Florida Department of Environmental Protection

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

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Receipt for Submission

June 22, 2015

ERIC PARKER WASTE MANAGEMENT INC. OF FL 5110 S. US HIGHWAY 301

JACKSONVILLE, FL 32234 3606

Dear ERIC PARKER

Your application for Registration of a Yard Trash Processing Facility for TRAIL RIDGE YARD TRASH PR(FACILITY (located at 5110 S. US HIGHWAY 301, Jacksonville) in Duval County is complete. Your facility number (WACS ID) is 33628. This registration is valid until August 1, 2016. The receipt number for the regis paid is 885952.

You must comply with the requirements specified in Chapter 62-709, Florida Administrative Code (F.A.C.) in maintain qualification for the registration program. A summary of the operating requirements is attached.

If you need further information, please contact me at the above address, Mail Station 4565, telephone 850-245 e-mail Lauren.OConnor@dep.state.fl.us.

Sincerely,

Lauren O'Connor

cc: Emerson Raulerson; Northeast 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>33628</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 opera	ting under permit:	
2. Type of Facility: Yard trash recycling Yard trash transfer station Vegetative	Manure blendi , animal byproducts or manure composti		
3. Type of Waste Processed: Yard trash _ ✓ Manure Vegetative (could/did come into conta	Animal byproducts Pre-const act with animal products or byproducts o		
4. Facility Name: TRAIL RIDGE YARD TRASH PROCESSING FACILITY			
5. Registrant Name (or Permittee if annual report only): WASTE MANAGEMENT INC. OF FL			
6. Federal Employer Identification Number: 591094518			
7. Mailing Address: 5110 S. US HIGHWAY 301			
City <u>JACKSONVILLE</u> State <u>FL</u>	Zip	32234 3606	
Street Mailing Address (if different):			
City State	Zip		
8. Facility Location - Street Address or Property Number: 5110 S.	US HIGHWAY 301		
City Jacksonville County Duval			
9. Contact Person: ERIC PARKER	Telephone: (904) 748-6006		
PART B - ADDITIONAL INFORMATION REQUIRED FOR REGISTRATION APPLICATION			
10. Records required by Rule 62-709.320, F.A.C., will be kept at the f	acility? Yes	<u> </u>	
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 Brotagtion, Development of \$25.00 for this registration was received via option transaction.			
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.			
	ARKER	06/22/2015	
Print Name and Title of Registrant or Authorized Agent	Signature	Date	

eparker1@wm.com

Email address (if available):

	PART C - ANNUA	L REPORT	
14.	Calendar Year (January 1 through December 31) Covered by th	nis Report: 2014	
15.	Values used in this report are in (SELECT ONE):	Tons 🔽 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	: <u>1</u>	
	b. Processed Material On Site at Beginning of Report Year (to	otal): 0	
17.	Total Quantity of Material Received During Report Year:	104984	
18.	Total Quantity of Material Lost Due to Processing (e.g. grinding shrinkage, fires, etc.) During Report Year:	, drying,6243	
19.	Total Quantity of Material Removed from Site for:		
	a. Use (e.g., landfill cover, fuel, mulch, compost, etc.):	98741	
	b. Disposal:	0	
	c. Other (transfer stations)	0	
20.	Total Quantity On Site at End of Report Year of:		
	a. Unprocessed Material:	0	
	b. Processed Material:	1	
	that the total sum of items 16 a and b plus 17 must equal to sum Total of items 16 and 17 104985 I affirm that the information provided in the annual report is tr PARKER ERJCE	Total of Items 18, 19 and 20 104985	
Print Name and Title of Registrant/Permittee or Signature Authorized Agent			
Emai	address (if available): eparker1@wm.com		

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