

Received

JUN 13 201

BSHW

June 8, 2011

John E. Manning District One

Brian Bigelow

Florida Department of Environmental Protection

Ray Judah
District Three
Tammy Hall

Solid Waste Section, MS 4565

2600 Blair Stone Rd.

Tallahassee, FL 32399-2400

District Four
Frank Mann
District Five

SUBJECT:

Lee County Resource Recovery Facility

Karen B. Hawes County Manager Yard Waste Processing and Recycling Facility

Michael D. Hunt

Certification PA 90-30 Facility ID# 215-04-YT

County Attorney

2010 Annual Report for a Yard Trash Processing Facility

Diana M. Parker County Hearing Examiner

Dear Sir or Madam:

Enclosed please find the 2010 Annual Report for the Lee County Yard Waste Processing and Recycling Facility. Please note that items 17 and 19a, are actual weights measured by our scale. Items 18, 19b, 20a and 20b are estimates, based on the volume and density of material processed during the year.

The Lee County Solid Waste Division contracted with Belcorp Inc. during 2010 to process our yard waste on site. The processed material is transported to the Lee/ Hendry Landfill for use in our composting operations and a portion of the material is provided for use by County residents.

If you have any questions or require additional information, please call me at (239) 533-8000.

Sincerely,

William T. Newman Operations Manager

Solid Waste Division

Enclosure

cc:

Lindsey J. Sampson

Million Alpen

File VIII B 118



Florida Department of Recemptronmental Protection

JUN 12600 Blair Stone Road, Tallahassee, Florida 32399-2400

Г	DEP Form # 62-709.901(3)
ı	Appl for Reg. and Ann Rep for a YT Trans
П	Form Title Station or SW Organic Recycling Facility
L	
П	Effective Date February 15, 2010
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и	DEP Facility ID No. 215-04-YT
1	(Filled in by DEP)
1	DEP WACS ID No: 93715
ı	(Filled in by DEP)
1	This form is adopted by reference in subsection 62-
	709.901(3), F.A.C.

Application for Registration and Amual Report for a Yard Trash Transfer Station or a Solid Waste Organics Recycling Facility

PART A - GENERAL INFO	DRMATION
1. Type of Application: New Renewal (due July 1)	Annual report only for facility operating under permit: X
2. Type of Facility: Yard trash recycling X Yard trash transfer station X Vegetative, ani	Manure blending mal byproducts or manure composting
	nimal byproducts Pre-consumer Vegetative vith animal products or byproducts or end user)
4. Facility Name: Lee Co. Yard Waste Processing & Recycling Facility	ty
Registrant Name (or Permittee if annual report only): Lee County Sc	olid Waste Division
6. Federal Employer Identification Number: 596000702	19 Total Quarkly of Maradal Removed from Site for:
7. Mailing Address: 10500 Buckingham Road	a. Use (e.g. iandfill cover (uel mulch, compost, etc.
City Fort Myers State FL	Zip _33905
	c. Other (translar stations)
	20 Total Quantity On I gize and of Report Year of:
8. Facility Location - Street Address or Property Number: 10500 Bucki	ingham Road
City Fort Myers County Lee	b Prodesied Materia
	phone: (239)533-8000
prio guar di magne ra, pues la especial de la puesta de la compania del compania del compania de la compania del la compania de la compania del la compania de la compania del la compania	super trait and to be a sum of the man of the place to the sum of
PART B - ADDITIONAL INFORMATION REQUIRED	FOR REGISTRATION APPLICATION
10. Records required by Rule 62-709.320, F.A.C., will be kept at the facility	y? Yes <u>X</u> No
If no, please indicate where these records will be kept and made availa	able upon Department request to review the records:
11. Does the registrant own the facility site?	Yes X No
If you answered no, please attach evidence that the facility owner operate a yard trash transfer station or a solid waste organics rec	
12. Has the organic recycling facility begun operations?	Yes X No
If this facility was operating in the previous calendar year, the an	nual report in Part C must be completed.
 Include a check or money order for the \$35.00 registration fee made p Protection. 	Department of Environmental Profection
I affirm that I have read Rules 62-709.320, 62-709.330 and 62-70 specified in those rules. I also affirm that the information provided in the aknowledge. I have attached all documents and/or authorizations that are r	pplication is true, accurate, and correct to the best of my
2	lib. III.
William T. Newman, Operations Mgs. Ms. Print Name and Title of Registrant or Authorized Agent	Signature Date
Email address (if available): Newmanwt@leegov.	Com

UPILIE	PART C - ANNUAL REPORT	WHEA
14.	Calendar Year (January 1 through December 31) Covered by this Report:	2010
15.	Values used in this report are in (SELECT ONE):	Tons X Cubic Yards
16.	For Existing Facilities that have not reported this information in the pas	t, Amount of
	a. Unprocessed Material On Site at Beginning of Report Year:	4070
	b. Processed Material On Site at Beginning of Report Year (total):	3886 State V. Seesesson Released to any
17.	Total Quantity of Material Received During Report Year:	23,808
18.	Total Quantity of Material Lost Due to Processing (e.g. grinding, drying, shrinkage, fires, etc.) During Report Year:	1,300
19.	Total Quantity of Material Removed from Site for:	
	a. Use (e.g., landfill cover, fuel, mulch, compost, etc.):	20,161
	b. Disposal:	3,260
	c. Other (transfer stations)	N. A. The History of the American Comment
20.	Total Quantity On Site at End of Report Year of:	
	a. Unprocessed Material:	1,878
	b. Processed Material:	5,165
Note	ugitadilgra holtaztulobr bon gériuger pottaz	otal of Items 18, 19 and 20 31, 764
, \-1	I affirm that the information provided in the annual report is true, accurate,	and correct to the best of my knowledge.
VII	Print Name and Title of Registrant/Permittee or Authorized Agent	Signature Date
Ema	il address (if available): <u>Newmanwte leegov. Co.</u>	u o o o o o o o o o o o o o o o o o o o

PART D - MAILING INSTRUCTIONS

Remember to include the \$35.00 fee if this is also a registration application. Mail completed form to:

Department of Environmental Protection Solid Waste Section, MS 4565 2600 Blair Stone Road Tallahassee, Florida 32399-2400