

National Aeronautics and Space Administration
Headquarters
Washington, DC 20546-0001



07/24/2019

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Reply to Attn of:

Maryland Department of the Environment
Resource Management Program
Semi-Annual Scrap Tire Report
1800 Washington Boulevard, Suite 610
Baltimore, MD 21230-1719

Subject: Semi-Annual Scrap Tire Collection Facility Report

Enclosed please find NASA's Goddard Space Flight Center Semi-Annual Scrap Tire Collection Facility Report.

If you have any questions or comments, please contact Ms. Lixa Rodriguez-Ramon on (301) 286-4613.

A handwritten signature in black ink, appearing to read "KJF".

Kimberly Finch, P.E.
Chief, Medical and Environmental Management Division

Enclosure

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Land and Materials Administration • Resource Management Program
1800 Washington Boulevard • Suite 610 • Baltimore, Maryland 21230-1719

410-537-3314 • 800-633-6101 x3314 • 410-537-3321 fax • <http://www.mde.maryland.gov>

Semi-Annual Scrap Tire Collection Facility Report

REPORTING PERIOD: January 1 – June 30, 2019
DUE ON OR BEFORE August 1, 2019

*Please Note: You MUST submit a semi-annual report even if you DID NOT collect, generate or haul any scrap tires during the reporting period. Please print.

OWNER INFO: NASA GODDARD SPACE FLIGHT CENTER C/O LIXA RODRIGUEZ-RAMON 8800 GREENBELT RD GREENBELT, MD 20771 3012864613	<i>Please cross out any incorrect info in the box to the left and write the corrections below:</i>
FACILITY INFO: NASA GODDARD SPACE FLIGHT CENTER 8800 GREENBELT RD GREENBELT, MD 20771	
LICENSE INFO: 2015RSC10362	
ID #: 3811	AI#: 34707

SECTION 1: Receiving/Generating Report - Incoming Scrap Tire Information

Check (✓) Scrap Tire Generation/Receiving Source: Your Facility Customers Other

If you checked "Other", complete SECTION 3 on the reverse side.

SECTION 2: Transfer Report - Outgoing Scrap Tire Information

Scrap Tire Hauler's Name	Scrap Tire Hauler's License No.	Scrap Tire Type	Destination Facility Name/Address	Destination Facility's License/ Permit No.	Scrap Tire Quantity	Weight (Tons)
Grayhound Trash Removal Inc	2017-RTH-08867	Passenger	Emanuel Tire Company/ 1300 Moreland Ave, Baltimore MD 21216	2017-RTR-00042	143	
Grayhound Trash Removal Inc	2017-RTH-08867	Farm/ Bike/ Truck	Emanuel Tire Company/ 1300 Moreland Ave, Baltimore MD 21216	2017-RTR-00042	33	
TOTAL					176	

TOTAL SCRAP TIRES REMAINING AT YOUR FACILITY AFTER THE REPORTING PERIOD: 87

PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY

By signing this report, I the license holder or duly authorized representative, do solemnly affirm under the penalties of perjury that the contents of this report are true to the best of my knowledge, information, and belief. I hereby authorize the representative of the Department to have access to the site for inspection and to record information relating to this license at any reasonable time.


Signature

Kimberly Finch, P.E.
Print Name

07/24/2019
Date

If you checked "Other" in SECTION 1 on the front page, complete SECTION 3 below:

SECTION 3: Receiving/Generating Report - Incoming Scrap Tire Information				
Scrap Tire Generation/Receiving Source	Maryland Scrap Tire Hauler's License No. (If applicable)	Scrap Tire Type (Passenger, Truck)	Scrap Tire Quantity	Scrap Tire Weight (Tons)
Motorpool		Passenger	82	
Motorpool		Truck/Farm/Bike	57	
Landscaping		Farm	8	
Carry Over		Truck/Farm/Bike	24	
Carry Over		Passenger	92	
		TOTAL	263	

PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY

INSTRUCTIONS FOR COMPLETING REPORT

SECTION 1:

1. Check the box indicating the source of the scrap tires collected at your facility.
2. If you checked "Your Facility" or "Customers", you do not need to complete SECTION 3.
3. If you checked "Other", you must complete SECTION 3.
4. Proceed to SECTION 2.

