



Florida Department of Environmental Protection

South District Office
Post Office Box 2549
Fort Myers, Florida 33902-2549

Rick Scott
Governor

Jennifer Carroll
Lt. Governor

Herschel T. Vinyard Jr.
Secretary

October 12, 2011

Garden Street Iron & Metal, Inc. of S.W. Florida
c/o Rob Weber, President
3350 Metro Parkway
Fort Myers, FL 33902
E-mailed to: junkitrob@aol.com



Re: Lee County - WT
Garden Street Iron & Metal (Waste Tire Processing Center)
Application No. 0296251-002-WT/02, WACS ID No. 98386
Closure Cost Estimate - Financial Assurance

Dear Mr. Weber:

The Department hereby approves the closure cost estimate updated September 22, 2011, and received October 11, 2011 for the subject facility for the year 2011. A copy of the approved cost estimate is enclosed for your records. Please submit the re-calculated financial assurance documents (Escrow Account Audit Report, etc.) corresponding to the approved estimates to:

Solid Waste Financial Coordinator
Attention: Tor Bejnar
Florida Department of Environmental Protection
2600 Blair Stone Road, Mail Station 4565
Tallahassee, Florida 32399-2400

The next closure cost estimates or inflation adjustment statement, as applicable, will be due between January 1 and March 1, 2012.

Should you need further information, please call Albert D. McLaurin at (239) 344-5605. Your cooperation in this matter is appreciated.

Sincerely,

Charles Emery III
Environmental Administrator

Enclosure
CE/ADM/se

cc: Tor Bejnar, DEP (w/enclosure, emailed to tor.bejnar@dep.state.fl.us)



Florida Department of Environmental Protection

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

DEP Form # 62-701.900(28), F.A.C.

Form Title: Closure Cost Estimating Form
For Solid Waste Facilities

Effective Date: January 6, 2010

Incorporated in Rule 62-701.630(3), F.A.C.

CLOSURE COST ESTIMATING FORM FOR SOLID WASTE FACILITIES

Date of DEP Approval: October 12, 2011

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I. GENERAL INFORMATION:

Facility Name: Garden Street Iron & Metal Waste Tire Processing CenterWACS ID: 000098386 ADMPermit Application or Consent Order No.: 0296251-001-WT / 02Expiration Date: 12/9/2014Facility Address: 3350 Metro Parkway, Fort Myers, FL 33902Permittee or Owner/Operator: Rob WeberMailing Address: 3350 Metro Parkway, Fort Myers, FL 33902Latitude: 26 ° 37 ' 4.4 " Longitude: 81 ° 51 ' 13.8 "

Coordinate Method: _____ Datum: _____

Collected by: _____ Company/Affiliation: _____

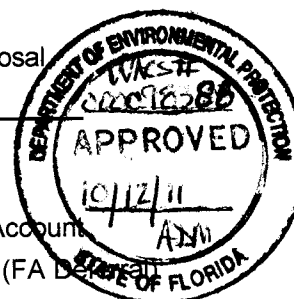
Solid Waste Disposal Units Included in Estimate:

| Phase / Cell | Acres | Date Unit Began Accepting Waste | Active Life of Unit From Date of Initial Receipt of Waste | If active: Remaining life of unit | If closed: Date last waste received | If closed: Official date of closing |
|--------------|-------|---------------------------------|---|-----------------------------------|-------------------------------------|-------------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Total disposal unit acreage included in this estimate: _____

Closure: _____ Long-Term Care: _____

Facility type: ☐ Class I ☐ Class III ☐ C&D Debris Disposal
(Check all that apply) ☒ Other: Waste Tire Processing Facility



II. TYPE OF FINANCIAL ASSURANCE DOCUMENT (Check type)

- ☒ Letter of Credit* ☐ Insurance Certificate ☐ Escrow Account
☐ Performance Bond* ☐ Financial Test ☐ Form 29 (FA
☐ Guarantee Bond* ☐ Trust Fund Agreement

