## FLORIDA AR 1 2 2013 Environmental Protection Solid Waste Section, Mail Station 4565

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 Station or SW Organic Recycling Facility			
Effective Date February 15, 2010			
DEP Facility ID No. 170-03-YT			
DEP Facility ID No. 110 00 11			
(Filled in by DEP) 27			
DEP WACS ID No:	543		
(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

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PART A - GENERAL INFORMATION		
. Type of Application: New Renewal (due July 1) Annual report only for facility operating under permit: _X		
2. Type of Facility: Yard trash recycling X Yard trash transfer station Vegetative, animal byproducts or many	lanure blendi ure composti	
Type of Waste Processed: Yard trash X Manure Animal byproducts Vegetative (could/did come into contact with animal products or transfer or transf	Pre-consi byproducts o	umer Vegetative or end user)
4. Facility Name:Tomoka Farms Road Landfill		
5. Registrant Name (or Permittee if annual report only): Volusia County Solid Waste Division		
6. Federal Employer Identification Number: 59-6000885		
7. Mailing Address: 1990 Tomoka Farms Road		
City Port Orange State FL	Zip	32128
Street Mailing Address (if different):	_	
City State	Zip	
8. Facility Location - Street Address or Property Number: 1990 Tomoka Farms Road	_	
City Port Orange County Volusia		
9. Contact Person: Jennifer Stirk Telephone: 386-947-29	52	
	-	
PART B - ADDITIONAL INFORMATION REQUIRED FOR REGISTRATION	APPLICATIO	N
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 r	equest to rev	view the records:
1. Does the registrant own the facility site?	Yes	No
If you answered no, please attach evidence that the facility owner or operator has permioperate a yard trash transfer station or a solid waste organics recycling facility at this s	ission from ite.	the landowner to
2. 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 m	ust be com	pleted.
<ol><li>Include a check or money order for the \$35.00 registration fee made payable to the Florida De Protection.</li></ol>	partment of	Environmental
I affirm that I have read Rules 62-709.320, 62-709.330 and 62-709.350, F.A.C., and shall pecified in those rules. I also affirm that the information provided in the application is true, accurance to have attached all documents and/or authorizations that are required.	comply with	the requirements ect to the best of my
Print Name and Title of Registrant or Authorized Agent Signature	<u> </u>	3-6-/3
mail address (if available):		240

PART C - ANNUAL REPORT					
14.	Calendar Year (January 1 through December 31) Covered by this Report:	2012			
15.	Values used in this report are in (SELECT ONE):	Tons X Cubic Yards			
16.	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:	2253			
	b. Processed Material On Site at Beginning of Report Year (total):	3823			
17.	Total Quantity of Material Received During Report Year:	38337.58			
18.	Total Quantity of Material Lost Due to Processing (e.g. grinding, drying, shrinkage, fires, etc.) During Report Year:	2299			
19.	Total Quantity of Material Removed from Site for:				
	a. Use (e.g., landfill cover, fuel, mulch, compost, etc.):	36615			
	b. Disposal:	0			
	c. Other (transfer stations)				
20.	Total Quantity On Site at End of Report Year of:				
	a. Unprocessed Material:	5500			
	b. Processed Material:	0			
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 44413.58 Total of Items 18, 19 and 20 44414  I affirm that the information provided in the annual report is true accurate, and correct to the best of my knowledge.					
Jennifer R Stirk, Environmental Specialist III 3 6 13					
Print Name and Title of Registrant/Permittee or Authorized Agent Signature Date					
Email address (if available):jstirk@volusia.org					

## PART D - MAILING INSTRUCTIONS

Remember to include the \$35.00 fee if this is also a registration application. Mail completed form to:

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