SECTION 2:

1. List the name and license number of the scrap tire hauler who removed scrap tires from your facility.
2. List the type of scrap tires removed.
3. List the place of where the hauler took the scrap tires. **This is very important!** Be sure the hauler tells you where your scrap tires are being delivered and the Maryland scrap tire license/approval number of that destination. If the scrap tires are being delivered to an out-of-state facility, list the name and address of this facility.
4. List by quantity or tons how many scrap tires were removed from your facility.
5. If no scrap tires were hauled from your facility, write "None" or "0" in the TOTAL Scrap Tire Quantity box.

SECTION 3:

1. List where the scrap tires came from:
 - A. If from haulers, please list the haulers' names and their Maryland Scrap Tire Hauler License numbers in the appropriate boxes.
 - B. If from individuals hauling less than 5 scrap tires, please write "Private" in the Source column; and "None" in the License Number boxes. If you receive scrap tires from many individuals, group them as a single entry.
 - C. If the scrap tires are generated from your business, write "Company" in the Source column, and your license number in the License Number column.
2. List the type of scrap tires (i.e. passenger, truck) collected at your facility.
3. List by quantity or tons how many scrap tires were collected at your facility.
4. If no scrap tires were collected during this period, write "None" or "0" in the TOTAL Scrap Tire Quantity box.

SIGNATURE:

You must sign your name, print your name, and date the report at the bottom of the front page of this report.

MAIL COMPLETED REPORT TO:

OR

FAX COMPLETED REPORT TO:

[MARYLAND DEPARTMENT OF THE ENVIRONMENT]
 RESOURCE MANAGEMENT PROGRAM
 Semi-Annual Scrap Tire Report
 1800 Washington Boulevard, Suite 610
 Baltimore, Maryland 21230-1719
 [

410-537-3321

Shipping and Mailing Request Form

(For use with express, certified, and registered domestic and international small packages)

077872

SHIP TO: (Please include a complete street address, city, state, zip code, and telephone number)	MARIANA DEPARTMENT OF THE ENVIRONMENT LABOR & MARKETPLACE PROGRAM 1800 WASHINGTON BLVD SUITE 610 PATTERSON NJ 07640-1719 LETTERS 2 REPORTS
DESCRIPTION OF ITEM BEING SHIPPED/MAILED: (this information is required)	(this information is required)

TYPE OF SERVICE REQUESTED: (Please read options carefully)	Express Delivery Services <input checked="" type="checkbox"/> Priority Overnight Service <input type="checkbox"/> Standard Overnight Service <input type="checkbox"/> Second Day Service <input type="checkbox"/> Third Day Service <input type="checkbox"/> International Express Service * <input type="checkbox"/> International Economy Service * <input type="checkbox"/> Saturday Delivery <input type="checkbox"/> Least Costly Method	Certified and Registered Mail Services <input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt
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*** The following information must be provided for all packages being shipped or mailed to an international destination.**

To the best of my knowledge, this shipment is not restricted for export. If you are unsure of current ITAR (22 CFR Parts 120-130) and export (15 CFR Parts 730-774) regulations, please contact the GSFC Export Control Office at 6-6388/6-4579 or visit their website at <http://export.gsfc.nasa.gov>

Signature and Date of Sender

International packages going to a "Designated Country" must be approved by the International Coordinator's Office, Code 101, ext. 6-8300. A list of Designated Countries can be found at <http://export.gsfc.nasa.gov>

Signature and Date of International Coordinator's Office representative

ORIGINATOR: I certify that services requested are for NASA Official Business Only

Name: <i>LIXA ROBERTSON</i>	Code: <i>050</i>	Telephone: <i>64613</i>	Date: <i>157/14/2019</i>
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For Internal Use Only:	Date: <i>7/24/19</i>
Package Identification Number: <i>1023 0884 9085</i>	Mode of Shipment