* - Indicates mechanisms that require the use of a Standby Trust Fund Agreement

Northwest District
160 Government Center
Pensacola, FL 32502-5794
850-595-8360

Northeast District
7825 Baymeadows Way, Ste. B200
Jacksonville, FL 32256-7590
904-807-3300

Central District
3319 Maguire Blvd., Ste. 232
Orlando, FL 32803-3767
407-894-7555

Southwest District
13051 N. Telecom Pky.
Temple Terrace, FL 33637
813-632-7600

South District
2295 Victoria Ave., Ste. 364
Fort Myers, FL 33901-3881
239-332-6975

Southeast District
400 N. Congress Ave., Ste. 200
West Palm Beach, FL 33401
561-681-8600

III. ESTIMATE ADJUSTMENT

40 CFR Part 264 Subpart H as adopted by reference in Rule 62-701.630, Florida Administrative Code, (F.A.C.) sets forth the method of annual cost estimate adjustment. Cost estimates may be adjusted by using an inflation factor or by recalculating the maximum costs of closure in current dollars. Select one of the methods of cost estimate adjustment below.

☐ (a) Inflation Factor Adjustment

☒ (b) Recalculated or New Cost Estimates

Inflation adjustment using an inflation factor may only be made when a Department approved closure cost estimate exists and no changes have occurred in the facility operation which would necessitate modification to the closure plan. The inflation factor is derived from the most recent Implicit Price Deflator for Gross National Product published by the U.S. Department of Commerce in its survey of Current Business. The inflation factor is the result of dividing the latest published annual Deflator by the Deflator for the previous year. The inflation factor may also be obtained from the Solid Waste website www.dep.state.fl.us/waste/categories/swfr or call the Financial Coordinator at (850) 245-8706.

This adjustment is based on the Department approved closing cost estimate dated: _____

Latest Department Approved
Closing Cost Estimate:

Current Year Inflation
Factor, e.g. 1.02

Inflation Adjusted Closing
Cost Estimate:

×

=

This adjustment is based on the Department approved long-term care cost estimate dated: _____

Latest Department Approved
Annual Long-Term Care
Cost Estimate:

Current Year Inflation
Factor, e.g. 1.02

Inflation Adjusted Annual
Long-Term Care Cost
Estimate:

×

=

Number of Years of Long Term Care Remaining:

×

Inflation Adjusted Long-Term Care Cost Estimate:

=

Signature by:

☒ Owner/Operator

☒ Engineer

(check what applies)

P.O. BOX 2770

Address

Fort Myers, FL. 33902

City, State, Zip Code

tim@keenefl.com

E-Mail Address

9/22/2011

Date

239-939-0524

Telephone Number

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IV. ESTIMATED CLOSING COST (check what applies)

☒ **Recalculated Cost Estimate**

☐ **New Facility Cost Estimate**

Notes: 1. Cost estimates for the time period when the extent and manner of landfill operation makes closing most exp

2. Cost estimate must be certified by a professional engineer.

3. Cost estimates based on third party suppliers of material, equipment and labor at fair market value.

4. In some cases, a price quote in support of individual item estimates may be required.

| Description | Unit | Number of Units | Cost / Unit | Total Cost |
|--|------|--------------------|-------------------------------------|------------|
| 1. Proposed Monitoring Wells (Do not include wells already in existence.) | | | | |
| | EA | | | |
| | | | Subtotal Proposed Monitoring Wells: | |
| 2. Slope and Fill (bedding layer between waste and barrier layer): | | | | |
| Excavation | CY | | | |
| Placement and Spreading | CY | | | |
| Compaction | CY | | | |
| Off-Site Material | CY | | | |
| Delivery | CY | | | |
| | | | Subtotal Slope and Fill: | |
| 3. Cover Material (Barrier Layer): | | | | |
| Off-Site Clay | CY | | | |
| Synthetics - 40 mil | SY | | | |
| Synthetics - GCL | SY | | | |
| Synthetics - Geonet | SY | | | |
| Synthetics - Other (explain) | | | | |
| | | | Subtotal Cover Material: | |
| 4. Top Soil Cover: | | | | |
| Off-Site Material | CY | | | |
| Delivery | CY | | | |
| Spread | CY | | | |
| | | | Subtotal Top Soil Cover: | |
| 5. Vegetative Layer | | | | |
| Sodding | SY | | | |
| Hydroseeding | AC | | | |
| Fertilizer | AC | | | |
| Mulch | AC | | | |
| Other (explain) | | | | |
| | | | Subtotal Vegetative Layer: | |
| 6. Stormwater Control System: | | | | |
| Earthwork | CY | | | |
| Grading | SY | | | |
| Piping | LF | | | |
| Ditches | LF | | | |
| Berms | LF | | | |
| Control Structures | EA | | | |
| Other (explain) | | | | |
| | | | Subtotal Stormwater Control System: | |

