

Department of Environmental Protection

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

DEP Form # _62-701.900(21)	
Form Title: Waste Tire Processing Facility Quarterly Report	
Effective Date: January 6, 2010	
DEP Application No	
(Completed 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.											
Quarter covered by this report $3^{2} - 2012$					(First quarter begins on January 1 of any given year)						
1	1. Facility name: Garden Street Iron + Metal Inc. 2. Facility mailing address: 3350 Metro Pkwy City: Fort Myers County: Lee Zip: 339/6 3. Facility permit number: WAC 5 000 98386										
2.	Facility mailing	g address: _	3350	Metro	PKWy						
	City: For	+ myer	7	County: _	Lee		Zip: <u>339</u>	16			
3.	Facility permit	number:	WAC 5	000	98386						
4.	Facility telephone number (239) 337- 5865										
5.	5. Authorized person preparing report:										
6.	6. Affiliation with facility: mang										
	7. Telephone number (if different from above): ()										
8.	8. Activity: Report in tons										
		Beginning Inventory	Received	Processe d	Consumed	Removed	Adjustment s	Ending Inventory			
	Used Tires										
	Other whole Tires		743.9	743.9							
	Processed tires										
	Processing Waste										
	Other										
	Total		743.9	743.9				0			
a.	Explain all inv	entory adjustr	nents.								
1075501						~~~					
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.										
9.	Certification:	7									
	To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete.										
	John Hoving John Cathering 10-12-12										
	Print Name of Authorized Agent Signature of Authorized Agent Date										
	Mail completed form to										

Mail completed form to the appropriate District office listed below