

Florida Department of Environmental Protection

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

Rick Scott Governor

Jennifer Carroll Lt. Governor

Herschel T. Vinyard Jr. Secretary

July 29, 2011

David Mcconnell Waste Managment Inc. Of Florida C/O SHEREE GRANT APOPKA FL 32703

Dear David Mcconnell:

Your registration application for Vista Landfill, Class Iii, located at 230 WEST KEENE RD, APOPKA, in Orange County has been received. The application indicated this facility is operating as a:

- \_\_\_\_ Yard Trash Transfer Station
- \_\_\_\_ Yard Trash Recycling Facility
- <u>Manure Blending Operation</u>
- X Vegetative, Animal Byproducts or Manure Composting Facility

And processing the following:

\_\_\_\_Yard trash (including clean wood)

\_ Manure

- <u>X</u> Animal byproducts (composting)
- <u>X</u> Vegetative wastes (composting)
- <u>X</u> Pre-consumer vegetative (composting)

The registration application is complete, and is valid until August 1, 2012. The WACS identification number for this facility is 00087081. The receipt number for the registration fee you paid is 751979.

You must comply with the requirements specified in Rule 62-709.320, and Rules 62-709.330 or 62-709.350, Florida Administrative Code (F.A.C.), in order to maintain qualification for the registration program. A summary of the operating requirements is enclosed. Excerpts from Chapters 62-701 and 62-709, F.A.C., pertaining to yard trash processing facilities are also enclosed.

July 29, 2011 David Mcconnell Page 2 of 2

If you need further information, please contact the Bureau of Solid and Hazardous Waste at the above address, Mail Station 4565, telephone 850/245-8769, or email Francine.Joyal@dep.state.fl.us.

Sincerely,

Casey They h

Francine Joyal Environmental Specialist

Enclosures

cc: Daniel Kuncicky, DEP Solid Waste Section Gloria De Pradine, Central District

Received FIO	rida Department of	DEP Form # <u>62-709.901(3)</u> Appl for Reg. and Ann Rep for a YT Trai Form Title <u>Station or SW Organic Recycling Facilit</u>
	ronmental Protection	Effective Date February 15, 2010
	olid Waste Section, Mail Station 4565	DEP Facility ID No
BSHW 2600 Blair	Stone Road, Tallahassee, Florida 32399-2400	DEP WACS ID No:
		709.901(3), F.A.C.
Application for Registration and Annual Report		Did Waste Organics Recycling Facili
	RT A - GENERAL INFORMATION	
1. Type of Application: New Renewa	(due July 1) 🟒 Annual report only f	or facility operating under permit:
2. Type of Facility: Yard trash recycling Yard trash transfer station	Vegetative, animal byproducts or ma	Manure blending anure composting
3. Type of Waste Processed: Yard trash Vegetative (could/	Manure Animal byproducts did come into contact with animal products	
4. Facility Name: Vista Lanfill	, Class TI	
5. Registrant Name (or Permittee if annual report	only): Waste Manageme	at Inc. of Florida
6. Federal Employer Identification Number:	59-3652174	
7. Mailing Address: C/O Sheree	Grant 242 W.K.	eene Road
City Apopka	State FL	Zip <u>32703</u>
Street Mailing Address (if different):		
City	State	Zip
8. Facility Location - Street Address or Property N	lumber: 242 W. Keen	e Road
city Adodka	County Orange	
9. Contact Person: Sheree Gran	Telephone: (407)	)886-2920 x 204
PART B - ADDITIONAL INFO	RMATION REQUIRED FOR REGISTRATIO	
10. Records required by Rule 62-709.320, F.A.C.,	will be kept at the facility?	Yes No
		nt request to review the records:
If no, please indicate where these records will b	be kept and made available upon Departmei	
	e kept and made available upon Departmen	
	e kept and made available upon Departmen	Yes No
If no, please indicate where these records will b		
If no, please indicate where these records will b 11. Does the registrant own the facility site?	that the facility owner or operator has pe	rmission from the landowner to
If no, please indicate where these records will b 11. Does the registrant own the facility site? If you answered no, please attach evidence	that the facility owner or operator has pe id waste organics recycling facility at thi	rmission from the landowner to
If no, please indicate where these records will b 11. Does the registrant own the facility site? If you answered no, please attach evidence operate a yard trash transfer station or a sol 12. Has the organic recycling facility begun operati If this facility was operating in the previous	that the facility owner or operator has pe id waste organics recycling facility at thi ons? calendar year, the annual report in Part (	Yes No C must be completed.
If no, please indicate where these records will b 11. Does the registrant own the facility site? If you answered no, please attach evidence operate a yard trash transfer station or a sol 12. Has the organic recycling facility begun operation	that the facility owner or operator has pe id waste organics recycling facility at thi ons? calendar year, the annual report in Part (	Yes No C must be completed.
If no, please indicate where these records will to 11. Does the registrant own the facility site? If you answered no, please attach evidence operate a yard trash transfer station or a sol 12. Has the organic recycling facility begun operation If this facility was operating in the previous 13. Include a check or money order for the \$35.00 Protection.	that the facility owner or operator has pe id waste organics recycling facility at thi ons? calendar year, the annual report in Part C registration fee made payable to the Florida 62-709.330 and 62-709.350, F.A.C., and si nation provided in the application is true, acc	rmission from the landowner to s site. Yes No C must be completed. Department of Environmental 1519 hall comply with the requirements

	PART C - ANNUAL REPORT			
14.	Calendar Year (January 1 through December 31) Covered by this Report:			
15.	Values used in this report are in (SELECT ONE):	Tons 🗌 Cubic Yard	s 🗌	
16.	For Existing Facilities that have not reported this information in the past,	Amount of		
	a. Unprocessed Material On Site at Beginning of Report Year:	<u></u>		
	b. Processed Material On Site at Beginning of Report Year (total):			
17.	Total Quantity of Material Received During Report Year:			
18.	Total Quantity of Material Lost Due to Processing (e.g. grinding, drying, shrinkage, fires, etc.) During Report Year:	·		
19.	Total Quantity of Material Removed from Site for:			
	a. Use (e.g., landfill cover, fuel, mulch, compost, etc.):		· · · · · · · · · · · · · · · · · · ·	
	b. Disposal:			
	c. Other (transfer stations)			
20.	Total Quantity On Site at End of Report Year of:			
	a. Unprocessed Material:			
	b. Processed Material:			
Note t	hat the total sum of items 16 a and b plus 17 must equal to sum of items 18, plu Total of items 16 and 17 Tota I affirm that the information provided in the annual report is true, accurate, ar	of Items 18, 19 and 20		
I	Print Name and Title of Registrant/Permittee or Signature Authorized Agent		Date	
Email	address (if available):			
	PART D - MAILING INSTRUCTION	8		

## 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

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