

Florida Department of **Environmental Protection** Carlos Lopez-Cantera

Rick Scott Governor

Lt. Governor

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

Noah Valenstein Secretary

August 16, 2018

Henry C. Norris, Jr. Citrus County Bocc Po Box 340 Lecanto, FL 34460

Dear Henry C. Norris, Jr.:

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

	Yard Trash Transfer Station
<u>X</u>	Yard Trash Recycling Facility
]	Manure Blending Operation
	Vegetative, Animal Byproducts or Manure Composting Facility
1	ssing the following:
<u>X</u>	Yard trash (including clean wood)
]	Manure
	Animal byproducts (composting)
	Vegetative wastes (composting)

The registration application is complete, and is valid until August 1, 2019. The WACS identification number for this facility is 00039859. The receipt number for the registration fee you paid is.

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 qualification for the registration program. A summary of the operating requirements is enclosed.

August 16, 2018 Henry C. Norris, Jr. 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)245-8798, or email hope.thigpen2@dep.state.fl.us.

Sincerely,

Enclosure

Hope Thigpen

cc: Melissa Madden, Steven Tafuni, Southwest District

RECEIVED

Florida Department of Environmental

Protection

Florida Department of Environmental Protection

Solid Waste Section, Mail Station 4565 Fring & Complian Fight Stone Road, Tallahassee, Florida 32399-2400 Sistance Program 39859

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.
(Filled in by DEP)
DEP WACS ID No:
(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

