

From: EPOST_SWM@dep.state.fl.us
To: lerose@scgov.net
Cc: [Madden, Melissa](#); [EPOST_SWM](#); [Solid Waste Financial Coordinator](#)
Subject: WACS Facility ID/ Name: 51614 / SARASOTA CENTRAL LANDFILL COMPLEX
Date: Friday, July 06, 2012 3:53:44 PM

Applicant Name: LOIS ROSE
Applicant Company: SARASOTA COUNTY SOLID WASTE OPERATIONS
Permit File Number: 0126775-003-WT
WACS/ME ID: 51614
Application Received Date: 06/26/2012
Project Name/Description: SARASOTA CCSWD WTPF/

Dear Applicant:

Thank you for the recent Permit Application regarding the above referenced facility. We value your time and wanted you to know that the Department is working on identifying ways to streamline its review process. We would like to reduce the number of requests for additional information (RAIs), as well as the overall time we each need to complete the review. We appreciate your effort to assist us in providing a timely review by ensuring that the response to any RAI you may receive is thorough and complete. We also encourage communication with our permit processor if there are questions which may help with any RAI you may receive.

If you have any questions regarding this Permitting Application, please contact the Permitting Processor - MELISSA MADDEN at melissa.madden@dep.state.fl.us or by phone at 813-632-7600 Extn: 374

If you feel you have received this email in error, please contact MELISSA MADDEN at melissa.madden@dep.state.fl.us.

Please take a few minutes to share your comments on the service you received from the department by clicking on this link. Copy the url below to a web browser to complete the DEP survey:
http://survey.dep.state.fl.us/?refemail=EPOST_SWM@dep.state.fl.us