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NYS DEPARTMENT OF ENVIRONMENTAL CONSERVATION

| Description | Unit | Number of Units | Cost / Unit | Total Cost |
|--|-------|-----------------|---|------------|
| 7. Passive Gas Control: | | | | |
| Wells | EA | _____ | _____ | _____ |
| Pipe and Fittings | LF | _____ | _____ | _____ |
| Monitoring Probes | EA | _____ | _____ | _____ |
| NSPS/Title V requirements | LS | 1 | _____ | _____ |
| | | | Subtotal Passive Gas Control: | _____ |
| 8. Active Gas Extraction Control: | | | | |
| Traps | EA | _____ | _____ | _____ |
| Sumps | EA | _____ | _____ | _____ |
| Flare Assembly | EA | _____ | _____ | _____ |
| Flame Arrestor | EA | _____ | _____ | _____ |
| Mist Eliminator | EA | _____ | _____ | _____ |
| Flow Meter | EA | _____ | _____ | _____ |
| Blowers | EA | _____ | _____ | _____ |
| Collection System | LF | _____ | _____ | _____ |
| Other (explain) _____ | _____ | _____ | _____ | _____ |
| | | | Subtotal Active Gas Extraction Control: | _____ |
| 9. Security System: | | | | |
| Fencing | LF | _____ | _____ | _____ |
| Gate(s) | EA | _____ | _____ | _____ |
| Sign(s) | EA | _____ | _____ | _____ |
| | | | Subtotal Security System: | _____ |
| 10. Engineering: | | | | |
| Closure Plan Report | LS | 1 | _____ | _____ |
| Certified Engineering Drawings | LS | 1 | _____ | _____ |
| NSPS/Title V Air Permit | LS | 1 | _____ | _____ |
| Final Survey | LS | 1 | _____ | _____ |
| Certification of Closure | LS | 1 | _____ | _____ |
| Other (explain) _____ | _____ | _____ | _____ | _____ |
| | | | Subtotal Engineering: | _____ |

| Description | Hours | Cost / Hour | Hours | Cost / Hour | Total Cost |
|----------------------------------|----------------------------|-------------|--------------------------|-------------|------------|
| 11. Professional Services | | | | | |
| | <u>Contract Management</u> | | <u>Quality Assurance</u> | | |
| P.E. Supervisor | _____ | _____ | _____ | _____ | _____ |
| On-Site Engineer | _____ | _____ | _____ | _____ | _____ |
| Office Engineer | _____ | _____ | _____ | _____ | _____ |
| On-Site Technician | _____ | _____ | _____ | _____ | _____ |
| Other (explain) _____ | _____ | _____ | _____ | _____ | _____ |

| Description | Unit | Number of Units | Cost / Unit | Total Cost |
|---------------------------|------|-----------------|---------------------------------|------------|
| Quality Assurance Testing | LS | 1 | _____ | _____ |
| | | | Subtotal Professional Services: | _____ |

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Subtotal of 1-11 Above: _____

12. Contingency _____ % of Subtotal of 1-11 Above
Subtotal Contingency: _____

Estimated Closing Cost Subtotal: _____

| Description | Total Cost |
|---|-------------|
| 13. Site Specific Costs | |
| Mobilization | _____ |
| Waste Tire Facility | \$40,825.00 |
| Materials Recovery Facility | _____ |
| Special Wastes | _____ |
| Leachate Management System Modification | _____ |
| Other (explain) _____ | _____ |
| _____ | _____ |
| Subtotal Site Specific Costs: | \$40,825.00 |

