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 25, 2015

Joanne Chamberlain WEST PASCO COUNTY CLASS III 14230 HAYS ROAD

SPRING HILL, FL 346100

Dear Joanne Chamberlain

Your application for Registration of a Yard Trash Processing Facility for WEST PASCO COUNTY CLASS I 14606 HAYS ROAD, Spring Hill) in Pasco County is complete. Your facility identification number (WACS This registration is valid until August 1, 2016. The receipt number for the registration fee you paid is 886305.

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: null; null



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>45799</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 Sol	id Waste Organics Recycling Facility
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PART A - GENERAL INFORMATION					
1. Type of Application: New Renewal (due July	1) _ Annual report only for facili	ty opera	ting under permit:		
2. Type of Facility: Yard trash recycling Yard trash transfer station Vertex	Manu egetative, animal byproducts or manure o	re blendi composti			
3. Type of Waste Processed: Yard trash <u>✓</u> Manure Vegetative (could/did come	Animal byproducts F		umer Vegetative r end user)		
4. Facility Name: WEST PASCO COUNTY CLASS					
5. Registrant Name (or Permittee if annual report only): <u>N</u>	EST PASCO COUNTY CLASS III				
6. Federal Employer Identification Number: 59600079	3				
7. Mailing Address: 14230 HAYS ROAD					
City SPRING HILL Sta	ate <u>FL</u>	Zip	34610 0		
Street Mailing Address (if different):					
City Sta	ate	Zip			
8. Facility Location - Street Address or Property Number:	14606 HAYS ROAD				
	unty Pasco				
9. Contact Person: JOHN POWER	Telephone: (727) 856-0119)			
PART B - ADDITIONAL INFORMATION	I REQUIRED FOR REGISTRATION APP	LICATIO	N		
10. Records required by Rule 62-709.320, F.A.C., will be kep	ot at the facility?	Yes	<u>✓</u> 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	<u> </u>		
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	<u> </u>		
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, 62-709.3 specified in those rules. I also affirm that the information pro knowledge. I have attached all documents and/or authorizat	vided in the application is true, accurate,				
Joanne Chamberlain	Joanne Chamberlain		06/25/2015		
Print Name and Title of Registrant or Authorized Agent	Signature		Date		

	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.	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:	60			
	b. Processed Material On Site at Beginning of Report Year (total):	0			
17.	Total Quantity of Material Received During Report Year:	2513			
 Total Quantity of Material Lost Due to Processing (e.g. grinding, drying, shrinkage, fires, etc.) During Report Year: 		0			
19.	Total Quantity of Material Removed from Site for:				
	a. Use (e.g., landfill cover, fuel, mulch, compost, etc.):	2543			
	b. Disposal:	0			
	c. Other (transfer stations)	0			
20.	Total Quantity On Site at End of Report Year of:				
	a. Unprocessed Material:	30			
	b. Processed Material:	0			
Note	hat the total sum of items 16 a and b plus 17 must equal to sum of items 18, pl Total of items 16 and 17 2573 Tota I affirm that the information provided in the annual report is true, accurate, a	al of Items 18, 19 and 20 2573			
Joanne Chamberlain Joanne Chamberlain		06/25/2015			
		gnature Date			
Emai	address (if available): jchamberlain@pascocountyfl.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