



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blirstone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

12/20/2007

Susan Metcalfe, Director
Citrus County Central Landfill
PO Box 340
Lecanto, FL 34460-0440

DEP/EPA ID: **FLD982102741**
LOCATION: **380 W Gulf To Lake Hwy, Lecanto.**

Based on the information supplied by you, we have processed and accepted your request for the following status change under RCRA. The status of the facility identified with the above DEP/EPA identification number has been changed to:

Non-handler

THIS LETTER IS NOT AN APPROVAL TO TRANSPORT HAZARDOUS WASTE OR TO OPERATE A HAZARDOUS WASTE TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY. PLEASE CONTACT THE DEPARTMENT FOR COMPLETE REQUIREMENTS FOR HAZARDOUS WASTE TRANSPORTERS AND TSDs.

Please notify us in writing if there is any change in your operations which would affect your status. For further assistance, please call the Hazardous Waste Notification Coordinator at (850)245-8760 or (850)245-8772.

Sincerely,

Michael X. Redig
Environmental Manager
Hazardous Waste Regulation Section

ME ID: 37479
Email Address: susan.metcalfe@bocc.citrus.fl.us



8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY
 DEP Waste Management Division-HWRS, MS4560
 2600 Blair Stone Rd. Tallahassee, FL 32399-2400
 (850) 245-8760

Date Received
 (for FDEP Official Use Only)
 DEC 10 2007

EPA ID: **FLD982102741** MTS

1. Reason for Submittal

Check correct box:

To provide **initial notification** (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).

To provide **subsequent notification** (to update status and facility identification information).

2. Facility or Business Name
 Citrus County Central Landfill & HHW Facility

3. Facility Operator (List additional Operators in the comments section).

Name of Operator: **Citrus County** New Operator
 Date became Operator: ___/___/___
 mm dd yy

Street or P.O. Box: **P. O. Box 340** Phone Number: **(352) 527-7670**

City or Town: **Lecanto** State: **FL** Zip Code: **34460**

Operator Type: Private Federal Municipal State Other

4. Facility Physical Location Information

Physical Street Address: **230 W Gulf to Lake Highway**

City or Town: **Lecanto** State: **FL** Zip Code: **34461**

County: **Citrus** Land Type: Private Federal Municipal
 State Other

Latitude: ___|___|___|___|___|___ Longitude: ___|___|___|___|___|___ Method: _____
 dd mm ss.ssss dd mm ss.ssss Datum: _____

5. Facility North American Industry Classification System (NAICS) Code(s)

A. **562111** B. _____
 C. _____ D. _____

6. Facility Mailing Address

Street Address or P.O. Box: **P. O. Box 340**

City or Town: **Lecanto** State: **FL** Zip Code: **34460**

7. Facility Contact Person

First Name: **Susan** Last Name: **Metcalfe** Title: **Director**

Phone Number: **(352) 527-7670** Extension: _____ E-Mail: **susan.metcalfe@bocc.citrus.fl.us**

Street or P.O. Box: **P. O. Box 340**

City or Town: **Lecanto** State: **FL** Zip Code: **34460**

8. Real Property Owner of the Facility's Physical Location (List additional real property owners in the comments section.)

Name of Real Property Owner: **Citrus County** New Owner
 Date became Owner: ___/___/___
 mm dd yy

Street or P.O. Box: **P. O. Box 340** Phone Number: **(352) 527-7670**

City or Town: **Lecanto** State: **FL** Zip Code: **34460**

Owner Type: Private Federal Municipal State Other

9. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes):

A. Hazardous Waste Activities:

For Items 2 through 7, check all that apply.

1. Generator of Hazardous Waste

(Choose only one of the following three categories.)

- a. Large Quantity Generator (LQG):
Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of *non-acute* hazardous waste; or Greater than 1 kg (2.2 lbs) of *acute* hazardous waste
- b. Small Quantity Generator (SQG):
Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of *non-acute* hazardous waste and/or 1 kg (2.2 lbs) or less of *acute* hazardous waste
- c. Conditionally Exempt SQG (CESQG):
Generates in any calendar month 100 kg/mo or less (220 lbs.) of *non-acute* hazardous waste and/or 1 kg (2.2 lbs) or less of *acute* hazardous waste

In addition, indicate other generator activities (that apply).