TOTAL ESTIMATED CLOSING COSTS (\$): \$40,825.00

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V. ANNUAL COST FOR LONG-TERM CARE

See 62-701.600(1)a.1., 62-701.620(1), 62-701.630(3)a. and 62-701.730(11)b. F.A.C. for required term length. For landfills certified closed and Department accepted, enter the remaining long-term care length as "Other" and provide years remaining. (Check Term Length) ☐ 5 Years ☐ 20 Years ☐ 30 Years ☐ Other, ___ Years

- Notes: 1. Cost estimates must be certified by a professional engineer.
2. Cost estimates based on third party suppliers of material, equipment and labor at fair market value.
3. In some cases, a price quote in support of individual item estimates may be required.

All items must be addressed. Attach a detailed explanation for all entries left blank.

| Description | Sampling Frequency (Events / Year) | Number of Wells | (Cost / Well) / Event | Annual Cost |
|--|---------------------------------------|-----------------|-----------------------|-------------|
| 1. Groundwater Monitoring [62-701.510(6), and (8)(a)] | | | | |
| Monthly | 12 | _____ | _____ | _____ |
| Quarterly | 4 | _____ | _____ | _____ |
| Semi-Annually | 2 | _____ | _____ | _____ |
| Annually | 1 | _____ | _____ | _____ |
| Subtotal Groundwater Monitoring: | | | | _____ |
| 2. Surface Water Monitoring [62-701.510(4), and (8)(b)] | | | | |
| Monthly | 12 | _____ | _____ | _____ |
| Quarterly | 4 | _____ | _____ | _____ |
| Semi-Annually | 2 | _____ | _____ | _____ |
| Annually | 1 | _____ | _____ | _____ |
| Subtotal Surface Water Monitoring: | | | | _____ |
| 3. Gas Monitoring [62-701.400(10)] | | | | |
| Monthly | 12 | _____ | _____ | _____ |
| Quarterly | 4 | _____ | _____ | _____ |
| Semi-Annually | 2 | _____ | _____ | _____ |
| Annually | 1 | _____ | _____ | _____ |
| Subtotal Gas Monitoring: | | | | _____ |
| 4. Leachate Monitoring [62-701.510(5), (6)(b) and 62-701.510(8)c] | | | | |
| Monthly | 12 | _____ | _____ | _____ |
| Quarterly | 4 | _____ | _____ | _____ |
| Semi-Annually | 2 | _____ | _____ | _____ |
| Annually | 1 | _____ | _____ | _____ |
| Other (explain) _____ | _____ | _____ | _____ | _____ |
| Subtotal Leachate Monitoring: | | | | _____ |

| Description | Unit | Number of Units / Year | Cost / Unit | Annual Cost |
|---|------|------------------------|-------------|-------------|
| 5. Leachate Collection/Treatment Systems Maintenance | | | | |
| <u>Maintenance</u> | | | | |
| Collection Pipes | LF | _____ | _____ | _____ |
| Sumps, Traps | EA | _____ | _____ | _____ |
| Lift Stations | EA | _____ | _____ | _____ |
| Cleaning | LS | 1 | _____ | _____ |
| Tanks | EA | _____ | _____ | _____ |

