

# 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

March 30, 2012

Mr. Mike Kaiser Omni Waste of Osceola County, LLC 1501 Omni Way Saint Cloud, Florida 34773

Dear Mr. Kaiser:

Your registration application for JED Solid Waste Management Facility, located at 1501 Omni Way, Saint Cloud, in Osceola County has been received. The application indicated this facility is operating as a:

|            | Manure Blending Operation                                   |
|------------|-------------------------------------------------------------|
|            | Vegetative, Animal Byproducts or Manure Composting Facility |
| And proces | ssing the following:                                        |
| X          | Yard trash (including clean wood)                           |
|            | Manure                                                      |
|            | Animal byproducts (composting)                              |
|            | Vegetative wastes (composting)                              |
|            | Pre-consumer vegetative (composting)                        |

Yard Trash Transfer StationX Yard Trash Recycling Facility

The registration application is complete, and is valid until August 1, 2012. The WACS identification number for this facility is 89544. The receipt number for the registration fee you paid is 774903.

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.

March 30, 2012 Mr. Mike Kaiser Page 2 of 2

If you need further information, please contact me at the above address, Mail Station 4565, telephone 850/245-8747, or email Francine. Joyal@dep.state.fl.us.

Sincerely,

Francine Joyal

**Environmental Specialist** 

Transino Loyal

Enclosure

cc: Gloria De Pradine, Central District

## Received Florida Department of MAR 2 6 2012 Environmental Protection Solid Waste Section, Mail Station 4565

DEP Form # 62-709.901(3)

Appl for Reg. and Ann Rep for a YT Trans
Form Title Station or SW Organic Recycling Facility Effective Date February 15, 2010 DEP Facility ID No. 567-12-YT (Filled in by DEP) This form is adopted by reference in subsection 62-709 901(3), F A C.

BSHW 2600 Blair Stone Road, Tallahassee, Florida 32399-2400

| Application for Registration and Annual Report for a                                                                                                                                                                                                                                                                                              | Yard Trash Transfer S   | Station or a Solid Wa         | ste Organics R   | ecycling Facility                   |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------|------------------|-------------------------------------|--|--|--|
| PART A - GENERAL INFORMATION                                                                                                                                                                                                                                                                                                                      |                         |                               |                  |                                     |  |  |  |
| 1. Type of Application: New X Renewal (due                                                                                                                                                                                                                                                                                                        | July 1) Annu            | al report only for facili     | ty operating und | er permit:                          |  |  |  |
| 2. Type of Facility: Yard trash recycling Yard trash transfer station                                                                                                                                                                                                                                                                             | Vegetative, animal by   | Manui<br>products or manure c | re blending      |                                     |  |  |  |
| 3. Type of Waste Processed: Yard trash X Manure Animal byproducts Pre-consumer Vegetative Vegetative (could/did come into contact with animal products or byproducts or end user)                                                                                                                                                                 |                         |                               |                  |                                     |  |  |  |
| 4. Facility Name: JED Solid Waste Management Facility                                                                                                                                                                                                                                                                                             |                         |                               |                  |                                     |  |  |  |
| 5. Registrant Name (or Permittee if annual report only):                                                                                                                                                                                                                                                                                          | Omni WAS                | te of Osceo                   | la Counte        | y, ilc                              |  |  |  |
| 6. Federal Employer Identification Number: 31                                                                                                                                                                                                                                                                                                     | - 1740193               |                               |                  |                                     |  |  |  |
| 7. Mailing Address: 1501 Omni Wac                                                                                                                                                                                                                                                                                                                 | 1                       |                               |                  |                                     |  |  |  |
| city St. Cloud                                                                                                                                                                                                                                                                                                                                    | State <u>Flari</u>      | da                            | Zip _ <b>34</b>  | 773                                 |  |  |  |
| Street Mailing Address (if different):                                                                                                                                                                                                                                                                                                            |                         |                               | <del></del>      |                                     |  |  |  |
| City                                                                                                                                                                                                                                                                                                                                              | State                   |                               | Zip              | <del></del>                         |  |  |  |
| 8. Facility Location - Street Address or Property Number                                                                                                                                                                                                                                                                                          | er: <u>1501 Om</u>      | i way                         |                  |                                     |  |  |  |
| city St. Goyd                                                                                                                                                                                                                                                                                                                                     | County Osceo            | <u>la</u>                     |                  |                                     |  |  |  |
| 9. Contact Person: Matt or                                                                                                                                                                                                                                                                                                                        | Telephone               | (407) 89                      | 11-3720          |                                     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                   |                         |                               |                  |                                     |  |  |  |
| PART B - ADDITIONAL INFORMAT                                                                                                                                                                                                                                                                                                                      | TION REQUIRED FOR       | REGISTRATION APP              | LICATION         |                                     |  |  |  |
| 10. Records required by Rule 62-709.320, F.A.C., will be                                                                                                                                                                                                                                                                                          | e kept at the facility? |                               | Yes 🗶            | No                                  |  |  |  |
| If no, please indicate where these records will be kept and made available 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 or operator has permission from the landowner to operate a yard trash transfer station or a solid waste organics recycling facility at this site.                                                                                                                              |                         |                               |                  |                                     |  |  |  |
| 12. Has the organic recycling facility begun operations?                                                                                                                                                                                                                                                                                          |                         |                               | Yes              | No X                                |  |  |  |
| If this facility was operating in the previous calendar year, the annual report in Part C must be completed. カスちょか                                                                                                                                                                                                                                |                         |                               |                  |                                     |  |  |  |
| 13. Include a check or money order for the \$35.00 regis Protection.                                                                                                                                                                                                                                                                              | tration fee made payab  | le to the Florida Depar       | tment of Enviror | mental 10195857/<br>774 <i>9</i> 03 |  |  |  |
| I affirm that I have read Rules 62-709.320, 62-709.330 and 62-709.350, F.A.C., and shall comply with the requirements specified in those rules. I also affirm that the information provided in the application is true, accurate, and correct to the best of my knowledge. I have attached all documents and/or authorizations that are required. |                         |                               |                  |                                     |  |  |  |
| Mike Kaiser Engineer Print Name and Title of Registrant or Authorized Agent                                                                                                                                                                                                                                                                       | · /9                    | he Kan                        | _                | 3/15/2012                           |  |  |  |
| ,                                                                                                                                                                                                                                                                                                                                                 |                         | Signature                     |                  | Date                                |  |  |  |
| Email address (if available): Mkaiser (a)                                                                                                                                                                                                                                                                                                         | NSII . US               |                               |                  |                                     |  |  |  |



