

## Department of Environmental Protection

Jeb Bush Governor Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400

Colleen M. Castille Secretary

April 19, 2004

Ms. Susan J. Metcalfe Citrus County Board of County Commissioners P.O. Box 340 Lecanto, FL 34460

Dear Ms. Metcalfe:

Your Application for Registration of a Yard Trash Processing Facility for Citrus County Central Landfill is complete. Your facility identification number is 054-01-YT. This registration is valid until **May 1**, **2005**. The receipt number for the registration fee you paid is 453654.

You must comply with the following requirements in order to maintain qualification for the registration program:

- 1. Monthly records of incoming and outgoing material shall be kept on site or at another location as indicated on the registration form for at least three years.
- 2. An Annual Report for a Yard Trash Processing Facility, DEP Form 62-709.320 (7)(b), shall be submitted by April 1 of each year.
- 3. A registration renewal, DEP Form 62-709.320(7)(a), shall be submitted by April 1 of each year to renew this registration.
- 4. The facility shall be operated in accordance with Rules 62-709.320(3) and (4), Florida Administrative Code (F.A.C.). A summary of these requirements is enclosed.

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

Sincerely

Francine Joyal

Hancine

**Environmental Specialist** 

**Enclosure** 

cc: Susan Pelz, Southwest District

"More Protection, Less Process"

Printed on recycled paper.



### Department of Environmental Protection

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

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DEP Form	#_62-709.320(7)(a)	
	Application for Registration of a	_
Form Title	Yard Trash Processing Facility	:
Effective Da	RECEIVED	_
	Filled in by DEP)	_

Application for Registration of a Yard Trash Processing Facility

	Type of Application: New	<u></u>	Renewal (due A	vpril 1)	Solid Waste Section
2.	Type of Facility: Transfer Sta	tion		Both	
	Recycling F	acility X			
3.	Facility Name: Citrus Count	y Central L	andfill Facility		54-01-YT signed by Department)
4.	Registrant (Company or Local Gov CItrus County Board of	•	•	· .	
5.	Federal Employment Identification	Number:	59-6000-548	· : · · · · · · · · · · · · · · · · · ·	
6.	Mailing Address: P. O. F	30x 340		* **	
	City Lecanto	State	Florida	Zip	34460
7.	Street Address (if different):	230 w. Gulf	to Lake Highway	у	
	City Lecanto	State	Florida	Zip	34461
	County Citrus	<del></del> .			
8.	Contact Person: Susan J.	Metcalfe	Telephone: 35	2-527-76	70
_	Records required by Rule 62-709.	320, F.A.C., will	be kept at the facility?	Yes	<u>X</u> No
9.	Troopido required by reale of res				
9.	If no, please indicate where these review the records:	records will be k	ept and made available	e upon Dep	artment request to
	If no, please indicate where these review the records:		ept and made available	e upon Dep	artment request to
	If no, please indicate where these review the records:	y siţe? e`evidence that t	ne facility owner or ope	Yes	<u>x</u> No
10.	If no, please indicate where these review the records:  Does the registrant own the facilit if you answered no, please provide	y site? e`evidence that the recycling facility	ne facility owner or ope	Yes	<u>x</u> No
10.	If no, please indicate where these review the records:  Does the registrant own the facilit of you answered no, please provid landowner to operate a yard trash	y site? e'evidence that to recycling facility	ne facility owner or ope at this site.	Yes rator has po Yes	X No
10. 11. 12.	If no, please indicate where these review the records:  Does the registrant own the facilit of you answered no, please provid landowner to operate a yard trash that the facility begun operations of the landowner to record or facility begun operations of the land of the	y site? e'evidence that to recycling facility or the \$35.00 region 12-709.320, F.A.C	ne facility owner or ope at this site. stration fee made paya ., and shall comply with the application is true	Yes rator has portion of the require, accurate,	X No
10. 11. 12. n th	If no, please indicate where these review the records:  Does the registrant own the facilit If you answered no, please provid landowner to operate a yard trash Has the facility begun operations?  Include a check or money order for Environmental Protection.	y site? e'evidence that to recycling facility or the \$35.00 region 12-709.320, F.A.C nation provided in all documents a	ne facility owner or ope at this site. stration fee made paya ., and shall comply with the application is true	Yes rator has portion of the require, accurate,	X No

Mail completed form and the \$35.00 registration fee to the address specified above.