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| Description | Unit | Number of Units / Year | Cost / Unit | Annual Cost |
|--|-------------|---------------------------|--|-------------|
| 5. (continued) | | | | |
| <u>Impoundments</u> | | | | |
| Liner Repair | SY | _____ | _____ | _____ |
| Sludge Removal | CY | _____ | _____ | _____ |
| <u>Aeration Systems</u> | | | | |
| Floating Aerators | EA | _____ | _____ | _____ |
| Spray Aerators | EA | _____ | _____ | _____ |
| <u>Disposal</u> | | | | |
| Off-site (Includes transportation and disposal) | 1000 gallon | _____ | _____ | _____ |
| | | | Subtotal Leachate Collection / Treatment Systems Maintenance: _____ | |
| 6. Groundwater Monitoring Well Maintenance | | | | |
| Monitoring Wells | LF | _____ | _____ | _____ |
| Replacement | EA | _____ | _____ | _____ |
| Abandonment | EA | _____ | _____ | _____ |
| | | | Subtotal Groundwater Monitoring Well Maintenance: _____ | |
| 7. Gas System Maintenance | | | | |
| Piping, Vents | LF | _____ | _____ | _____ |
| Blowers | EA | _____ | _____ | _____ |
| Flaring Units | EA | _____ | _____ | _____ |
| Meters, Valves | EA | _____ | _____ | _____ |
| Compressors | EA | _____ | _____ | _____ |
| Flame Arrestors | EA | _____ | _____ | _____ |
| Operation | LS | 1 | _____ | _____ |
| | | | Subtotal Gas System Maintenance: _____ | |
| 8. Landscape Maintenance | | | | |
| Mowing | AC | _____ | _____ | _____ |
| Fertilizer | AC | _____ | _____ | _____ |
| | | | Subtotal Landscape Maintenance: _____ | |
| 9. Erosion Control and Cover Maintenance | | | | |
| Sodding | SY | _____ | _____ | _____ |
| Regrading | AC | _____ | _____ | _____ |
| Liner Repair | SY | _____ | _____ | _____ |
| Clay | CY | _____ | _____ | _____ |
| | | | Subtotal Erosion Control and Cover Maintenance: _____ | |
| 10. Storm Water Management System Maintenance | | | | |
| Conveyance Maintenance | LS | 1 | _____ | _____ |
| | | | Subtotal Storm Water Management System Maintenance: _____ | |
| 11. Security System Maintenance | | | | |
| Fences | LS | 1 | _____ | _____ |
| Gate(s) | EA | _____ | _____ | _____ |
| Sign(s) | EA | _____ | _____ | _____ |
| | | | Subtotal Security System Maintenance: _____ | |

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| Description | Unit | Number of Units / Year | Cost / Unit | Annual Cost |
|---------------|------|---------------------------|---------------------|-------------|
| 12. Utilities | LS | 1 | | |
| | | | Subtotal Utilities: | |

13. Leachate Collection/Treatment Systems Operation

Operation

| | | | | |
|-------------------|----|---|--|--|
| P.E. Supervisor | HR | | | |
| On-Site Engineer | HR | | | |
| Office Engineer | HR | | | |
| OnSite Technician | HR | | | |
| Materials | LS | 1 | | |

Subtotal Leachate Collection/Treatment Systems Operation: _____

14. Administrative

| | | | | |
|-------------------|----|--|--|--|
| P.E. Supervisor | HR | | | |
| On-Site Engineer | HR | | | |
| Office Engineer | HR | | | |
| OnSite Technician | HR | | | |
| Other _____ | | | | |

Subtotal Administrative: _____

Subtotal of 1-14 Above: _____

15. Contingency

_____ % of Subtotal of 1-14 Above

Subtotal Contingency: _____

| Description | Unit | Number of Units / Year | Cost / Unit | Annual Cost |
|-------------------------|-------|---------------------------|-------------------------------|-------------|
| 16. Site Specific Costs | | | | |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| | | | Subtotal Site Specific Costs: | _____ |

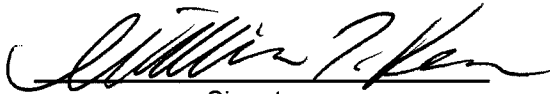
ANNUAL LONG-TERM CARE COST (\$ / YEAR): _____

Number of Years of Long-Term Care: _____

TOTAL LONG-TERM CARE COST (\$): _____

VI. CERTIFICATION BY ENGINEER

This is to certify that the Cost Estimates pertaining to the engineering features of this solid waste management facility have been examined by me and found to conform to engineering principles applicable to such facilities. In my professional judgment, the Cost Estimates are a true, correct and complete representation of the financial liabilities for closing and/or long-term care of the facility and comply with the requirements of Rule 62-701.630 F.A.C. and all other Department of Environmental Protection rules, and statutes of the State of Florida. It is understood that the Cost Estimates shall be submitted to the Department annually, revised or adjusted as required by Rule 62-701.630(4), F.A.C.