#### 2893 Executive Park Drive, Suite 305, Weston, Florida 33331

January 24, 2011

RE: Omni Waste of Osceola County, LLC

To Whom It May Concern:

This is to confirm that Michael Kaiser is an authorized signatory of Omni Waste of Osceola County, LLC (the "Corporation"), with authority to execute and deliver all documents and instruments required in connection with environmental matters for the Corporation, including without limitation, permit applications, modifications and financial assurances for permits issued to the Corporation.

**Omni Waste of Osceola County, LLC** 

William P. Hulligan

Manager

Waste Services, Inc.

William P. Hulligan

Executive Vice President, U.S. Operations

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## **Detail by FEI/EIN Number**

## Florida Limited Liability Company

OMNI WASTE OF OSCEOLA COUNTY LLC

## Filing Information

**Document Number** L07000121782 FEI/EIN Number 311740193 Date Filed 12/07/2007

State FL **Status ACTIVE** Effective Date 01/21/1999 Last Event CONVERSION **Event Date Filed** 12/07/2007 Event Effective Date 01/01/2008

## **Principal Address**

2301 EAGLE PARKWAY SUITE 200 FORT WORTH TX 76177 US

Changed 03/24/2011

## **Mailing Address**

2301 EAGLE PARKWAY SUITE 200 FORT WORTH TX 76177 US

Changed 03/24/2011

## **Registered Agent Name & Address**

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 US

## Manager/Member Detail

#### Name & Address

Title MGR

FLOOD, CHARLES F 2301 EAGLE PARKWAY, SUITE 200 FORT WORTH TX 76177 US

Title MGR

COWEE, THOMAS J 2301 EAGLE PARKWAY, SUITE 200 FORT WORTH TX 76177 US

Title MGR

FOWLER, THOMAS J 2301 EAGLE PARKWAY, SUITE 200 FORT WORTH TX 76177 US

## **Annual Reports**

#### Report Year Filed Date

2009 04/06/20092010 03/08/20102011 03/24/2011

## **Document Images**

03/24/2011 -- ANNUAL REPORT

03/08/2010 -- ANNUAL REPORT

04/06/2009 -- ANNUAL REPORT

12/07/2007 -- Florida Limited Liability

Note: This is not official record. See documents if question or conflict.

