

BOARD OF COUNTY COMMISSIONERS

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October 21, 2010

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Florida Department Environmental Protection

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Frank Mann District Five Fort Myers, FL 33902-2549

Karen B. Hawes
County Manager

SUBJECT: WASTE TIRE FACILITY QUARTERLY REPORT

David M. Owen County Attorney

Dear Mr. Krumbholz:

Diana M. Parker County Hearing Examiner Attached, please find the quarterly report for the third quarter of 2010 for the Waste to Energy Facility. Also included is the annual Fire Safety Survey Report as part of this quarterly submittal.

If you have any questions regarding this report, please call me at the above number.

Sincerely,

SOLID WASTE DIVISION

Lindsey J. Sampson, P.E.

Director

LJS/mo

cc:

Mike Duff, Covanta

Bill Newman VIII A 306

D.E.P. South District

(239) 533-8000



Department of Environmental Protection

DEP Form # 62-701.900(21)							
Waste Tire Processing Facility							
Form Title Quarterly Report							
Effective Date 3/22/00							
DEP Application No.							
(Filled in 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.

Qua	rter covered b	y this report	Third Quar	ter 2010	(First quarter begins on January 1 of any given year)				
1.	Facility name: Lee County Resource Recovery Facility								
2.	Facility mailir	cility mailing address: 10500 Buckingham Road							
	City: Fort Myers Cou				_ee		Zip: 33905		
3.	Facility permit number: PA 90-30				-				
	Facility telephone number (239) 533-8000								
	5. Authorized person preparing report: William T. Newman								
	Affiliation with facility: Operations Manager								
	Telephone number (if different from above): ()								
	8. Activity: Report in tons								
	3 y	Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory	
	Used Tires	43	369	0	337	51	NA	24	
	Other whole Tires								
	Processed tires	0	0		0	0		0	
	Processing Waste								
	Other								
	Total	43	369	0	337	51		24	
a. Explain all inventory adjustments. NA b. List any period in which one or more category of inventory exceeded the permitted maximum of category. How was that condition relieved? NA									
	For any excess inventory at the end of the quarter, state how and when this condition will be reliable Attach Additional sheets, if necessary. NA								
9.	Certification:	_							
	To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and com								
	Lindsey J. Sampson, P.E.				Signature of Authorized Agent			10/21/10	
	Print Nam	e of Authoriz	zed Agent	<i>L</i> Si	ignature of A	íthoriz é d Age	nt	Date	

Mail complete form to the appropriate district office

Northwest District 160 Governmental Center Pensacola, FL 32501-5794 850-595-8360 Northeast District 7825 Baymeadows Way, Ste. 200 B Jacksonville, FL 32256-7590 904-448-4300 Central District 3319 Maguire Blvd., Ste. 232 Orlando, FL 32803-3767 407-894-7555 Southwest District 3804 Coconut Palm Dr. Tampa, FL 33619 813-744-6100 South District
2295 Victoria Ave., Ster 384)
Fon Myers, FL 33902, 2549
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D.E.P. South

Solution

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551-85001

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