

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

Repo

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.

Quarter covered b	y this report	4th Quarter 2	<u>2019</u> (F	First quarter be	egins on Janua	ry 1 of any giver	ı year)			
1. Facility name	: Lee Count	y Resource Re	ecovery Facility	·						
2. Facility mailin	g address: 1	0500 Bucking	ham Road							
City: Fort M	ity: Fort Myers County: Lee Zip: 33905									
3. Facility permi	t number: P/	4 90-30H; WA	CS ID No. 937	15						
4. Facility teleph	one number	(239)533-80	000							
5. Authorized pe	Authorized person preparing report: Laura A. Gray, P.E.									
6. Affiliation with	ı facility:	Public Utilities	Engineer, Soli	d Waste Divi	sion					
7. Telephone nu	Telephone number (if different from above): (239)533-8930									
8. Activity: Rep	Activity: Report in tons									
	Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory			
Used Tires	0	1,411.85	0	1,377.43	34.42	0	0			
Other Whole Tires	19.05	19.04	0	0	25.16	0	12.93			
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	19.05	1,430.89	0	1,377.43	59.58	0	12.93			
a. Explain all inv	Explain all inventory adjustments. N/A									
b. List any perio was that cond N/A	kimum for that ca	ategory. How								
Additional sho	eets, if necess	arv.	quarter, state h			vill be relieved.	Attach			
and complete <u>Laura A. Gr</u>	Certification: To the best of my knowledge and belief, I certify the information provided in this report is true, accurate and complete. Laura A. Gray, P.E. Print Name of Authorized Agent Signature of Authorized Agent Date									
Print Na	me ot Authoriz	ed Agent	U∕ Si	ignature of Au	tnorized Agent	: /	Date			

Mail completed form to the appropriate District office listed below