- d. United States Importer of hazardous waste
- e. Mixed Waste (hazardous and radioactive) Generator

Treater, Storer, or Disposer of Hazardous Waste (at your facility) Note: A hazardous waste permit may be required for this activity.

Recycler of Hazardous Waste (at your facility)
Specify: Commercial; Non-Commercial.
Note: A hazardous waste permit may be required for this activity.

Exempt Boiler and/or Industrial Furnace
 a. Small Quantity On-site Burner Exemption
 b. Smelting, Melting, and Refining Furnace Exemption

Person Authorized to Manage Conditionally Exempt Waste generated at other facilities - Check this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.

Underground Injection Control

7. Transporter of Hazardous Waste Note: A Certificate of Liability Insurance is required along with this registration. Registration must be renewed annually. a. For own waste only; b. For Commercial Purposes

c. Hazardous Waste Transporter Insurance Information:

Insurance Company _____

Address _____

Contact: _____ Telephone: _____

Policy Number: _____ Expiration date: _____

d. Transportation Mode: Air; Rail; Highway; Water; Other - specify _____

e. **Hazardous Waste Transfer Facility:** Storage Volume _____

B. Universal Waste (UW) Activities:

1. Indicate types of UW generated and/or accumulated at your facility (includes destination facilities). (check all boxes that apply)

	<u>Generate/ Accumulate</u>	<u>Transport</u>
a. Batteries	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Mercury Containing Thermostats	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Mercury Containing Lamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Mercury Containing Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

2. Maximum quantity of UW handled/transported at any time

- a. 5,000 kg or more; Large Quantity Handler (LQH)
- b. More than 1 kg of acutely hazardous pharmaceutical waste ("P-listed") (LQH)
- c. Less than 5,000 kg (11,000 lbs); Small Quantity Handler (SQH)

3. Destination Facility for UW

Note: For this activity, a facility must treat, dispose or recycle a UW. A facility must either have a hazardous waste permit or recycle the UW without storing it.

4. Transporter of UW

9. Type of Regulated Waste Activity - continued (Mark 'X' in the appropriate boxes):**C. Used Oil Activities:****1. Used Oil Transporter - Indicate type(s) of activity(ies)**

- a. Transporter
 b. Transfer Facility

2. Used Oil Processor and/or Re-refiner - Indicate type(s) of activity(ies)

- a. Processor
 b. Re-refiner

3. Off-Specification Used Oil Burner**4. Used Oil Fuel Marketer - Indicate type(s) of activity(ies)**

- a. Marketer who directs shipment of off-specification used oil to off-specification used oil burner
 b. Marketer who first claims the used oil meets the specifications

5. Used Oil Generator**D. Other State Regulated Waste Activities:**1. Used Oil Filter Handler2. PCW Handler

These activities may require additional submissions.

10. Waste Codes for Federally Regulated Hazardous Wastes: List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112).Hazardous waste transporters list codes **routinely** or **usually** transported. Use an additional page if more spaces are needed.

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

11. Other Status Changes (Mark 'X' in the appropriate boxes):**A. Non-Handler of Regulated Waste at this facility**

1. Business no longer generates, transports, treats, stores, or disposes of hazardous waste.
 2. Waste generated by business has been delisted.
 3. Other (explain) Household Hazardous Waste Facility

B. Facility Closed

1. Closed at this location and **moved or moving** to another - submit a new 8700-12FL for the new location if you will be handling regulated waste there.
2. Out of Business - Business closed on _____ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.
Contact _____ Phone _____
Address _____
City, State, Zip _____

 C. Property Tax Default D. Petition for Bankruptcy Protection**12. Comments:**

County HHW Center and Public Used Oil Collection Center

13. Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of owner, operator, or an authorized representative	Name and official title (type or print) of owner, operator, or an authorized representative	Date Signed (mm-dd-yyyy)
<i>Susan J Metcalfe</i>	Susan J. Metcalfe, Director	12/07/2007