Signature

P.O Box 2770

Mailing Address

William T. Keene, P.E.

Name and Title (please type)

Fort Myers, FL 33902

City, State, Zip Code

9/22/2011

Date

tim@keenefl.com

E-Mail address (if available)

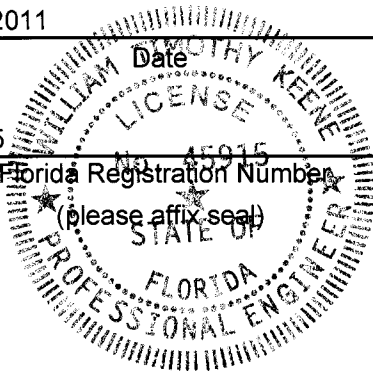
45915

Florida Registration Number

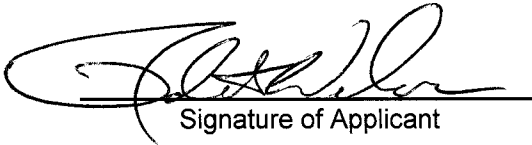
(please affix seal)

239-939-0524

Telephone Number



VII. SIGNATURE BY OWNER/OPERATOR



Signature of Applicant

3350 Metro Parkway

Mailing Address

Rob Weber, President

Name and Title (please type)

Fort Myers, FL 33916

City, State, Zip Code

junkitrob@aol.com

E-Mail address (if available)

239-337-5865

Telephone Number



TRANSMITTAL

RECEIVED
OCT 11 2011
FDEP, South District

TO: Albert McLaurin, P.E.
FDEP
2295 Victoria Ave, Ste 364
Ft. Myers, Fl. 33901

FROM: Tim Keene

DATE: October 11, 2011

RE: WACS #98386 – Garden Street Iron & Metal

The following items were hand delivered:

| Quantity | Description |
|----------|----------------------------------|
| 1 | Orig. Closure Cost Estimate Form |
| | |
| | |
| | |
| | |

REMARKS:

As requested.

**DEPARTMENT OF ENVIRONMENTAL PROTECTION
WASTE MANAGEMENT PERMIT DATA ENTRY FORM**

This form must be completed and returned to the data processing team within three (3) business days from the date the check was received.

Program: ☐ SW ☐ SB ☒ WT ☐ HW
Processor(s): McLaurin, AI Financial Assurance Required? ☒

Date RECEIVED: 08-25-2011
SUSPENSE Date: 08-30-2011

| SITE INFORMATION | | | |
|---|--|---|--|
| Site Name: <u>GARDEN STREET IRON & METAL (WASTE TIRE PROCESSING CENTER)</u> | | Project Name: <u>Waste Tire Processing Mod</u> | |
| Facility Name: <u>Same</u> | | Comments: <u>Type of Processing: Shredder</u> | |
| Permit Application No. <u>0296251-002-WT/02</u> | | WACS ID No. <u>98386</u> | |
| County <input type="checkbox"/> Collier (11) <input type="checkbox"/> Charlotte (08) <input type="checkbox"/> Glades (22) <input type="checkbox"/> Hendry (26) <input type="checkbox"/> Highlands (28) <input checked="" type="checkbox"/> Lee (36) <input type="checkbox"/> Monroe (44) <input type="checkbox"/> Palm Beach County (50) | | | |
| NEW PA Site Number? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Application Action: <input type="checkbox"/> NEW <input checked="" type="checkbox"/> MOD <input type="checkbox"/> RENEWAL | |
| Facility Type: <u>Waste Tire Processing Facility</u> | | Copies Distributed to: <input checked="" type="checkbox"/> Processor (P.E.) | |
| Code (Type): <u>WT</u> | | <input type="checkbox"/> Processor (Engineer IV) | |
| Code (Subtype): <u>02 (changed from 05)</u> | | <input type="checkbox"/> Ground Water (P.G.) | |
| Code (Description): _____ | | <input checked="" type="checkbox"/> Compliance/Enforcement (Manager) | |
| _____ | | <input type="checkbox"/> Marathon (if in Monroe County) | |
| _____ | | <input type="checkbox"/> Storm Water (E.R.P.) | |

