

FLORIDA DEPARTMENT OF  
ENVIRONMENTAL PROTECTION

BOB MARTINEZ CENTER  
2600 BLAIRSTONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

RICK SCOTT  
GOVERNOR

CARLOS LOPEZ-CANTERA  
LT. GOVERNOR

CLIFFORD D. WILSON III  
INTERIM SECRETARY

**Receipt for Submission**

January 16, 2015

JENNIFER R. STIRK  
VOLUSIA COUNTY SOLID WASTE DIVISION  
1990 TOMOKA FARMS ROAD

Port Orange, FL 32128 0

Dear JENNIFER R. STIRK

You indicated that operation of your Yard Trash Processing Facility known as TOMOKA FARMS ROAD LANDFILL (located at 1990 TOMOKA FARMS ROAD , Port Orange) in Volusia 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 27540.

If you have any questions, please contact me at the above address, Mail Station 4565, telephone 850-245-8707, or e-mail [Lauren.OConnor@dep.state.fl.us](mailto:Lauren.OConnor@dep.state.fl.us).

Sincerely,

Lauren O'Connor

cc: Gloria Depradine; Central 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>27540</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: TOMOKA FARMS ROAD LANDFILL
5. Registrant Name (or Permittee if annual report only): VOLUSIA COUNTY SOLID WASTE DIVISION
6. Federal Employer Identification Number: 596000885
7. Mailing Address: 1990 TOMOKA FARMS ROAD  
City Port Orange State FL Zip 32128 0  
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) 947-2952

### 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: 2014
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: 9151
- b. Processed Material On Site at Beginning of Report Year (total): 1322
17. Total Quantity of Material Received During Report Year: 46152
18. Total Quantity of Material Lost Due to Processing (e.g. grinding, drying, shrinkage, fires, etc.) During Report Year: 2906
19. Total Quantity of Material Removed from Site for:
- a. Use (e.g., landfill cover, fuel, mulch, compost, etc.): 49077
- b. Disposal: 0
- c. Other (transfer stations) 0
20. Total Quantity On Site at End of Report Year of:
- a. Unprocessed Material: 4642
- 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 56625      Total of Items 18, 19 and 20 56625

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

<u>JENNIFER R. STIRK</u>	<u>JENNIFER R. STIRK</u>	<u>01/16/2015</u>
Print Name and Title of Registrant/Permittee or Authorized Agent	Signature	Date

Email address (if available): jstirk@co.volusia.fl.us

**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**