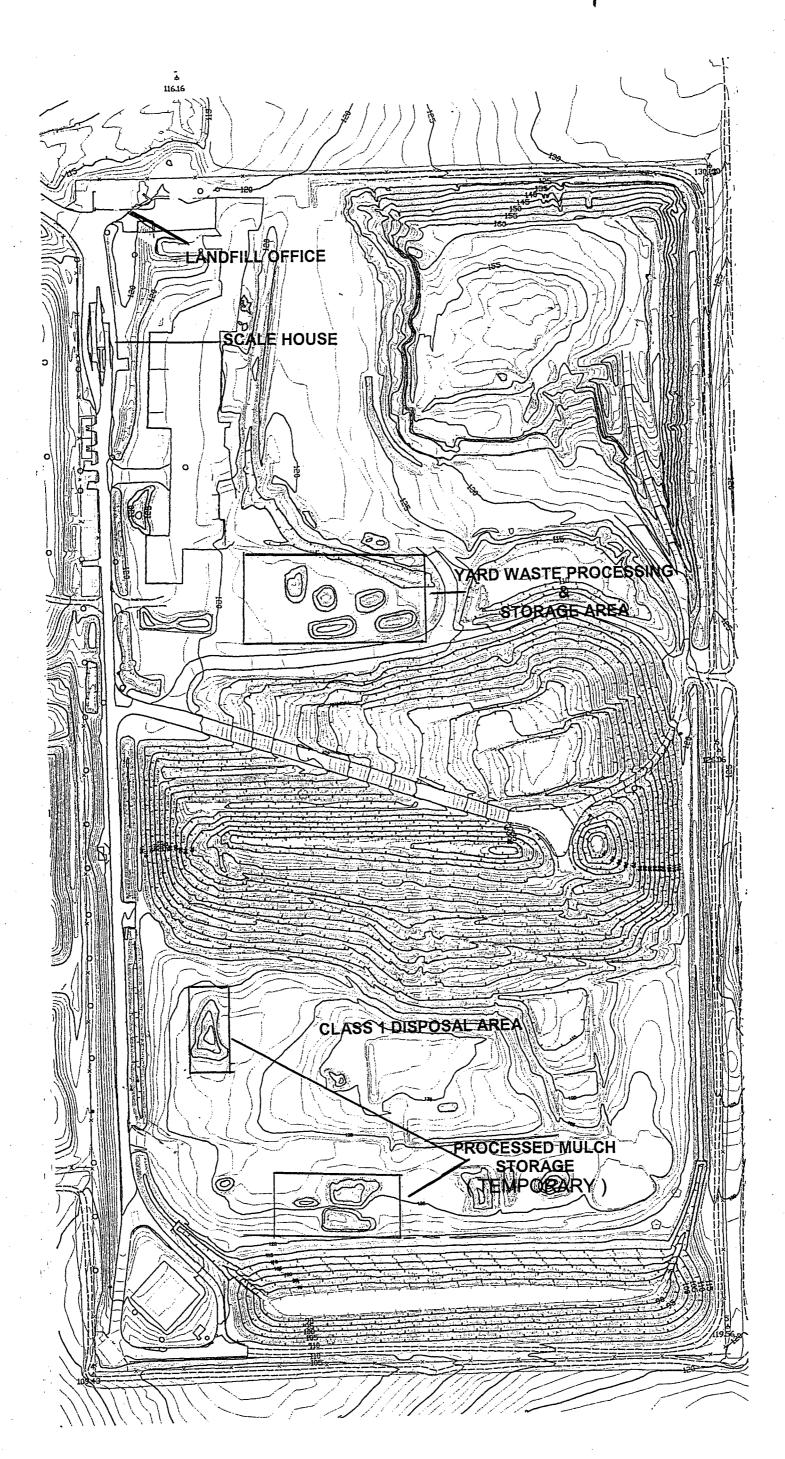
## Department of Environmental Protection

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

DEP Form #_62-709.320(7)(b)	
Annual Report	
Form Title for a Yard Trash Processing Facility	
Effective Date October 22, 2000	
DEP Application No.	
(Filled in by (DEP)	

#### Annual report for a Yard Trash Processing Facility

1. Facility Name: Citrus County C	Central Landfill	Facility ID#	054-01-YT
2. Street Address (if different):	On SR 44 between Led		Assigned by Department)  ess
City Lecanto	Count	y Citrus	
3. Federal Employment Identification Numb	er:	59 6000-548	
Metcalfe 4. Contact Person: Susan J. Metcaffe	Telephone:	(352) 527-7	7670
5. Calendar Year (Janurary 1 through Dece	ember 31) Covered by this	s Report:	2003
6. Values used in this report are in (CIRCLI	E ONE):	Tor	S Cubic Yards
. For Existing Facilities that have not re	eported this information	n in the past, An	nount of
a. Unprocessed Yard Trash on Site at E	Beginning of Report Year:	·	1065
b. Processed Yard Trash On Site at Be	ginning of Report Year:		5188
3. Total Quantity of Yard Trash Received I		9,071	
<ol> <li>Total Quantity of Yard Trash Lost Due to Shrinkage, etc.) During Report Year:</li> </ol>		5,363	
10. Total Quantity of Yard Trash Removed	from Site for:	•	
a. Use:			7,397
b. Disposal:			0
c. Other (transfer station):	i i	·	0 1 .
11. Total Quantity On Site at End of Report	Year of:		
a. Unprocessed Yard Trash:		· · · · · · · · · · · · · · · · · · ·	531
b. Processed Yard Trash:			2,033
I affirm that the information provide my knowledge.	ed in the report is true, acc	curate, and corre	ct to the best of
Susan J.Metcalfe, Director SWMD Print Name and Title of Authorized Agent	Sus and Signature of Ad	Metalfe thorized Agent	<u>3/29/20</u> 0 Date
Mail complete form to the address specified	l above.		





# BOARD OF COUNTY COMMISSIONERS DEPARTMENT OF PUBLIC WORKS SOLID WASTE MANAGEMENT DIVISION

P.O. Box 340, Lecanto, Florida 34460 (352) 527-7670 FAX (352) 527-7672 Citrus Springs/Dunnellon area Toll Free # (352) 489-2120

Certified/Return Receipt 7001 1940 0000 9243 5524

Francine Joyal Florida Department of Environmental Protection 2600 Blair Stone Road MS 4565 Tallahassee, Florida 32399-2400 March 29, 2004

Dear Francine:

Attached is Citrus County's Annual Report for a Yard Trash Processing Facility, a Yard Waste Processing Facility Registration Renewal and a check for \$35.

Note that the Processed Mulch Storage Area on the south end of the site is labeled as "temporary". This storage area will continue to move as fill operations in the landfill cell evolve.

If you have any questions please contact me at 352-527-7670

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Regards,

Frank Wentzel

CC:

Tom Dick, Assistant Director, Department of Public Works Susan Metcalfe, Director, Solid Waste Management Division Carmen Bruno, Customer Service Crew Leader

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