Type of Facility: Yard trash recycling Yard trash recycling Yard trash transfer station Vegetative, animal byproducts Pre-consumer Vegetative Vegetative Animal byproducts or manure composting Pre-consumer Vegetative Vegetative Vegetative Animal byproducts or byproducts or end user) Pre-consumer Vegetative Vegetative Vegetative Vegetative Vegetative Pre-consumer Vegetative Pre-consumer Vegetative Vegetative Vegetative Pre-consumer Pre-consumer					
Type of Facility: Yard trash recycling Yard trash recycling Yard trash transfer station Vegetative, animal byproducts Pre-consumer Vegetative Vegetative Animal byproducts or manure composting Pre-consumer Vegetative Vegetative Vegetative Animal byproducts or byproducts or end user) Pre-consumer Vegetative Vegetative Vegetative Vegetative Vegetative Pre-consumer Vegetative Pre-consumer Vegetative Vegetative Vegetative Pre-consumer Pre-consumer		PART A - GENERAL INFORMAT	ION		
Yard trash transfer station Vegetative, animal byproducts or manure composting 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) Pre-consumer Vegetative Vegetative (could/did come into contact with animal products or byproducts or end user) Pre-consumer Vegetative	1. Type of Application: New	Renewal (due July 1) X Annual	report only for facility opera	ating under permi	: Д
Facility Name: Citrus County Central Landfill	2. Type of Facility: Yard trash recycling Yard trash transfer s	X tation \(\sum \text{Vegetative, animal byp}		· -	
Registrant Name (or Permittee if annual report only): Citrus County Board of County Commissioners Federal Employer Identification Number: 596000548 Mailing Address: P.O. Box 340 City Lecanto State FL Zip 34460 Street Mailing Address (if different): 230 West Gulf to Lake Highway City Lecanto State FL Zip 34461 Facility Location - Street Address or Property Number: County Citrus County Citrus Contact Person: Henry C. Norris Jr. PART B - ADDITIONAL INFORMATION REQUIRED FOR REGISTRATION APPLICATION Records required by Rule 62-709.320, F.A.C., will be kept and made available upon Department request to review the records: Does the registrant own the facility site? 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. Has the organic recycling facility begun operations? If this facility was operating in the previous calendar year, the annual report in Part C must be completed. Include a check or money order for the \$35.00 registration fee made payable to the Florida Department of Environmental Protection. 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 ecified in those rules. I also affirm that the information provided in the application+s true accurate, and correct to the best of my owledge. I have attached all documents and/or authorized Agent Signature Date	3. Type of Waste Processed: Yard trasl Vegetativ				
Federal Employer Identification Number: 596000548 Mailing Address: P.O. Box 340 City Lecanto State FL Zip 34460 Street Mailing Address (if different): 230 West Gulf to Lake Highway City Lecanto State FL Zip 34461 Facility Location - Street Address or Property Number: 230 West Gulf to Lake Highway City Lecanto County Citrus Contact Person: Henry C. Norris Jr. Telephone: 352-527-7670 PART B - ADDITIONAL INFORMATION REQUIRED FOR REGISTRATION APPLICATION 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: 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. 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. Linclude a check or money order for the \$35.00 registration fee made payable to the Florida Department of Environmental Composition of the Signature Signature Date HENRY C. Necests Tr. Delectors Pote to the Signature Signature Date	Facility Name: Citrus County	Central Landfill			
Mailing Address: P.O. Box 340 City Lecanto State FL Zip 34460 Street Mailing Address (if different): 230 West Gulf to Lake Highway City Lecanto State FL Zip 34461 Facility Location - Street Address or Property Number: 230 West Gulf to Lake Highway City Lecanto County Citrus Contact Person: Henry C. Norris Jr. Telephone: 352-527-7670 PART B - ADDITIONAL INFORMATION REQUIRED FOR REGISTRATION APPLICATION 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: Does the registrant own the facility site? 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. Has the organic recycling facility begun operations? If this facility was operating in the previous calendar year, the annual report in Part C must be completed. Include a check or money order for the \$35.00 registration fee made payable to the Florida Department of Environmental Completion. 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 edified in those rules. I also affirm that the information provided in the applications that are required. HENRY C. Westers Tr. Defection. Date	5. Registrant Name (or Permittee if annu	citrus County E	Board of County Co	ommissione	rs
City Lecanto State FL Zip 34460 Street Mailing Address (if different): 230 West Gulf to Lake Highway City Lecanto State FL Zip 34461 Facility Location - Street Address or Property Number: 230 West Gulf to Lake Highway City Lecanto County Citrus Contact Person: Henry C. Norris Jr. PART B - ADDITIONAL INFORMATION REQUIRED FOR REGISTRATION APPLICATION 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: 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. 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. Include a check or money order for the \$35.00 registration fee made payable to the Florida Department of Environmental Protection. 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 edified in those rules. I also affirm that the information provided in the application to a course, and correct to the best of my owledge. I have attached all documents and/or authorizations that are gequired. **HENRY C. North State St	6. Federal Employer Identification Numb	er: 596000548			
Lecanto State FL Zip 34460	7. Mailing Address: P.O. Box 34	0			•
Street Mailing Address (if different): 230 West Gulf to Lake Highway City Lecanto State FL Zip 34461 Facility Location - Street Address or Property Number: County City Lecanto County County County Citrus Telephone: 352-527-7670 PART B - ADDITIONAL INFORMATION REQUIRED FOR REGISTRATION APPLICATION 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: 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. 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. Include a check or money order for the \$35.00 registration fee made payable to the Florida Department of Environmental Protection. 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 edified in those rules. I also affirm that the information provided in the application straig accurate, and correct to the best of my owledge. I have attached all documents and/or authorizations that are required. **ENRY C. NOBLES J.E. DIRECTION DIRECTION Direction Date	Locanto	State FL	Zip	34460	
Lecanto State FL Zip 34461			•		
City Lecanto County Citrus Telephone: 352-527-7670 PART B - ADDITIONAL INFORMATION REQUIRED FOR REGISTRATION APPLICATION 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: 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. Has the organic recycling facility begun operations? If this facility was operating in the previous calendar year, the annual report in Part C must be completed. Include a check or money order for the \$35.00 registration fee made payable to the Florida Department of Environmental Protection. 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 ecifed in those rules. I also affirm that the information provided in the application is true accurate, and correct to the best of my owledge. I have attached all documents and/or authorizations that are required. **HENRY C. NORES J. Tr. DIEECTRA**	Locanto	State FL	Zìn.	34461	
City Lecanto County Citrus Telephone: 352-527-7670 PART B - ADDITIONAL INFORMATION REQUIRED FOR REGISTRATION APPLICATION 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: 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. Has the organic recycling facility begun operations? If this facility was operating in the previous calendar year, the annual report in Part C must be completed. Include a check or money order for the \$35.00 registration fee made payable to the Florida Department of Environmental Protection. 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 ecifed in those rules. I also affirm that the information provided in the application is true accurate, and correct to the best of my owledge. I have attached all documents and/or authorizations that are required. **HENRY C. NORES JE. DIRECTED C. Signature Date	-	230 Most Gul		<u> </u>	
