

## RECEIVED

APR 0 6 2012

D.E.P. South District

## **BOARD OF COUNTY COMMISSIONERS**

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April 4, 2012

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Florida Department Environmental Protection

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2295 Victoria Avenue P. O. Box 2549

Frank Mann District Five

Fort Myers, FL 33902-2549

Karen B. Hawes County Manager

SUBJECT: WASTE TIRE FACILITY QUARTERLY REPORT

Michael D. Hunt.

County Attorney

Dear Mr. Krumbholz:

Diana M. Parker County Hearing Examiner

Attached, please find the quarterly report for the first quarter of 2012 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

Mike Duff, Covanta

Linday & Langoon

Bill Newman **VIII A 306** 



## Department of Environmental Protection

DEP Form # 62-701 900(21) Waste Tire Processing Facility Form Title Quarterly Report
Effective Date <u>3/22/00</u>
DEP Application No

Waste Tire Processing Facility Quarterly Report RECEIVED

processing fa	cility shall sub	mit the following	ng information	to the Departn	nent quarterly.	4	APR 06		
arter covered b			<del></del>		begins on Ja	nuary 1 of any	given year) P. South		
1. Facility name				cility	_	<i>U.</i> E.	.P. South		
2. Facility mailii	ng address: _	10500 Buckir	ngham Road		_				
City: Fort Myers			County: Lee			Zip: <u>339</u> 05			
3. Facility perm	Facility permit number: PA 90-30								
4. Facility telephone number (239 ) 533-8000  Authorized person preparing report: William T. Newman									
									3. Affiliation wi
. Telephone nu	umber (if diffe	erent from abo	 ove): (	)					
3. Activity: Re	,		<u>.</u>						
	Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory		
Used Tires	27	376	0	386	0	NA	17		
Other whole Tires									
Processed tires	0	0	0	0	0		0		
Processing Waste	<u> </u>								
Other	İ					<u> </u>			
Total	27	376	0	386	0		17		
	od in which o	ne or more ca	tegory of inve	ntory exceed	ed the permit	ted maximum fo	or that		
	ess inventory a lional sheets,		the quarter, st	ate how and	when this co	ndition will be r	elieved.		
Certification:		je and belief, I d	certify the inform	nation provided	l in this report i	s true, accurate,	and complet		
Lindsey J.	Lindsey J. Sampson, P.E. 4/4/12								
Print Nar	ne of Authoria	zed Agent	S	ignature of A	uthorized Age	ent	Date		

Mail complete form to the appropriate district office