| CASH RECEIVING INFORMATION | | | |
|--|-------------------------------|---|--|
| Check No. <u>1527</u> | Amount Received: <u>\$750</u> | Date Received: <u>08-25-2011</u> | |
| Check No. _____ | Amount Received: _____ | Date Received: _____ | |
| Correct Fee: <u>\$1,250</u> | Check Returned: _____ | OVERRIDE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| Fee Received: <u>\$750 (\$500 previously received)</u> | Fee Refunded: _____ | Reason: <u>Additional Fee</u> | |
| Receipt No. <u>754829</u> | SysPay No. <u>1107819</u> | CRA No. <u>374226</u> | |

| PROJECT INFORMATION | | | |
|---|--|--------------------------------------|--|
| Project Description: <u>Increase in Tires, Site Changes, O&M Manual Changes, and Financial Assurance</u> | | | |
| Project Location: <u>3350 Metro Parkway, Fort Myers, FL 33916</u> | | | |
| Coordinates: <u>Latitude 26° 37' 4.4"N</u> <u>Longitude 81° 51' 31.8"W</u> <u>Section 30, Township 44S, Range 25E</u> | | | |
| Applicant: <u>Garden Street Iron & Metal, Inc. of S.W. Florida</u> | | | |
| Contact Person: <u>Rob Weber</u> | | Title: <u>President</u> | |
| Mailing Address: <u>3350 Metro Parkway, Fort Myer, FL 33916</u> | | | |
| Phone: <u>239-337-5865</u> | | E-mail: <u>junkitrob@aol.com</u> | |
| Agent/Consultant: <u>Keen Engineering, Inc.</u> | | | |
| Contact Person: <u>William T. Keene, P.E.</u> | | Title: <u>Consulting Engineer</u> | |
| Mailing Address: <u>10970 South Cleveland Avenue, Suite 303, Fort Meyrs, FL 33907</u> | | | |
| Phone: <u>239-939-0524</u> | | E-mail: <u>tim.keeneff@gmail.com</u> | |
| Landowner: <u>Different than Applicant?</u> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | Property Owned by: _____ | |
| Contact Person: _____ | | E-mail: _____ | |
| Mailing Address: _____ | | Phone: _____ | |

| PROCESSING FLOW | RECEIVED (please initial & date) | COMPLETED (please initial & date) |
|---|----------------------------------|-----------------------------------|
| mailroom processor (stamping, suspense dating & sorting): | | |
| mail picked up by: | | |
| permit processor (fee verification & coding): | <u>SE 8/26</u> | <u>SE 8/26</u> |
| data processor (project creation/money linking): | <u>AP 8/26/11</u> | <u>AP 8/26/11</u> |
| permit processor: | | |

August 26, 2011

Keene Development, LLC
P. O. Box 2770
Fort Myers FL 33902

Dear Sir or Madam:

RE: Receipt Number 754829

Your remittance, check number 1527 in the amount of \$750.00, was received by the Department of Environmental Protection on August 25, 2011. Any future inquiries regarding this payment should reference the above receipt number.

Sincerely,

Doretha Dick, Admin.
Department of Environmental Protection

dd

cc

**DEPARTMENT OF ENVIRONMENTAL PROTECTION
WASTE MANAGEMENT PERMIT DATA ENTRY FORM**

This form must be completed and returned to the data processing team within three (3) business days from the date the check was received.

