

Florida Department of Environmental Protection

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

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Print Form

DEP Form #_62-701.900(21)

Form Title: Waste Tire Processing Facility Quarterly

Repor

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.

uarter covered by	arter covered by this report 3rd Quarter 2019 (First quarter begins on January 1 of any given year)						ı year)
1. Facility name:	Lee Count	y Resource Re	ecovery Facility	<i>T</i> .		<u>,</u>	
2. Facility mailing	g address: 1	0500 Bucking	ham Road		dament and the second		
City: Fort Myers County:			County: <u>Le</u>	_eeZip: <u>33905</u>			
3. Facility permit	number: PA	4 90-30H; WA	CS ID No. 937	15			
4. Facility teleph	one number	(239)533-80	000				
5. Authorized pe	rson preparing	g report: <u>La</u>	ura A. Gray, P	.E.			
S. Affiliation with	facility:	Public Utilities	Engineer, Soli	d Waste Divis	sion		
. Telephone nu	mber (if differe	ent from above): (239)	533-8930			
B. Activity: Rep	ort in tons						
	Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory
Used Tires	0	1,510.28	0	1,510.28	0	0	0
Other Whole Tires	0	95.09	0	0	76.04	0	19.05
Processed Tires	0	0	0	0	0	0	0
Processing Waste	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0
Total	0	1,605.37	0	1,510.28	76.04	0	19.05
a. Explain all invented in the N/A List any period was that cond N/A	d in which one	or more categ	ory of inventory	exceeded the	permitted max	imum for that ca	ategory. How
Additional she Other whole of the Other whole of th	ets, if necessiover sized tire	ary. s are hauled t	o Lee/Hendry I	_andfill for be	neficial reuse.		
and complete. Laura A. Gra		my knowledge	and boild, ficer		anon provided	/0	2/18

Mail completed form to the appropriate District office listed below

Print Name of Authorized Agent

Signature of Authorized Agent

Date /