

# Department of Environmental Protection

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

| DEP Form              | #_62-701.900(21)                         |
|-----------------------|--|
| Form Title:<br>Report | Waste Tire Processing Facility Quarterly |
| Effective Da          | ate: January 6, 2010                     |
| DED Applie            |  |

(Completed by DEP)

### WASTE TIRE PROCESSING FACILITY QUARTERLY REPORT

| 1   | Pursuant processing fac         | to Rule 62-7<br>ility shall subr  | 11.530, Florida<br>mit the followin    | a Administrativ<br>g information to | e Code, the | owner or ope   | rator of a wast   | e tire    |
|-----|---------------------------------|-----------------------------------|--|-------------------------------------|---|----------------|-------------------|-----------|
| Qua | arter covered by                | this report                       | 2015                                   |                                     | (First quarter t                                | pegins on Janu | uary 1 of any gi  | ven vear) |
| 1.  | Facility name:                  | Gas                               | den St                                 |                                     | ron +   |                | 11 (200           |           |
|     | Facility mailing                |                                   | 3350                                   | old                                 | Met   |                | 1                 | <u> </u>  |
| -   | City: F+                        | 20                                |  |                                     | Lee   |                | 220               | 11        |
| 2   |                                 |                                   | 983                                    | County:                             | 266   |                | Zip: 339          | /6        |
|     | Facility permit                 |                                   |  | 86                                  |   |                | No.               |           |
|     | Facility telepho                |                                   |  | 7-5865                              | \ .   |                |                   |           |
| 5.  | Authorized per                  | rson preparin                     | g report:                              | John                                | Hoving  |                |                   |           |
| 6.  | Affiliation with                | facility:                         | ops 1                                  | mang.                               |   |                |                   |           |
| 7.  | Telephone nur                   | mber (if differe                  | ent from above                         | ): <u>(</u>                         | )   |                |                   |           |
| 8.  | Activity: Repo                  | ort in tons                       |  |                                     |   |                |                   |           |
|     |                                 | Beginning                         | Received                               | Processe                            | Consumed  | Removed        | Adjustment        | Ending    |
|     | Used Tires                      | Inventory                         |  | d                                   |   |                | S                 | Inventory |
|     | Other whole                     |                                   | 746.26                                 | 24/21                               |   |                |                   |           |
|     | Tires<br>Processed tires        |                                   | 196.26                                 | 746.26                              |   |                |                   |           |
|     | Processing<br>Waste             |                                   |  |                                     |   |                |                   |           |
|     | Other                           |                                   |  |                                     |   |                |                   |           |
|     | Total                           |                                   |  |                                     |   |                |                   |           |
|     |                                 |                                   |  | 746.26                              |   |                |                   |           |
|     | Explain all inve                | in which one                      | or more categ                          | ory of inventor                     | y exceeded th                                   | e permitted ma | aximum for that   | category. |
| q   | For any excess Additional sheet | s inventory at<br>ets, if necessa | the end of the                         | quarter, state l                    | now and when                                    | this condition | will be relieved  | . Attach  |
| Э.  | To the best of r                | Hoving<br>e of Authorize          |  | _ fr                                | hi ()   | forma          | accurate, and con | 75        |
|     |                                 | 2 317 1311101129                  | ************************************** | U                                   | gnature of Au                                   | thorized Agent |                   | Date      |
|     |                                 |                                   | M                                      | ail completed                       | form to   |                |                   |           |

Mail completed form to the appropriate District office listed below



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| DEP Form              | #_62-701.900(21)                         |
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| Form Title:<br>Report | Waste Tire Processing Facility Quarterly |
| Effective Da          | ate: January 6, 2010                     |

(Completed by DEP)

DEP Application No.\_

#### 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.

|    | Facility permit  |  | 9838                |                  |              |                |                  |                    |  |  |
|----|--|--|---------------------|------------------|--------------|----------------|------------------|--------------------|--|--|
|    | Facility teleph  |  |                     |                  |              |                |                  |                    |  |  |
|    | Authorized person preparing report: Tohn Hoving  |  |                     |                  |              |                |                  |                    |  |  |
|    |  | Affiliation with facility:  Ops mang.  Telephone number (if different from above): ( ) |                     |                  |              |                |                  |                    |  |  |
|    |  |  | ent from above      | ): (             | )            |                |                  |                    |  |  |
| ٥. | Activity: Rep  |  |                     |                  |              |                |                  |                    |  |  |
|    |  | Beginning<br>Inventory   | Received            | Processe<br>d    | Consumed     | Removed        | Adjustment<br>s  | Ending<br>Inventor |  |  |
|    | Used Tires   |  |                     |                  |              |                |                  |                    |  |  |
|    | Other whole<br>Tires   |  | 589,62              | 589.62           |              |                |                  |                    |  |  |
|    | Processed tires  |  |                     |                  |              |                |                  |                    |  |  |
|    | Processing<br>Waste  |  |                     |                  |              |                |                  |                    |  |  |
|    | Other  |  |                     |                  |              |                |                  |                    |  |  |
|    | Total  |  |                     | 589.62           |              |                |                  |                    |  |  |
|    |  |  |                     | 501.             |              | ***            |                  |                    |  |  |
| a. | Explain all inve   | entory adjustm   | nents.              |                  |              |                |                  |                    |  |  |
|    |  |  |                     |                  |              |                |                  |                    |  |  |
|    | List any period in which one or more category of inventory exceeded the permitted maximum for that category. |  |                     |                  |              |                |                  |                    |  |  |
|    | List any period  | condition relie  | ved?                |                  |              |                |                  | 0,                 |  |  |
|    | How was that   |  |                     |                  |              |                |                  |                    |  |  |
|    |  |  |                     |                  |              | ****           |                  |                    |  |  |
|    | For any excess   | s inventory at   | the end of the      | quarter, state l | now and when | this condition | will be relieved | . Attach           |  |  |
|    |  | s inventory at<br>ets, if necessa  | the end of the ary. | quarter, state l | now and when | this condition | will be relieved | . Attach           |  |  |

