

Joyal, Francine

From: no-reply@dep.state.fl.us
Sent: Tuesday, July 10, 2012 12:30 PM
To: lrose@scgov.net
Cc: Morgan, Steve; Joyal, Francine; Pelz, Susan
Subject: Yard Trash Processing Facility Registration
Attachments: 6d14d4f6f2e4bb5541a6174bd9ca3e21.pdf



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

Receipt for Submission

July 10, 2012

LOIS ROSE
SARASOTA COUNTY
4000 KNIGHTS TRAIL ROAD

NOKOMIS, FL 34275 0

Dear LOIS ROSE

You indicated that operation of your Yard Trash Processing Facility known as **CENTRAL COUNTY SOLID WASTE DISPOSAL COMPLEX** (located at 4000 KNIGHTS TRAIL ROAD , Nokomis) in Sarasota County is addressed under another Department permit, and that you were submitting only the required annual report. Thank you for your submittal, a copy of which is attached for your information. Please note that your facility identification number (WACS ID) is 51614.

If you have any questions, 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

cc: Susan Pelz; Southwest District



Florida Department of Environmental Protection

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

DEP Form # 62-709.901(3)
Appl for Reg. and Ann Rep for a YT Trans
Form Title <u>Station or SW Organic Recycling Facility</u>
Effective Date <u>February 15, 2010</u>
DEP Facility ID No. _____ (Filled in by DEP)
DEP WACS ID No: <u>51614</u> (Filled in by DEP)
This form is adopted by reference in subsection 62-709.901(3), F.A.C.

Application for Registration and Annual Report for a Yard Trash Transfer Station or a Solid Waste Organics Recycling Facility

PART A - GENERAL INFORMATION

1. Type of Application: New Renewal (due July 1) Annual report only for facility operating under permit:
2. Type of Facility: Yard trash recycling Manure blending
Yard trash transfer station Vegetative, animal byproducts or manure composting
3. Type of Waste Processed: Yard trash Manure Animal byproducts Pre-consumer Vegetative
Vegetative (could/did come into contact with animal products or byproducts or end user)
4. Facility Name: CENTRAL COUNTY SOLID WASTE DISPOSAL COMPLEX
5. Registrant Name (or Permittee if annual report only): SARASOTA COUNTY
6. Federal Employer Identification Number: 596000848
7. Mailing Address: 4000 KNIGHTS TRAIL ROAD
City NOKOMIS State FL Zip 34275 0
Street Mailing Address (if different): _____
City _____ State _____ Zip _____
8. Facility Location - Street Address or Property Number: 4000 KNIGHTS TRAIL ROAD
City Nokomis County Sarasota
9. Contact Person: LOIS ROSE Telephone: (941) 861-1589

PART B - ADDITIONAL INFORMATION REQUIRED FOR REGISTRATION APPLICATION

10. Records required by Rule 62-709.320, F.A.C., will be 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 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
If this facility was operating in the previous calendar year, the annual report in Part C must be completed.
13. **Include a check or money order for the \$35.00 registration fee made payable to the Florida Department of Environmental Protection. Payment of \$35.00 for this registration was received via online transaction.**

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.

Print Name and Title of Registrant or Authorized Agent _____

Signature _____

Date _____

Email address (if available): _____

PART C - ANNUAL REPORT

14. Calendar Year (January 1 through December 31) Covered by this Report: 2011
15. Values used in this report are in (SELECT ONE): Tons Cubic Yards
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: 21150
- b. Processed Material On Site at Beginning of Report Year (total): 14500
17. Total Quantity of Material Received During Report Year: 48255
18. Total Quantity of Material Lost Due to Processing (e.g. grinding, drying, shrinkage, fires, etc.) During Report Year: 19302
19. Total Quantity of Material Removed from Site for:
- a. Use (e.g., landfill cover, fuel, mulch, compost, etc.): 38324
- b. Disposal: 0
- c. Other (transfer stations) 0
20. Total Quantity On Site at End of Report Year of:
- a. Unprocessed Material: 10529
- b. Processed Material: 15750

Note that the total sum of items 16 a and b plus 17 must equal to sum of items 18, plus 19 a, b and c, plus 20 a and b.

Total of items 16 and 17 83905 Total of Items 18, 19 and 20 83905

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

<u>LOIS ROSE</u>	<u>LOIS ROSE</u>	<u>07/10/2012</u>
Print Name and Title of Registrant/Permittee or Authorized Agent	Signature	Date

Email address (if available): lerose@scgov.net

PART D - MAILING INSTRUCTIONS

Remember to include the \$35.00 fee if this is also a registration application. Mail completed form to: This registration was completed and payment of \$35.00 (if applicable) was received via online transaction.

Department of Environmental Protection
Solid Waste Section, MS 4565
2600 Blair Stone Road
Tallahassee, Florida 32399-2400