PART B - ADDITIONAL INFORMATION REQUIRED FOR REGISTRATION APPLICATION 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: 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. Has the organic recycling facility begun operations? If this facility was operating in the previous calendar year, the annual report in Part C must be completed. Include a check or money order for the \$35.00 registration fee made payable to the Florida Department of Environmental Protection. 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 ecified in those rules. I also affirm that the information provided in the application is true accurate, and correct to the best of my owledge. I have attached all documents and/or authorizations that are required. **HENRY C. NORELS, JR. DIRECTION Date Da	Locanto	Citrus			
PART B - ADDITIONAL INFORMATION REQUIRED FOR REGISTRATION APPLICATION 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: 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. 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. Include a check or money order for the \$35.00 registration fee made payable to the Florida Department of Environmental Protection. 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 ecified in those rules. I also affirm that the information provided in the application is true accurate, and correct to the best of my owledge. I have attached all documents and/or authorizations that are required. **ENRY C. NORES, TR. DIRECTION Signature Date	Honry C. No	arrie Ir	352-527-7670		
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 request to review the records: 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. 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. Include a check or money order for the \$35.00 registration fee made payable to the Florida Department of Environmental Protection. 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 ecified in those rules. I also affirm that the information provided in the application is the accurate, and correct to the best of my owledge. I have attached all documents and/or authorizations that are required. HENRY C. NORES, JR. DIRECTOR Signature Date	9. Contact Person.	Telephone:			
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 request to review the records: 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. 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. Include a check or money order for the \$35.00 registration fee made payable to the Florida Department of Environmental Protection. 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 ecified in those rules. I also affirm that the information provided in the application is the accurate, and correct to the best of my owledge. I have attached all documents and/or authorizations that are required. HENRY C. NORES, JR. DIRECTOR Signature Date	PART R - ADDITION	AL INFORMATION REQUIRED FOR R	EGISTRATION APPLICATI	ION	
If no, please indicate where these records will be kept and made available upon Department request to review the records: 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. 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. Include a check or money order for the \$35.00 registration fee made payable to the Florida Department of Environmental Protection. 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 ecified in those rules. I also affirm that the information provided in the application is true accurate, and correct to the best of my owledge. I have attached all documents and/or authorizations that are required. HENRY C. NORES JR. DIRECTER Signature Date					
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. 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. Include a check or money order for the \$35.00 registration fee made payable to the Florida Department of Environmental Protection. 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 ecified in those rules. I also affirm that the information provided in the application is true, accurate, and correct to the best of my owledge. I have attached all documents and/or authorizations that are required. HENRY C. NORELS JE. DIRECTOR Director Date Date	• •	•			. <u>- لسبا</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. 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. Include a check or money order for the \$35.00 registration fee made payable to the Florida Department of Environmental Protection. 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 ecified in those rules. I also affirm that the information provided in the application is true accurate, and correct to the best of my owledge. I have attached all documents and/or authorizations that are required. HENRY C. NORES JR. DIRECTOR Direct	ii no, piease indicate where these rec	oids wiii be kepi and made avaliable up	on Department request to n	sview the records	•
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. 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. Include a check or money order for the \$35.00 registration fee made payable to the Florida Department of Environmental Protection. 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 ecified in those rules. I also affirm that the information provided in the application is true accurate, and correct to the best of my owledge. I have attached all documents and/or authorizations that are required. HENRY C. NORES JR. DIRECTOR Direct	A. Dana Maran Salara A	-2			
If this facility was operating in the previous calendar year, the annual report in Part C must be completed. Include a check or money order for the \$35.00 registration fee made payable to the Florida Department of Environmental Protection. 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 ecified in those rules. I also affirm that the information provided in the application is true accurate, and correct to the best of my owledge. I have attached all documents and/or authorizations that are required. HENRY C. NORRIS JR. DIRECTOR Signature Date	-				
If this facility was operating in the previous calendar year, the annual report in Part C must be completed. Include a check or money order for the \$35.00 registration fee made payable to the Florida Department of Environmental Protection. 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 ecified in those rules. I also affirm that the information provided in the application is true accurate, and correct to the best of my owledge. I have attached all documents and/or authorizations that are required. HENRY C. NORRIS JR. DIRECTOR Signature Date	If you answered no, please attach of operate a yard trash transfer statio	vidence that the facility owner or open or a solid waste organics recycling	rator has permission from facility at this site.	n the landowner	to
Include a check or money order for the \$35.00 registration fee made payable to the Florida Department of Environmental Protection. 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 ecified in those rules. I also affirm that the information provided in the application is true accurate, and correct to the best of my owledge. I have attached all documents and/or authorizations that are required. HENRY C. NORRIS JR. DIRECTOR Thin Name and Title of Registrant or Authorized Agent Signature Date	2. Has the organic recycling facility begin	un operations?	Yes	No.	
Include a check or money order for the \$35.00 registration fee made payable to the Florida Department of Environmental Protection. 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 ecified in those rules. I also affirm that the information provided in the application is true accurate, and correct to the best of my owledge. I have attached all documents and/or authorizations that are required. HENRY C. NORRIS JR. DIRECTOR Thin Name and Title of Registrant or Authorized Agent Signature Date	If this facility was operating in the	previous calendar vear, the annual re	port in Part C must be con	mpleted.	<u>, 75</u>
ecified in those rules. I also affirm that the information provided in the application is true accurate, and correct to the best of my owledge. I have attached all documents and/or authorizations that are required. HENRY C. NORRIS JR. DIRECTOR Print Name and Title of Registrant or Authorized Agent Date	3. Include a check or money order for th	•		1	111 9-
HENRY C. NORRIS JR. DIRECTOX Clark Print Name and Title of Registrant or Authorized Agent Signature Date	specified in those rules. I also affirm that	the information provided in the applicati	op is tried accurate, and co		
			Jano Z.	6/1/	18
BARAL BARRA (A) APPLIANA AA AA YA		thorized Agent Orris@citrusbocc.com	/Signature	Date	•

4 😙			
2017			
Cubic Yards			
t of			
0			
144			
14			
030			
)			
0			
b and c; plus 20 a and b. ns 18, 19 and 20 12,944 ect to field best of my knowledge. Date			
n			

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 8/16/2018 Citrus County, FL

> Home Parcel Search ▼

Altkey: 3463658 CITRÚS COUNTY Summary Citrus County Property Appraiser, Les Cook C.F.A. Legal

Parcel ID: 18E19S01 70000 230 W GULF TO LAKE HWY, LECANTO

1 of 8 Return to Search Results My Tax Year: 2018 ▼

Actions

Reports

Meighborhood Sales

Printable Summary

Printable Version

Attribute Export

Property Record Card

Go

Original Trim Notice

Mailing List

PC Code

Land & Agriculture Residential Nbhd Commercial **Misc Improvements** Values

Sketch

Photos

Permits

Quick Links

Pictometry

8600 - CTY INC NONMUNI **Bldg Counts** Res 0 / MH 0 / Comm 1 0444 - HWY 44 EAST OF HILL ST TO KENSINGTON AVE Tax District 0000 - COASTAL RIVERS BASIN 003319 - UNREC TRACTS IN 01-19S-18E Subdivision Short Legal

W 193.68 FT OF E 387.36 FT OF SW1/4 OF SE1/4 OF NE1/4 SEC 1-19-18 S OF SR 44 DESC IN OR BK 307 PG 794 & OR BK 584 PG 1344 1994 LESS OUTS: OR BK 998 PG