14. Additional Comments

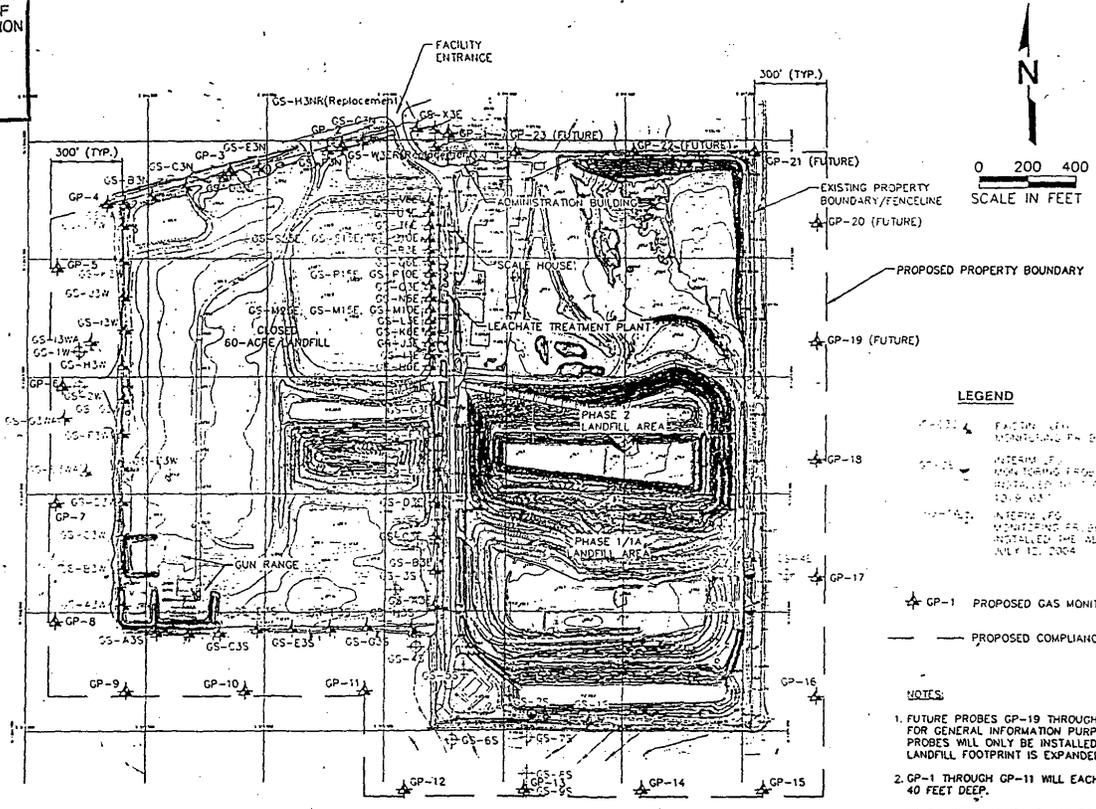
or optionally, include a map or sketch of the facility boundaries to aid in establishing an accurate Latitude/Longitude for your facility:

SEE ATTACHED

IMAGE QUALITY

AS YOU REVIEW THE NEXT GROUP OF IMAGES,
PLEASE NOTE THAT THE ORIGINAL DOCUMENTS
WERE OF POOR QUALITY.

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
 JUL 21 2005
 SOUTHWEST DISTRICT
 MPA



0 200 400
 SCALE IN FEET

LEGEND

- ★ GP-1 PROPOSED GAS MONITORING PROBE
- PROPOSED COMPLIANCE BOUNDARY

NOTES:

1. FUTURE PROBES GP-19 THROUGH GP-23 ARE SHOWN FOR GENERAL INFORMATION PURPOSES ONLY. THESE PROBES WILL ONLY BE INSTALLED IF AND WHEN THE LANDFILL FOOTPRINT IS EXPANDED NORTHWARD.
2. GP-1 THROUGH GP-11 WILL EACH BE APPROXIMATELY 40 FEET DEEP.
3. GP-12 THROUGH GP-18 WILL BE INSTALLED TO A DEPTH OF APPROXIMATELY 80 FEET.

SCS ENGINEERS

Attachment 9-1. Existing and Proposed Landfill Gas Monitoring Probe Locations, Central Landfill, Citrus County, Florida.