Mail completed form to the appropriate District office listed below



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

| DEP Form #_62-701.             | 900(21)                          |
|--------------------------------|----------------------------------|
| Form Title: Waste Ti<br>Report | re Processing Facility Quarterly |
| Effective Date: Januar         | ry 6, 2010                       |
| DEP Application No.            |                                  |
|                                | (Completed by DEP)               |

#### WASTE TIRE PROCESSING FACILITY QUARTERLY REPORT

|     | Pursuant<br>processing fac  | to Rule 62-7<br>cility shall sub | 11.530, Florid mit the following | a Administrativ<br>g information to | e Code, the<br>the Departm | owner or ope<br>ent quarterly.        | rator of a wast   | e tire    |  |
|-----|---|----------------------------------|----------------------------------|-------------------------------------|----------------------------|---------------------------------------|-------------------|-----------|--|
|     | rter covered by   |                                  | 2015                             |                                     |                            |                                       | uary 1 of any giv | ven year) |  |
| 1.  | Facility name:  | Garde                            | en Stre                          | et Iro                              | n + m                      | etal i                                | Inc.              |           |  |
|     |   |                                  |                                  | old M                               |                            |                                       |                   |           |  |
|     | City: F+  | Myer                             | <i>S</i>                         | County:                             | Lee                        |                                       | Zip: 339          | 16        |  |
| 3.  | Facility permit   | number: _                        | 983                              | 86                                  |                            |                                       |                   |           |  |
| 4.  | Facility teleph   | one number                       | (239) 337                        | - 5865                              |                            |                                       |                   |           |  |
| 5.  | Authorized pe   | rson preparin                    | g report:                        | John +                              | toving                     |                                       |                   |           |  |
| 6.  | Affiliation with  | facility:                        | 005                              | mang.                               | 3                          |                                       |                   |           |  |
| 7.  | Telephone nu  | mber (if differ                  | ent from above                   | •                                   | )                          |                                       |                   |           |  |
| 8.  | Activity: Report in tons  |                                  |                                  |                                     |                            |                                       |                   |           |  |
|     | -   | Beginning<br>Inventory           | Received                         | Processe                            | Consumed                   | Removed                               | Adjustment        | Ending    |  |
| ı   | Used Tires  | inventory                        |                                  | u u                                 |                            | ***                                   | S                 | Inventory |  |
|     | Other whole<br>Tires  |                                  | 954,22                           | 954, 22                             |                            |                                       |                   |           |  |
|     | Processed tires   |                                  | 7 9.71                           |                                     |                            |                                       |                   | -         |  |
|     | Processing<br>Waste   |                                  |                                  |                                     |                            |                                       |                   |           |  |
| -   | Other   |                                  |                                  |                                     |                            |                                       |                   |           |  |
|     | Total   |                                  |                                  | 954.22                              |                            |                                       |                   |           |  |
|     | Footbie ellier  |                                  |                                  | 70                                  |                            |                                       |                   |           |  |
| a.  | Explain all inv   | entory adjustr                   | nents.                           |                                     |                            | · · · · · · · · · · · · · · · · · · · | 74                |           |  |
| b   | List any period   | in which one                     | or more cated                    | ory of inventor                     | v exceeded th              | e permitted m                         | aximum for that   | category. |  |
|     | 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 exces<br>Additional she   |                                  |                                  | quarter, state i                    | now and wher               | this condition                        | will be relieved  | I. Attach |  |
| 12_ |   |                                  |                                  |                                     |                            |                                       |                   |           |  |
| a - | Certification:  |                                  |                                  |                                     |                            |                                       |                   |           |  |
| ٥.  |   | my knowledge                     | and belief, I certi              | fy the information                  | provided in thi            | s report is true,                     | accurate, and cor | nplete.   |  |
|     | Tohn  | Hovin                            | 9                                | L                                   | fur 2                      | former                                | 1.                | -576      |  |
|     | Print Nam   | ne of Authoriz                   | ed Agent                         | Si                                  | gnature of Au              | thorized Agent                        | t                 | Date      |  |
|     |   |                                  | N.                               | fail completed                      | form to                    |                                       |                   |           |  |

the appropriate District office listed below