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Parcel Result

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### **Parcel Result**

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Parcel: 142832000000100000

Account Number: 106539

🔼 2011 Trim 📙 2010 Trim 📙 Parcel PDF

Description

roll as of 10/04/2011

Owner Information

**Owner Name** OMNI WASTE OF OSCEOLA CNTY LLC

1501 OMNI WAY

**Mailing Address** PO BOX 42165

HOUSTON, TX 77242-2165

WASTELAND/DUMP-IMP

**Physical Address** 

**Tax District** 300 - OSCEOLA COUNTY

Tax Values **View Tax Estimator** 

**Current Values Certified Values** 

Current Value represents working appraised values as of 03/27/2012, which Certified Value represents certified values that appeared on the tax are subject to change prior to certification

Land \$1,283,500 Land \$1,283,500

AG \$0 AG \$0

**Extra Features** \$67,200 **Extra Features** \$69,200

**Buildings** \$182,700 **Buildings** \$184,100

Appraised(Just) \$1,533,400 Appraised(just) \$1,536,800

Assessed(estimated) \$1,533,400 Assessed\* \$1,536,800

Exemption(estimated) Exemption \$0

Taxable(estimated) **Taxable** \$1,536,800

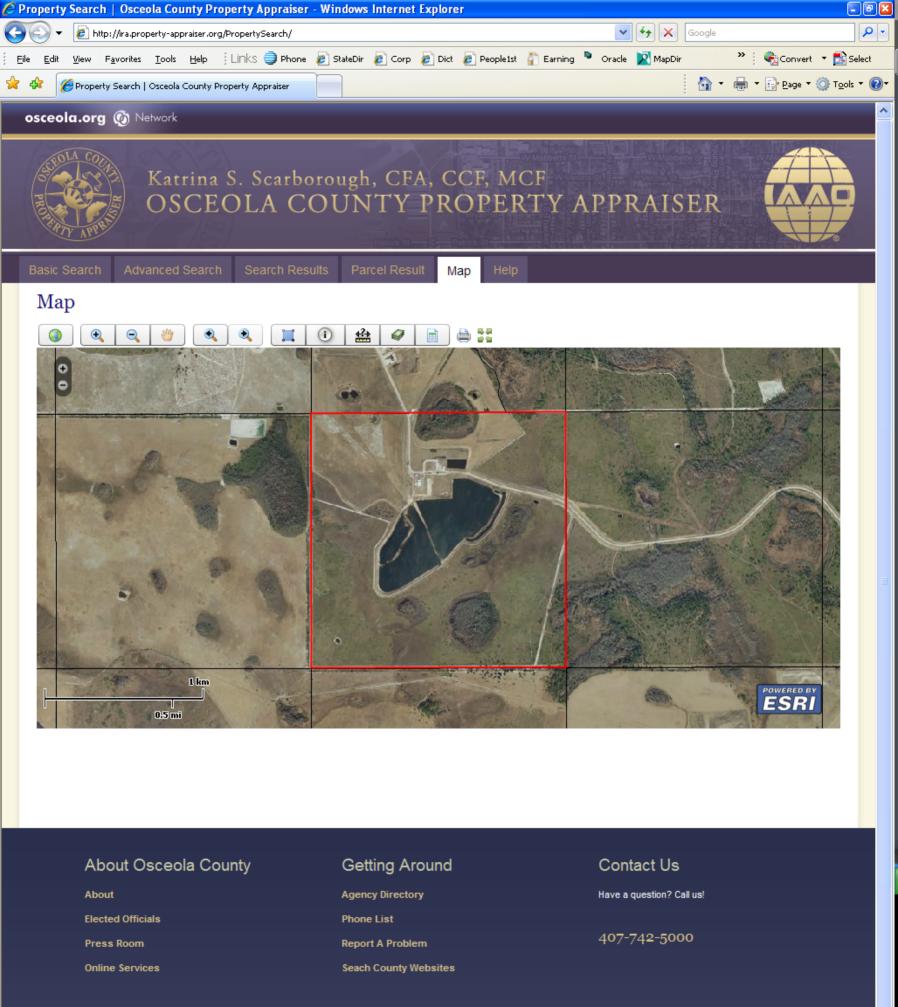
\* Assessed Values Reflect Adjustments for Agricultural Classification and/or the Save Our Homes Cap

\* Assessed Values Reflect Adjustments for Agricultural

Image Not Available

Classification and/or the Save Our Homes Cap

| Sales Information |           |             |            |           |  |  |  |
|-------------------|-----------|-------------|------------|-----------|--|--|--|
| Seq               | ORB-Pg    | Price       | Date       | Deed Type |  |  |  |
| 0                 | 2296-199  | \$0         | 6/26/2003  | CD        |  |  |  |
| 1                 | 2281-1126 | \$2,241,800 | 6/26/2003  | WD        |  |  |  |
| 2                 | 1368-42   | \$1,696,700 | 12/10/1996 | WD        |  |  |  |
| 3                 | 1368-40   | \$0         | 12/9/1996  | PR        |  |  |  |
|                   |           |             |            |           |  |  |  |



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