

BOARD OF COUNTY COMMISSIONERS

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2295 Victoria Avenue P. O. Box 2549

93715

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Fort Myers, FL 33902-2549

Frank Mann District Five

SUBJECT: WASTE TIRE FACILITY QUARTERLY REPORT

Karen B. Hawes County Manager

Dear Mr. Krumbholz:

Diana M. Parker County Hearing Examiner

Attached, please find the quarterly report for the first quarter of 2011 for the Waste to Energy Facility.

If you have any questions regarding this report, please call me at (239) 533-8000.

Sincerely,

SOLID WASTE DIVISION

Lindsey Sampson, P.E.

Director

LJS/mo

cc: Mike Duff, Covanta

Bill Newman VIII A 306



Department of Environmental Protection

DEP Form # 62-701.900(21)	
Waste Tire Processing Faci Form Title Quarterly Report	lity
Form file Quartery Report	-
Effective Date 3/22/00	
DEP Application No.	
(Filled in by DEP)
MECEW	FN

Waste Tire Processing Facility Quarterly Report APR 0.7 2011

Pursuant to Rule 62-711.530, Florida Administrative Code, the owner or operator of a waste tire South processing facility shall submit the following information to the Department quarterly.

)ua	rter covered b	y this report	First Quarte	er 2011	(First quarter	begins on Jar	nuary 1 of any	given year)		
1.	Facility name	Lee Coun	ty Resource	Recovery Fac	cility					
2.	Facility mailin	acility mailing address: 10500 Buckingham Road								
	City: Fort Myers County: Lee					Zip: <u>33907</u>				
3.	3. Facility permit number: PA 90-30									
4.	4. Facility telephone number (239) 533-8000									
5.	. Authorized person preparing report: William T. Newman									
6.	Affiliation with facility: Operations Manager									
7.	Telephone number (if different from above): (239) 533-8000									
8. Activity: Report in tons										
		Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory		
	Used Tires	28	480	0	382	35	NA	91		
	Other whole Tires									
	Processed tires	0_	0		0	0		0		
	Processing Waste									
	Other									
	Total	28	480	0	382	35		91		
a.	Explain all inventory adjustments. NA									
b.	List any perio category. Ho NA		ed the permitt	ed maximum f	or that					
	For any exces Attach Additi NA	dition will be r	elieved.							
9.	Certification: To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete. Lindsey J. Sampson, P.E. 4/5/11									
		Print Name of Authorized Agent Signature of Authorized Agent Date								

Mail complete form to the appropriate district office