



Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

03/11/2008

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

DEP/EPA ID: **FLD982102741**
LOCATION: **230 W Gulf To Lake Hwy, Lecanto.**

Based on information supplied by you, we have processed and accepted your request for the facility identified with the above DEP/EPA identification number. The status of your facility remains:

Non-handler

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

FACILITY DOCUMENT LOG DETAILS:

Document Log ID: 1813

CITRUS COUNTY CENTRAL LANDFILL

[Back to main page](#)

City: Inverness County: Citrus Login Name:

Process	Date	Author
Logged	2/21/2008 9:05:35 AM	Pandley_R
Data processing	3/10/2008	Noland_T
Completeness Review	3/11/2008 2:40:20 PM	Noland_T
Notification Letter Emailed	3/11/2008 2:41:02 PM	Noland_T
Booked into Oculus	3/11/2008 2:41:33 PM or	

[Add new process](#)

Date	Comment	Author
3/6/2008 4:26:00 PM	I left Mrs. Metcalfe a message to let her know that the EPA ID # that she put on this form is not located at 230 W Gulf To Lake Hwy in our system, we have it at 1300 S Lecanto Hwy.	Noland_T
3/11/2008 2:34:55 PM	She called me back on Monday and she said that she was thinking that we had 2 numbers for them but I told her that the other one belonged to 1300 S Lecanto Hwy. and she said she knows that the landfill is not at 1300 Lecanto Hwy and it is 5 miles away from their facility.	Noland_T

[Add new
comment](#)

[Add comment](#)



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)

EPA ID: FLD984226050

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 **Poor Original**

3. Facility Operator (List additional Operators in the comments section).
Name of Operator: CITRUS COUNTY New Operator
Date became Operator: ___/___/___ mm dd yyyy
Street or P.O. Box: 110 N APOPKA AVENUE Phone Number: 352/341-6560
City or Town: INVERNESS State: FL Zip Code: 34450
Operator Type: Private Federal Municipal State Other

4. Facility Physical Location Information
Physical Street Address: 230 W GOLF TO LAKE HIGHWAY
City or Town: LECANTO State: FL Zip Code: 34461
County: CITRUS Land Type: Private Federal Municipal State Other
Latitude: ___ . ___ Longitude: ___ . ___ Method: ___ 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: PO 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@bcc.citrus.fl.us
Street or P.O. Box: PO 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 yyyy
Street or P.O. Box: 110 N APOPKA AVENUE Phone Number: 352/341-6560
City or Town: INVERNESS State: FL Zip Code: 34450
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

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

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

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

5. 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.

6. 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 type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Mercury Containing Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Mercury Containing Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Mercury Containing Devices	<input 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:

- | | |
|--|---|
| <p>1. Used Oil Transporter - Indicate type(s) of activity(ies)</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p>2. Used Oil Processor and/or Re-refiner - Indicate type(s) of activity(ies)</p> <p><input type="checkbox"/> a. Processor</p> <p><input type="checkbox"/> b. Re-refiner</p> <p>3. <input type="checkbox"/> Off-Specification Used Oil Burner</p> | <p>4. Used Oil Fuel Marketer - Indicate type(s) of activity(ies)</p> <p><input type="checkbox"/> a. Marketer who directs shipment of off-specification used oil to off-specification used oil burner</p> <p><input type="checkbox"/> b. Marketer who first claims the used oil meets the specifications</p> <p>5. <input type="checkbox"/> Used Oil Generator</p> |
|--|---|

- D. Other State Regulated Waste Activities:** 1. Used Oil Filter Handler 2. 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., DOO1, DOO3, FOO7, 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) _____

B. Facility Closed

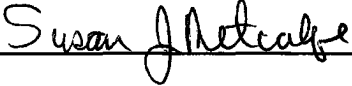
1. Closed at this location and **moved or moving** to another - submit a new 8700-12FL for the new location if you will be handling regulated waste there.
2. Out of Business - Business closed on _____ (Date). Please provide a contact person, mailing address, and phone number where you can be reached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

- C. Property Tax Default** **D. Petition for Bankruptcy Protection**

12. Comments:

WE REQUEST THAT THIS NUMBER BE CLOSED SINCE IT WAS ISSUED TO A FACILITY THAT ALREADY HAS AN EPA ID NUMBER FLD982102741, CITRUS COUNTY CENTRAL LANDFILL

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)
	SUSAN METCALFE	2/6/08

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: