

## **BOARD OF COUNTY COMMISSIONERS**

John E. Manning District One

July 2, 2012

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Mr. Bill Krumbholz

Ray Judah District Three

Florida Department Environmental Protection

Tammy Hall 2295 Victoria Avenue

P. O. Box 2549

District Four 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 second 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

cc:

Mike Duff, Covanta

Bill Newman VIII A 306

RECENTED TOTAL DESIRER



## Department of Environmental Protection

| DEP Form # 62-701.900(21)      |  |  |  |  |  |  |  |
|--------------------------------|--|--|--|--|--|--|--|
| Waste Tire Processing Facility |  |  |  |  |  |  |  |
| Form Title Quarterly Report    |  |  |  |  |  |  |  |
| Effective Date 3/22/00         |  |  |  |  |  |  |  |
| DEP Application No.            |  |  |  |  |  |  |  |
| (Filled in by DEP)             |  |  |  |  |  |  |  |

## Waste Tire Processing Facility Quarterly Report

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

|                                 | er covered b  | y this report       | Second Qu                      | arter 2012              | (First quarter | begins on Jar   | nuary 1 of any    | given year)         |  |
|---------------------------------|---|---------------------|--------------------------------|-------------------------|----------------|-----------------|-------------------|---------------------|--|
| 1. Fa                           | acility name  | Lee Cour            | ity Resource                   | Recovery Fa             | cility         |                 | 8<br>11           |                     |  |
| 2. F                            | acility mailin  | ng address: _       | 10500 Buckii                   | ngham Road              |                |                 |                   |                     |  |
|                                 | City: Fort Myers County:  |                     |                                |                         | _ee            |                 | Zip: 33905        |                     |  |
| 3. F                            | acility permi   | t number: _F        | PA 90-30                       |                         |                |                 |                   |                     |  |
|                                 | Facility telephone number (239 ) 533-8000   |                     |                                |                         |                |                 |                   |                     |  |
|                                 | Authorized person preparing report: William T. Newman                                       |                     |                                |                         |                |                 |                   |                     |  |
|                                 | Affiliation with facility: Operations Manager   |                     |                                |                         |                |                 |                   |                     |  |
|                                 |   |                     |                                |                         | `              |                 |                   |                     |  |
|                                 |   |                     | erent from abo                 | ove): <u>(</u>          |                |                 |                   |                     |  |
| 8. A                            | activity: Re  | Beginning Inventory | Received                       | Processed               | Consumed       | Removed         | Adjustments       | Ending<br>Inventory |  |
| U                               | sed Tires   | 17                  | 452                            | 0                       | 467            | 0               | NA                | 2                   |  |
|                                 | ther whole ires   |                     |                                |                         |                |                 |                   |                     |  |
| Pr                              | rocessed tires  | 0                   | 0                              |                         | 0              | 0               |                   | 0                   |  |
|                                 | rocessing<br>/aste  |                     |                                |                         |                |                 |                   |                     |  |
| Ot                              | ther  |                     |                                |                         |                | ,               |                   |                     |  |
| To                              | otal  | 17                  | 452                            |                         | 467            | 0               |                   | 2                   |  |
| a. E:                           | •   | ventory adjus       |                                |                         | ntory ovcood   | ad the negroits | ad mavimum f      | or that             |  |
| C                               | ist any perio<br>ategory. Ho<br>IA  |                     | condition reliev               |                         |                | ed the permitt  | .eu maximum r     |                     |  |
| N<br>Fo                         | ategory. Ho   | w was that o        | condition reliev               | ved?                    |                |                 | ndition will be r |                     |  |
| 50<br>N<br>F0<br>A<br>N<br>9. C | ategory. Ho<br>IA<br>for any exce<br>attach Additi<br>IA<br>Certification:                  | w was that c        | at the end of<br>if necessary. | ved?<br>the quarter, st | ate how and    | when this cor   | ndition will be r | relieved.           |  |
| Fr A N — 9. C                   | ategory. Ho<br>IA<br>for any exce<br>Attach Additi<br>IA<br>Certification:<br>To the best o | w was that c        | at the end of if necessary.    | ved?<br>the quarter, st | ate how and    | when this cor   |                   | relieved.           |  |

Mail complete form to the appropriate district office

Northwest District 160 Governmental Center Pensacola, FL 32501-5794 850-595-8360 Northeast District 7825 Baymeadows Way, Ste. 200 B Jacksonville, FL 32256-7590 904-448-4300 Central District 3319 Maguire Blvd., Ste. 232 Orlando, FL 32803-3767 407-894-7555 Southwest District 3804 Coconut Palm Dr. Tampa, FL 33619 813-744-6100

South District

7. 2295 Victoria Ave. Stel. 364 4
Fort Myers FL 33902-2549 We
941-332-6975

Southeast District 400 North Congress Ave. West Palm Beach, FL 33401