

Florida Department of Environmental Protection Carlos Lopez-Cantera

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400 Governor

Lt. Governor

Rick Scott

Herschel T. Vinyard Jr. Secretary

August 22, 2014

T. Casey Stephens, Director Citrus County Board Of County Commissioners P.O. Box 340 Lecanto, FL 34460

Dear T. Casey Stephens:

Your registration application for Citrus County Central Landfill, located at 230 W. Gulf To Lake Hwy, Lecanto, in Citrus County has been received. The application indicated this facility is operating as a:

- ____ Yard Trash Transfer Station
- X Yard Trash Recycling Facility
- ____ Manure Blending Operation
- ____ Vegetative, Animal Byproducts or Manure Composting Facility

And processing the following:

X Yard trash (including clean wood)

<u>Manure</u>

- ____ Animal byproducts (composting)
- _____Vegetative wastes (composting)
- Pre-consumer vegetative (composting)

The registration application is complete, and is valid until August 1, 2015. The WACS identification number for this facility is 00039859. The receipt number for the registration fee you paid is 851693.

You must comply with the requirements specified in Rule 62-709.320, and Rules 62-709.330 or 62-709.350, Florida Administrative Code (F.A.C.), in order to maintain gualification for the registration program. A summary of the operating requirements is enclosed.

www.dep.state.fl.us

August 22, 2014 T. Casey Stephens Page 2 of 2

If you need further information, please contact the Division of Waste Management, Waste Registration Section at the above address, Mail Station 4550, telephone (850) 245-8707, or email Lauren.OConnor@dep.state.fl.us.

Sincerely,

Jawen Olonnod

Planner I

Enclosure

cc: Melissa Madden, Southwest District

RECEIVED Florida Department of VIRONMENTAL PROTECTION JUN 30204 Protection Solid Waste Section, Mail Station 4565 PERMITTING & CO2009 Relates One Road, Tallahassee, Florida 32399-2400 ASSISTANCE PROGRAM	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) <u>39859</u> (Filled in by DEP) This form is adopted by reference in subsection 62- 709 901(3), F A C. d 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 Yard trash transfer station Vegetative, animal byproducts or man	Manure blending									
3. Type of Waste Processed: Yard trash 🗹 Manure 🗍 Animal byproducts D Pre-consumer Vegetative Ugetative (could/did come into contact with animal products or byproducts or end user)										
4. Facility Name: Citrus County Central Landfill										
5. Registrant Name (or Permittee if annual report only): Citrus County Board of Co	unty Commissioners									
6. Federal Employer Identification Number: 596000548										
7. Mailing Address: P. O. Box 340										
City Lecanto State Florida	Zip <u>34460</u>									
Street Mailing Address (if different): 230 W Gulf to Lake Highway										
City Lecanto State Florida	Zip 34461									
8. Facility Location - Street Address or Property Number: 230 W Gulf to Lake Highw	ay									
City Lecanto County Citrus										
9. Contact Person: T. Casey Stephens Telephone: 352-527-	7670									
PART B - ADDITIONAL INFORMATION REQUIRED FOR REGISTRATION										
 Records required by Rule 62-709.320, F.A.C., will be kept at the facility? If no, please indicate where these records will be kept and made available upon Department 	Yes <u>V</u> No <u>L</u> request to review the records:									
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11. Does the registrant own the facility site?	Yes 🗹 No 🔲									
If you answered no, please attach evidence that the facility owner or operator has permoperate a yard trash transfer station or a solid waste organics recycling facility at this										
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 ${f r}$	must be completed. $438/n76$									
 Include a check or money order for the \$35.00 registration fee made payable to the Florida D Protection. 	Department of Environmental \$35,00									
I affirm that I have read Rules 62-709.320, 62-709.330 and 62-709.350, F.A.C., and shell 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.										
T. Casey Stephens, Director	~ 4/24/14									
Print Name and Title of Registrant or Authorized Agent	/ Díate									
Email address (if available): casey.stephens@bocc.citrus.fls	, paic									

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4. Calendar Year (January 1 through December 31) Covered by this Report:	2013 ·
 Values used in this report are in (SELECT ONE): 	Tons 🖌 Cubic Yards
6. For Existing Facilities that have not reported this information in the pa	ist, Amount of
a. Unprocessed Material On Site at Beginning of Report Year:	200
b. Processed Material On Site at Beginning of Report Year (total):	300
7. Total Quantity of Material Received During Report Year:	10,830
 Total Quantity of Material Lost Due to Processing (e.g. grinding, drying, shrinkage, fires, etc.) During Report Year. 	1,625
9. Total Quantity of Material Removed from Site for:	
a. Use (e.g., landfill cover, fuel, mulch, compost, etc.):	8,905
b. Disposal:	0
c. Other (transfer stations)	0
20. Total Quantity On Site at End of Report Year of:	
a. Unprocessed Material:	600
b. Processed Material:	200

Note that the total sum of items to a and b plus 17 must equal to sum of items 18, plus 19 a, p-and c, plus 20 a and b.
Total of items 16 and 17 11, 330 Total of items 18, 19 and 20 11, 330
I affirm that the information provided in the annual report is true, accurate and correct to the best of my knowledge.
T. Casey Stephens, Director
Print Name and Title of Registrant/Permittee or Authorized Agent Signature Date
Email address (if available): casey.stephens@bocc.citrus.fl.us

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

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LES COOK, C F A CITRUS COUNTY PROPERTY APPRAISER Commitment ~ Innovation ~ Respect ~ Integrity ~ Service											
Home Home S	Search Gearch Choic		Exempti	ons Agric	culture	-	Tangible	Links Contact			
> Citrus County Property Appraiser - Current Taxroll In Work As Of: 01-AUG-14											
Owner & Property Information Altkey 3463658 Print Property Card (Pdf) GIS Map Viewer Owner Name CITRUS COUNTY ATTN MANAGEMENT/BUDGET OFFICE BIS Map Viewer Original Trim information not available Tax Estimator Download Section Map (pdf) Oblique View (Pictometry) Oblique View (Pictometry) Download Section Map (pdf) Oblique View (Pictometry) Oblique View (Pictometry) Oblique View (Pictometry) Download Section Map (pdf) Oblique View (Pictometry) Oblique View (Pictometry) Oblique View (Pictometry) Oblique View (Pictometry) Download Section Map (pdf) Oblique View (Pictometry) Oblique View									large:		
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Citrus County Central Landfill





DISCLAIMER

DISCLAIMER: NOT A SURVEY - FOR ASSESSMENT PURPOSES ONLY. The Citrus County Property Appraisers Office does not warrant, guarantee, or make any representations regarding the use, or the results of the use, of the information provided to you by the CCPA in terms of correctness, accuracy, reliability, timeliness or otherwise. The entire risk as to the results and performance of any information obtained from the CCPA is entirely assumed by the user. Zoning information should be verified with Development Services.