

Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form	#_62-701.900(21)					
Form Title: Report	Waste Tire Processing Facility Quarterly					
Effective Date: January 6, 2010						
OEP Applic	ation No					
	(Completed by DEP)					

WASTE TIRE PROCESSING FACILITY QUARTERLY REPORT

	processing fac	ility shall subr	11.530, Florida	g information to	o the Departm	ent quarterly.					
Quar	ter covered by	this report /	151-20/1	<u>/</u> ((First quarter b	egins on Janu	ary 1 of any giv	ven year)			
1. Facility name: Carden Street Iron + Metal, Inc.											
2.	2. Facility mailing address: 3350 Metro Pkwy										
	city: Fort Myers County: Lee zip: 339/6										
3.	2. Facility mailing address: 3350 Metro Pkuy City: Fort Myers County: Lee Zip: 339/6 3. Facility permit number: WACS 000 98386										
4. Facility telephone number (239) 337- 5865											
5.	5. Authorized person preparing report: John Hoving										
	6. Affiliation with facility:										
7.	7. Telephone number (if different from above):										
8. Activity: Report in tons											
	**************************************	Beginning Inventory	Received	Processe d	Consumed	Removed	Adjustment s	Ending Inventory			
	Used Tires										
	Other whole Tires	0	850.71	850.71				0			
	Processed tires		4 4 2 5		agagarara						
	Processing Waste		.*.					and the			
	Other	a ja asa		at + r			REC	JEWEY			
	Total		850.71	850,71			APR	2 8-2011			
a.	Explain all inventory adjustments.										
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b. List any period in which one or more category of inventory exceeded the permitted maximum for that category											
	How was that condition relieved?										
	For any excess inventory at the end of the quarter, state how and when this condition will be relieved. Attach Additional sheets, if necessary.										
۵	Certification:										
 Certification: To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete. 											
	Tah	n Hov	ina .	V.	HA CA	bound	4.	26-11			
	Print Nar	me of Authoriz	zed Agent		Signature of Au	uthorized Agen	it;	Date			
Mail completed form to											
	the appropriate District office										
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