

## 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 Da	le: January 6, 2010
DEP Applica	tion 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 2 20/7 (First quarter begins on January 1 of any given year)  1. Facility name: Garden Street Tron + Metal The  2. Facility mailing address: 3350 Old Metro Pkwy  City: Granger County: Lee Zip: 339/6  3. Facility permit number: 98386  4. Facility telephone number (239) 337-5865  5. Authorized person preparing report: John Hoving  6. Affiliation with facility: Ps Mang.  7. Telephone number (if different from above):  8. Activity: Report in tons  Beginning Received Processe Consumed Removed Adjustment Ending Inventory  Guther whole Trees  Processing Inventory adjustments.  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.  For any excess inventory at the end of the quarter, state how and when this report is true, accurate, and complete.  John Howard Signature of Authorized Agent Date  Print Name of Authorized Agent Date	Pursuant to Rule 62- processing facility shall sul	711.530, Flori	da Administra	tive Code, the	owner or op	erator of a wa	ste tiro
1. Facility name: Garden Street Tron + Metal The  2. Facility mailing address: 3350 old Metro Pkmy  City: Ft Myess County: Lee Zip: 339/6  3. Facility telephone number: 98386  4. Facility telephone number: (239) 337-5865  5. Authorized person preparing report: John Hoving  6. Affiliation with facility: Ops Mang.  7. Telephone number (if different from above): ()  8. Activity: Report in tons    Beginning   Received   Processe   Consumed   Removed   Adjustment   Ending   Inventory	Quarter covered by this report						
City:			et Ta	_(First quarter	begins on Jar	nuary 1 of any g	given year)
3. Facility permit number: 98386  4. Facility telephone number (239) 331-5865  5. Authorized person preparing report: John Hoving  6. Affiliation with facility: 95 mang.  7. Telephone number (if different from above): ( )  8. Activity: Report in tons    Description	Facility mailing address:					c	
3. Facility permit number: 98386 4. Facility telephone number (239) 337-5865 5. Authorized person preparing report: John Hoving 6. Affiliation with facility: Ps Mang 7. Telephone number (if different from above): () 8. Activity: Report in tons    Beginning Inventory   Consumed Removed Adjustment Ending Inventory	City: Fx Mye	cr		etro P	Twy		
4. Facility telephone number (239) 337-5865  5. Authorized person preparing report: John Hoving  6. Affiliation with facility: Ops mang.  7. Telephone number (if different from above): ()  8. Activity: Report in tons    Beginning   Received   Processe   Consumed   Removed   Adjustment   Ending   Inventory			County: _	Lee		Zip: 339	16
5. Authorized person preparing report: John Hoving 6. Affiliation with facility: Ops Mang. 7. Telephone number (if different from above): ( ) 8. Activity: Report in tons    Beginning Inventory   Received   Processe   Consumed   Removed   Adjustment   Ending Inventory	4. Facility telephone number	(239) 33:	7-5865				
6. Affiliation with facility:  9	5. Authorized person preparin	g report:		Hoving			
7. Telephone number (if different from above):  8. Activity: Report in tons    Beginning Inventory   Received   Processe   Consumed   Removed   Adjustment   Ending Inventory   Inventory   Inventory			hana				
8. Activity: Report in tons    Beginning Inventory   Received   Processe   Consumed   Removed   Adjustment   Ending Inventory	7. Telephone number (if different	ent from above	2): (	1			
Used Tires  Other whole Tires Processed tires Processing Waste Other  Other whole Tires  Processing Waste Other  Total  Ending Inventory  851, 38  851, 38  a. Explain all inventory adjustments.  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: To the best of my knowledge and belief, i certify the information provided in this report is true, accurate, and complete.	8. Activity: Report in tons		1				
Used Tires  Other whole Tires  Processed tires  Processing Waste Other  Total  Explain all inventory adjustments.  Distany 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:  To the best of my knowledge and belief, i certify the information provided in this report is true, accurate, and complete.		Received		Consumed	Removed	Adjustment	Endi
Processing Waste Other  Total  851, 38  851, 38  a. Explain all inventory adjustments.  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:  To the best of my knowledge and belief, I certify the Information provided in this report is true, accurate, and complete.  To the best of my knowledge and belief, I certify the Information provided in this report is true, accurate, and complete.	Used Tires		d		-		
Processing Waste Other  Total  851, 38  851, 38  a. Explain all inventory adjustments.  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:  To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete.  Sohn How and How and How and How and How and Solve and Complete.	Tires						
Additional sheets, if necessary.  Securification:  To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete.  John How was 12 12 12 12 12 12 12 12 12 12 12 12 12	L						
a. Explain all inventory adjustments.  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:  To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete.  Sohn Hoving  To the destruction of the quarter of the permitted maximum for that category.	Waste	851.38	85138				
a. Explain all inventory adjustments.  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:  To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete.  To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete.	Other		007,				
a. Explain all inventory adjustments.  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:  To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete.  John How na Line 12.17	Total		0 38				
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:  To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete.  Tohn Hoving  Total Adving  To			851.				
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:  To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete.  Tohn Hoving  Tohn Hoving  Tohn Hoving  Tohn Hoving  Tohn Hoving  Tohn Hoving	Explain all inventory adjustment	ents.					
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:  To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete.  Tohn Hoving  Tohn Hoving  Tohn Hoving  Tohn Hoving  Tohn Hoving  Tohn Hoving							
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:  To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete.  Tohn Hoving  Tohn Hoving  Tohn Hoving  Tohn Hoving  Tohn Hoving	<ul> <li>List any period in which one of How was that condition relieve</li> </ul>	or more catego	ry of inventory	exceeded the	permitted max	ximum for that	category
9. Certification:  To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete.  Tohn Hoving 10-12-12							outegory.
9. Certification:  To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete.  Tohn Hoving 10-12-12	For any excess inventory at the	ne end of the a	uarter state h				
To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete.	Additional sheets, if necessar	y.	darter, state in	ow and when t	his condition w	vill be relieved.	Attach
To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete.							
John Hoving John Houng 10-12-17							
John Howing John Howing 10-12-17	To the best of my knowledge and	d belief, I certify	the information	provided in this r	eport is true, acr	Curate and come	lot-
Print Name of Authorized Agent Signature of Authorized Agent Date	_ John Houn	14	to	Kin Q	forma	outle, and comp	/7 45
	Print Name of Authorized	Agent	Sign	nature of Author	prized Agent		ate
Mail completed form to		Mai	completed f	orm to	U	_	

Mail completed form to the appropriate District office listed below



## 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

Mail completed form to the appropriate District office listed below