

## 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 D	ate: January 6, 2010
DEP Appli	cation 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  $\mathcal Z$ 2014 (First quarter begins on January 1 of any given year) Iron + Metal 2. Facility mailing address: 3350 Metro County: Lee 33916 Zip: 3. Facility permit number: 5000 98386 4. Facility telephone number (239) 337- 5865 5. Authorized person preparing report: 6. Affiliation with facility: 7. Telephone number (if different from above): 8. Activity: Report in tons Beginning Received Processe Consumed Removed Adjustment Ending Inventory d Inventory **Used Tires** Other whole 587 58 Tires Processed tires Processing Waste Other Total Explain all inventory adjustments. b. List any period in which one or more category of inventory exceeded the permitted maximum for that category.

> Mail completed form to the appropriate District office listed below

To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete.

For any excess inventory at the end of the quarter, state how and when this condition will be relieved. Attach

Print Name of Authorized Agent

How was that condition relieved?

Additional sheets, if necessary.

9. Certification:

Signature of Authorized Agent



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	Pursuant processing fac	to Rule 62-7 cility shall sub	11.530, Florid mit the followin	a Administrati	ve Code, the to the Departm	owner or ope	rator of a wast	e tire			
Qua	rter covered by	y this report				(C) (A)	uary 1 of any gi	ven vear)			
				et Iro	n + Me	tal. I	nc,	,,			
2.	Facility mailin	g address:	3350	Metro	PKWY						
	2. Facility mailing address: 3350 Metro Pkwy  City: Ft. County: Lee Zip: 33916										
3.	Facility permit	t number:	WAC	500	0098	386					
	<ol> <li>Facility permit number: WAC 500098386</li> <li>Facility telephone number (239) 337 - 5865</li> </ol>										
5.	Authorized person preparing report: John Hoving										
6.	Affiliation with facility:										
7.	Telephone nu	mber (if differe	ent from above	e): <u>(</u>	)						
8. Activity: Report in tons											
		Beginning Inventory	Received	Processe	Consumed	Removed	Adjustment	Ending			
	Used Tires	inventory		d			S	Inventory			
	Other whole Tires		712	722		-					
	Processed tires			120							
	Processing Waste										
	Other		Si Si								
	Total		*	722		-		X			
-	Cyalaia all iau							0			
а.	Explain all inve	entory adjustn	nents.								
	1 1-1										
D.	How was that	in which one condi <mark>t</mark> ion relie	or more categ ved?	ory of inventor	y exceeded th	e permitted ma	aximum for that	category.			
	For any exces	s inventory at	the end of the	quarter, state	how and when	this condition	will be relieved	. Attach			
	Additional she	ets, if necessa	ary.								
9.	Certification:										
	To the best of	my knowledge a	and belief, I certi	fy the informatio	provided in this	s report is true, a	accurate, and con	nplete.			
	Doh.	ne of Authorize	ng		fm	toving		1-15-14			
	FillUlan	ie di Authorize	d Agent		ignature of Au	thorized Agent		Date			

Mail completed form to the appropriate District office listed below