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

07/01/2019

Waste Registration Section

WEST PASCO COUNTY CLASS III

PASCO COUNTY RESOURCE RECOVERY

14230 Hays Rd Spring Hill, FL 34610 7630

Dear WEST PASCO COUNTY CLASS III

Your application for Registration of a Source-Separated Organics Processing Facility (SOPF) for PASCO COUNTY RESOURCE RECOVERY (located at 14230 Hays Rd, Spring Hill) in Pasco County is complete. Your facility identification number (WACS ID) is 45799. This registration is valid until August 1, 2020. The receipt number for the registration fee you paid is 10743

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: Melissa Madden, Steven Tafuni; Southwest District, Southwest 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			
Ellective Date February 15, 2010			
DEP Facility ID No.	45799		
DEI Tacility ID 140.	(Filled in by DED)		
DED WAGO ID No.	(Filled in by DEP) 45799		
DEP WACS ID No:	10100		
1	(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 fac	cility opera	ting unde	r permit	: <u>□</u>		
2.	2. Type of Facility: Yard trash recycling ✓ Yard trash transfer station ✓ Vegetative, animal byproducts or manura	nure blend e compost					
3.	B. Type of Waste Processed: Yard trash ☑ Manure ☐ Animal byproducts ☐ Vegetative (could/did come into contact with animal products or by		umer Veg or end use				
4.	. Facility Name: PASCO COUNTY RESOURCE RECOVERY						
5.	i. Registrant Name (or Permittee if annual report only): PASCO COUNTY RESOURCE RECOVERY						
6.	5. Federal Employer Identification Number: 596000793						
7.	′. Mailing Address: 14230 Hays Rd						
	City Spring Hill State FL	Zip	34610 7	630			
	Street Mailing Address (if different):						
	City State	Zip					
8.	8. Facility Location - Street Address or Property Number:						
	City Spring Hill Pasco						
9.	JOHN POWER Telephone: (727) 856-0119						
	PART B - ADDITIONAL INFORMATION REQUIRED FOR REGISTRATION A	PPLICATI	ON				
10.	Records required by Rule 62-709.320, F.A.C., will be kept 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	V	No			
	If you answered no, please attach evidence that the facility owner or operator has permis operate a yard trash transfer station or a solid waste organics recycling facility at this sit		the land	owner 1	ю.		
12.	. Has the organic recycling facility begun operations?	Yes	V	No			
	If this facility was operating in the previous calendar year, the annual report in Part C mu	ıst be con	npleted.				
13.	Include a check or money order for the \$35.00 registration fee made payable to the Florida Department of \$35.00 for this registration was received via online transaction.	oartment o	f Environr	nental			
	I affirm that I have read Rules 62-709.320, 62-709.330 and 62-709.350, F.A.C., and shall ecified in those rules. I also affirm that the information provided in the application is true, accurate						
spe kno	owledge. I have attached all documents and/or authorizations that are required.	c, and cor	1001 10 1110		iiiy		
kno	owledge. I have attached all documents and/or authorizations that are required. Inne Chamberlain, Accountant II Joanne Chamberlain	c, and oor		01/2019	illy		
kno Joar	owledge. I have attached all documents and/or authorizations that are required.				y		

	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 Cubic Yards					
16.	6. For Existing Facilities that have not reported this information in the past, Amount of						
	a. Unprocessed Material On Site at Beginning of Report Year:	0					
	b. Processed Material On Site at Beginning of Report Year (total): 100					
17.	Total Quantity of Material Received During Report Year:	5017.00					
18.	Total Quantity of Material Lost Due to Processing (e.g. grinding, dr shrinkage, fires, etc.) During Report Year:	ying, 0					
19.	Total Quantity of Material Removed from Site for:						
	a. Use (e.g., landfill cover, fuel, mulch, compost, etc.):	4061.00					
	b. Disposal:	0					
	c. Other (transfer stations)	0					
20.	Total Quantity On Site at End of Report Year of:						
	a. Unprocessed Material:	136.00					
	b. Processed Material:	920.00					
Note	that the total sum of items 16 a and b plus 17 must equal to sum of Total of items 16 and 17 5117.00	items 18, plus 19 a, b and c, plus 20 a and b. Total of Items 18, 19 and 20 5117.00					
	I affirm that the information provided in the annual report is true,	accurate, and correct to the best of my knowledge.					
Joann	e Chamberlain, Accountant II Joanne C	Chamberlain 07/01/2019					
	Print Name and Title of Registrant/Permittee or Authorized Agent	Signature Date					
Emai	l address (if available): jchamberlain@pascocountyfl.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

Proof that as the Solid Waste Accountant II for Pasco County, I file this every year for John Power:



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.	45799				
DEP WACS ID No:	(Filled in by DEP) 45799				
	(Filled in by DEP)				
This form is adopted 709.901(3), F.A.C.	by reference in subsection 62-				

Application for Registration and Annual Report for a Yard Trash Transfer Station or a Solid Waste Organics Recycling Facility

PART A - GE	NERAL INFORMATION				
1. Type of Application: New 🗖 Renewal (due July 1) 🔽 Annual report only for facility operating under permit: 🛭					
Type of Facility: Yard trash recycling					
Type of Waste Processed: Yard trash	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: PASCO COUNTY RESOURCE RECOVER	ΥΥ				
Registrant Name (or Permittee if annual report only):	ASCO COUNTY RESOURCE RECOVERY				
Federal Employer Identification Number: 596000793					
7. Mailing Address: 14230 Hays Rd					
City Spring Hill Sta	te FL	Zip	346107	630	
Street Mailing Address (if different):					
City Sta	ite	Zip			
Facility Location - Street Address or Property Number:	14230 Hays Rd				
Spring Hill	Pasco				
9. Contact Person: JOHN POWER	Telephone: (727) 856-0119				
8. Contact Person.	Telephone.				
PART B - ADDITIONAL INFORMATION	REQUIRED FOR REGISTRATION API	PLICATION	ON		
10. Records required by Rule 62-709.320, F.A.C., will be kep	ot at the facility?	Yes	✓	No	
If no, please indicate where these records will be kept an	d made available upon Department requ	est to re	view the	records:	
11. Does the registrant own the facility site?		Yes	7	No	
If you answered no, please attach evidence that the f operate a yard trash transfer station or a solid waste			the land	lowner t	to
12. Has the organic recycling facility begun operations?	organics recycling facility at this site.	Yes	7	No	П
If this facility was operating in the previous calendar	year, the annual report in Part C mus		nleted	140	_
Include a check or money order for the \$35.00 registration Protection: Payment of \$35.00 for this registration was re	n fee made payable to the Florida Depa			mental	
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 authorizations.	vided in the application is true, accurate				
Joanne Chamberlain, Accountant II	Joanne Chamberlain		06/	29/2018	
Print Name and Title of Registrant or Authorized Agent	Signature		_	Date	
Email address (if available): jchamberlain@pascocountyfl.net					