WACS ID No. 98386

Processor: MCLAURIN
Log No. _____

Received Date: 8/15/11
Suspense Date: _____

| SITE INFORMATION | | | |
|--|---|--|--|
| Program Area: <input type="checkbox"/> SW <input type="checkbox"/> SB <input checked="" type="checkbox"/> WT <input type="checkbox"/> HW | Application Action: <input type="checkbox"/> NEW <input checked="" type="checkbox"/> MOD <input type="checkbox"/> RENEWAL | NEW PA Site Number? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| County: <input type="checkbox"/> COLLIER (11) <input type="checkbox"/> CHARLOTTE (08) <input type="checkbox"/> GLADES (22) <input type="checkbox"/> HENDRY (26) <input type="checkbox"/> HIGHLANDS (28) <input checked="" type="checkbox"/> LEE (36) <input type="checkbox"/> MONROE (44) <input type="checkbox"/> PALM BEACH COUNTY (50) | | | |
| Site Name: <u>GARDEN STREET IRON AND METAL</u> | | | |
| Project Name: <u>Waste Tire Processing Facility Permit Modification</u> | | | |
| Permit Application No.: <u>0296251-002-WT/082</u> | | Facility Type: <u>WASTE TIRE PROCESSING FACILITY</u> | |
| CASH RECEIVING INFORMATION | | | |
| Check No. <u>1521</u> | Amount Received: <u>\$ 500.00</u> | Date Received: <u>8/15/11</u> | |
| Check No. _____ | Amount Received: \$ _____ | Date Received: _____ | |
| Receipt No. <u>753978</u> | SysPay No. <u>1106800</u> | CRA No. <u>374226</u> | |
| CODE INFORMATION | FEE INFORMATION | OVERRIDE | |
| Type: <u>WT</u> | Correct Fee: <u>\$ 500.00</u> | OVERRIDE? <input type="checkbox"/> YES | |
| Subtype: <u>0821</u> | Fee Received: <u>\$ 500.00</u> | <input checked="" type="checkbox"/> NO | |
| General Permit: _____ | Fee Refunded: \$ _____ | Reason: _____ | |
| PROJECT INFORMATION | | | |
| Project Description: <u>INCREASE IN TIRES SITE CHANGES OEM MANUAL CHANGES & FIN. ASS.</u> | | | |
| Project Location: <u>3350 METRO PARKWAY, FORT MYERS, FL 33916</u> | | | |
| Coordinates: Latitude: <u>26° 37' 4.4" N</u> Longitude: <u>81° 51' 31.8" W</u> | | | |
| Applicant Name: <u>Rob Weber</u> | | Title: <u>PRESIDENT</u> | |
| Company Name: <u>GARDEN STREET IRON & METAL INC. OF S.W. FLORIDA</u> | | | |
| Mailing Address: <u>3350 METRO PARKWAY, FORT MYERS, FL 33916</u> | | | |
| Phone: <u>239-337-5865</u> | | Fax: _____ E-mail: _____ | |
| Engineer Name: <u>William T. Keene</u> | | Title: _____ | |
| Company Name: <u>KEENE ENGINEERING, INC.</u> | | | |
| Mailing Address: <u>10970 S. CLEVELAND AVENUE SUITE 303, FT. MYERS, FL 33907</u> | | | |
| Phone: <u>239-939-0524</u> | | Fax: <u>239-939-1968</u> E-mail: _____ | |
| PROCESSING FLOW | RECEIVED (Please Initial & Date) | COMPLETED (Please Initial & Date) | |
| Mailroom Processor (Stamping, Suspense Dating & Sorting): | | | |
| Mail Picked up by: | | | |
| Permit Processor (Fee Verification & Coding): | | | |
| Data Processor (Project Creation/Money Linking): | <u>ECR 8/17/2011</u> | <u>ECR 8/17/2011</u> | |
| Permit Processor | | | |
| Comments: _____ | | | |

August 16, 2011

Keene Development, LLC
P. O. Box 2770
Fort Myers FL 33902

Dear Sir or Madam:

RE: Receipt Number 753978

Your remittance, check number 1521 in the amount of \$500.00, was received by the Department of Environmental Protection on August 15, 2011. Any future inquiries regarding this payment should reference the above receipt number.

Sincerely,

Yvonne Figueroa, Admin
Department of Environmental Protection

yf

cc: