

**FLORIDA DEPARTMENT OF
Environmental Protection**

Ron DeSantis
Governor

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

Jeanette Nuñez
Lt. Governor

Noah Valenstein
Secretary

**Source-Separated Organics Processing Facility Registration
Confirmation of Submission**

03/08/2019

Waste Registration Section

SARASOTA COUNTY

SARASOTA CENTRAL LANDFILL COMPLEX

4000 Knights Trail Rd Nokomis, FL 34275 3610

Dear **SARASOTA COUNTY**

You indicated that operation of your Source-Separated Organics Processing Facility known as SARASOTA CENTRAL LANDFILL COMPLEX (located at 4000 Knights Trail Rd, Nokomis) in Sarasota 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 51614.

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

If you have any questions or need further assistance, please contact Waste Registration Section at (850) 245-8707 or by e-mail at Waste.Registration@dep.state.fl.us.

Please retain a copy of this confirmation for your records.

Sincerely,

Waste Registration Section

cc: Ryan Snyder; South 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 Station or SW Organic Recycling Facility
Effective Date February 15, 2010
DEP Facility ID No. 51614
(Filled in by DEP)
DEP WACS ID No. 51614
(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: SARASOTA CENTRAL LANDFILL COMPLEX
5. Registrant Name (or Permittee if annual report only): SARASOTA CENTRAL LANDFILL COMPLEX
6. Federal Employer Identification Number: 596000848
7. Mailing Address: 4000 Knights Trail Rd
City Nokomis State FL Zip 34275 3610
Street Mailing Address (if different):
City State Zip
8. Facility Location - Street Address or Property Number: 4000 Knights Trail Rd
City Nokomis County Sarasota
9. Contact Person: ROSE, LOIS Telephone: (941) 861-1589

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:	2018
15. Values used in this report are in (SELECT ONE):	Tons <input checked="" type="checkbox"/> Cubic Yards <input type="checkbox"/>
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:	23877
b. Processed Material On Site at Beginning of Report Year (total):	7804
17. Total Quantity of Material Received During Report Year:	59743.37
18. Total Quantity of Material Lost Due to Processing (e.g. grinding, drying, shrinkage, fires, etc.) During Report Year:	16803.07
19. Total Quantity of Material Removed from Site for:	
a. Use (e.g., landfill cover, fuel, mulch, compost, etc.):	57771.67
b. Disposal:	0.00
c. Other (transfer stations)	0.00
20. Total Quantity On Site at End of Report Year of:	
a. Unprocessed Material:	8035.31
b. Processed Material:	8814.32

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	91424.37	Total of Items 18, 19 and 20	91424.37
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I affirm that the information provided in the annual report is true, accurate, and correct to the best of my knowledge.

Lois Rose, Manager, Solid Waste Operations	<i>Lois Rose</i>	03/08/2019
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Print Name and Title of Registrant/Permittee or Authorized Agent	Signature	Date
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Email address (if available): lerose@scgov.net

PART D - MAILING INSTRUCTIONS

This registration was completed and payment of \$35.00 (if applicable) was received via online transaction.

~~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~~