



Florida Department of Environmental Protection

Solid Waste Section, MS 4565
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

DEP Form # 82-709.320(2)b)
Annual Report
Form Title for a Yard Trash Processing Facility
Effective Date October 22, 2009
DEP Application No. _____
(Filled in by (DEP))

RECEIVED

APR 14 2009

Annual Report for a Yard Trash Processing Facility

BY: BSHW

1. Facility Name: Friends Recycling, LLC WACS ID: 00095177
(Assigned by Department)
Facility ID# 129-02-YT
(Assigned by Department)

2. Street Address (if different): 2350 NW 27th Avenue
City Ocala County Marion

SOLID WASTE
SECTION

3. Federal Employment Identification Number: 593598319

APR 14 2009

4. Contact Person: Gerald Lourenco Telephone: (352) 622-5800

Email Address: _____

5. Calendar Year (January 1 through December 31) Covered by this Report: 2008

6. Values used in this report are in (SELECT ONE): _____ Tons ☒ Cubic Yards

7. For Existing Facilities that have not reported this information in the past, Amount of

a. Unprocessed Yard Trash on Site at Beginning of Report Year: 1350

b. Processed Yard Trash On Site at Beginning of Report Year: 1500

8. Total Quantity of Yard Trash Received During the Report Year: 16,000

18,850

9. Total Quantity of Yard Trash Lost Due to Processing (e.g., drying, Shrinkage, etc.) During Report Year: 1,300

18,100

750

10. Total Quantity of Yard Trash Removed from Site for:

a. Use: 1000

b. Disposal: 13,700

c. Other (transfer station): _____

11. Total Quantity On Site at End of Report Year of:

a. Unprocessed Yard Trash: 1300

b. Processed Yard Trash: 800 1550

Interval Cover

I affirm that the information provided in the report is true, accurate, and correct to the best of my knowledge.

Gerald Lourenco / operating mgr.

Gerald Lourenco

3-22-09

Print Name and Title of Authorized Agent

Signature of Authorized Agent

Date

Mail complete form to the address specified above.