299(90000-1640) TITLE OR

3,515,627 80.71 01-19S-18E

Proposed 3rd Homestead Benefit **CLICK HERE**

Мар

Mailing Address

Est. Parcel Sqft

Est. Parcel Acres

Map SC-TW-RG

CITRUS COUNTYATTN MANAGEMENT/BUDGET OFFICE Name Mailing Address 3600 W SOVEREIGN PATH STE 266

LECANTO FL 34461 7727

Links

Search Help

All Owners

Name Owner Type ATTN MANAGEMENT/BUDGET OFFICE CITRUS COUNTY O - Owner

Value History and Tax Amount

Year	Land Value			Non-Sch. Assessed	Non-Sch. Exemptions	Non-Sch. Taxable	HX Savings	Tax Amount	Tax Link
2017	\$516,550	\$337,330	\$853,880	\$853,880	\$853,880	\$0	\$0	\$.00	Link
2016	\$516,550	\$334,800	\$851,350	\$851,350	\$851,350	\$0	\$0	\$.00	Link
2015	\$516,550	\$331,540	\$848,090	\$848,090	\$848,090	\$0	\$0	\$.00	Link
2014	\$522,978	\$325,672	\$848,650	\$848,650	\$848,650	\$0	\$0	\$.00	Link
2013	\$524,819	\$368,961	\$893,780	\$893,780	\$893,780	\$0	\$0	\$.00	Link

Permit Summary

Permit Date	Permit Number	Description	Amount	Occupancy Date
		REMOVAL OF EQUIPMENT OF OLD WASTEWATER TREATMENT PLANT - PUMPS LIFT STATION ETC.	\$19,000	
11/08/2017	201710461	BUILDOUT OF 7 X 8 INTERIOR BATHROOM IN EX STEEL BUILDING AT CITRUS COUNTY LANDFI	\$12,770	
07/18/2017	201706503	SITE AND BUILDING PERMIT TO REMOVE EXISTING SHED AND REPLACE WITH 18X26 PREFAB B $$	\$14,600	
12/07/2015	201511810	REPLACE 2 TON PACKAGE UNIT ONLY * NON - RES * CITRUS COUNTY LANDFILL * NOC N/A *	\$3,457	
01/24/2013	201300479	CHANGE OUT 2 A/C UNITS ON ADMINISTRATIVE BUILDING-	\$7,070	
12/16/2010	201009190	BUILDING PERMIT FOR HEADWALLS AND WINGWALLSNOC I	\$2,488,136	02/02/2011
12/16/2010	201009189	BUILDING PERMIT FOR BOX CULVERTNOC IN OLPII FOR	\$2,488,136	
12/16/2010	201009188	SITE PERMIT FOR CENTRAL LANFILL PHASE 3 EXPANSION	\$2,488,136	02/02/2011
10/28/2010	201007077	SITE AND BUILDING PERMIT FOR A 60X40 MODULAR OFFIC	\$0	07/19/2011
10/28/2010	201007677	HANDICAP RAMP TO ACCESS MODULAR OFFICE (SEE PERMIT	\$0	
07/14/2010	201005027	DEMO OF ASPHALT PAVEMENT/ CONCRETE PUMP ACCESS RD	\$0	
04/19/2010	201000786	SITE AND BUILDING FOR SHED FOR METHANE GAS BLOWER-	\$16,600	
08/29/2005	200512403	STORM PANELS * NON RES* NO ELECTRICNO NOC REQ	\$1,994	
08/15/2005	200511081	8' INTERIOR WALL AT THE SOLID WASTE MGMT OFFICE	\$1,500	
11/02/2004	200411762	REPLACE ROOF OVER OIL SITENOC in File for ste	\$0	
08/12/2003	200307220	OUTBOUND LANDFILL SCALE REPLACEMENT NOC IN FIL	\$0	01/05/2004
07/31/2003	200307532	TEMPORY SCALE HOUSE ******OK TO ISSUE PER GARY MAI	\$0	

