESSING (indicate in tons or total count)</p>

For more than six (6) site locations where waste tires were processed by mobile processing, please provide this information on a separate document using the same above format and email (preferred) the document as an attachment to cdphe.hmwastetires@state.co.us or send the document to the mailing address listed on page 1.

Section III. – Use of Waste Tires Processed by Mobile Processing Into Tire-Derived Product Please indicate where waste tires processed into tire-derived product(s) by mobile processing were sent for use as tire-derived product and the total quantity in the appropriate boxes. Indicate in Tons or Total Count (check one) Tons Total Count

Note: Your total reported here must equal the total tonnage/count reported in Sections I and II above.

Use	Total Quantity			Sent offsite – Destination Facility name(s)
	Whole Tires	Shredded/Cut Tires	Baled Tires	
Agricultural (silage cover, feedlot surfacing, etc.)				
Alternate Daily Cover				
Engineered Fill				
Fence/Windbreak/Retaining Wall				
Landscaping				
Leachate Drainage Material				
Recreational Surfaces (playgrounds, sports fields, etc.)				
Rubberized Asphalt				
Safety Products (highway bumpers, etc.)				
Stormwater / Erosion Control				
Temporary Storage				
Tire Derived Fuel				
Other (specify):				

Section IV. Comments or clarification (Optional):

Section V. Certification

I SUBMIT THIS REPORT AS THE MOBILE WASTE TIRE PROCESSOR REPRESENTATIVE LISTED IN THIS REPORT, AND CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AS SIGNED AND DATED BELOW.

Submitted by (print if completion by hand): _____

Official Title: _____

Date (mm/dy/yy): _____

For the purposes of this form, the Colorado Department of Public Health and Environment accepts your typed name, title and date as an electronic signature equivalent to your valid signature on a paper copy of the form. As such, this electronically completed form subjects the signatory to the same responsibilities as a hand-signed form. Per §18-8-306, C.R.S., it is a felony to submit false information to a state official.