

Dept. Of Environmental Protection

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Wauchula, Fl 33873
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JUL 14 2010

Southwest District

Hardee County Solid Waste Department

July 12, 2010

Department of Environmental Protections
13051 North Telecom Parkway
Temple Terrace, Fl 33637-0926

Dear Ms. Pelz:

Submitted for your review, is the Quarterly Waste Tire Report. As always should you have any questions please feel free to contact me.

Thank you,



Teresa Carver
Hardee County Solid Waste Director

Please Recycle



Florida Department of Environmental Protection

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

JUL 14 2010

Reset Form	Print Form
DEP Form # 62-701.900(21)	
Form Title: Waste Tire Processing Facility Quarterly Report	
Effective Date: January 6, 2010	
WTP Application No.	
(Completed by DEP)	

Southwest District

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 04-01-10 to 06-30-10 (First quarter begins on January 1 of any given year)

- Facility name: Hardee County Solid Waste Department
- Facility mailing address: 685 Airport Road
City: Wauchula County: Hardee Zip: 33873
- Facility permit number: 129318-003-WT
- Facility telephone number (863) 773-5089
- Authorized person preparing report: Teresa Carver
- Affiliation with facility: Director
- Telephone number (if different from above): ()

8. Activity: Report in tons

	Beginning Inventory	Received	Processed	Consumed	Removed	Adjustments	Ending Inventory
Used Tires	11.25	38.25	0	0	46.54	0	2.96
Other Whole Tires	0	0	0	0	0	0	0
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	11.25	38.25	0	0	46.54	0	2.96

- Explain all inventory adjustments.
N/A
- List any period in which one or more category of inventory exceeded the permitted maximum for that category. How was that condition relieved?
N/A

For any excess inventory at the end of the quarter, state how and when this condition will be relieved. Attach Additional sheets, if necessary.
N/A

9. Certification: To the best of my knowledge and belief, I certify the information provided in this report is true, accurate, and complete.

Teresa Carver Teresa Carver 07-12-10
 Print Name of Authorized Agent Signature of Authorized Agent Date

Mail completed form to the appropriate District office listed below