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

07/01/2020

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, 2021. The receipt number for the registration fee you paid is 34763

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: Steven Tafuni, Melissa Madden; 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 Fe	bruary 15, 2010	
	45799	
DEP Facility ID No.	43799	
1	(Filled in by DEP)	
DEP WACS ID No:	` 45799 ´	
	(Filled in by DEP)	
This form is adopted	d 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	operat	ing und	er permi	: <u> </u>
2.	. Type of Facility: Yard tras Yard tras	sh recycling sh transfer station	Vegeta	itive, animal bypr	Manure oducts or manure co			• •	
3.	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.	4. Facility Name: PASCO COUNTY RESOURCE RECOVERY								
5.	. Registrant Name (or Perm	nittee if annual report o	nly): PASCO	COUNTY RESOL	IRCE RECOVERY				
6.	. Federal Employer Identific	cation Number: 596	6000793						
7.	Mailing Address: 14230 I	Hays Rd							
	City Spring Hill		_ State	FL		Zip	34610	7630	
	Street Mailing Address (if	different):							
	City	· -	State			Zip			
8.	Facility Location - Street A		– ımber: ¹⁴²³	0 Hays Rd		•			
	City Spring Hill		County	Pasco					
a	-	POWER		Telephone:	(727) 856-0119				
٥.				теюрноне.					
	PART B -	- ADDITIONAL INFOR	MATION REC	QUIRED FOR RE	GISTRATION APPL	ICATIO	ON		
10.	PART B -					ICATIO	ON	No	
10.		62-709.320, F.A.C., w	ill be kept at t	he facility?	Y	'es	V		
10.	. Records required by Rule	62-709.320, F.A.C., w	ill be kept at t	he facility?	Y	'es	V		
	. Records required by Rule	62-709.320, F.A.C., w	ill be kept at t	he facility?	Y n Department reques	'es	V		
	Records required by Rule	62-709.320, F.A.C., we re these records will be the facility site?	ill be kept at the kept and ma	the facility?	Y n Department reques Y	es st to rev	view the	records	
	Records required by Rule If no, please indicate when Does the registrant own the	62-709.320, F.A.C., we re these records will be ne facility site?	ill be kept at the kept and ma	the facility? ade available upo	n Department reques Y rator has permission	es st to rev	view the	records	
11.	Records required by Rule If no, please indicate when Does the registrant own the lf you answered no, please	re these records will be ne facility site? ase attach evidence the sfer station or a solid	ill be kept at the kept and manned the facilities at the facilities display the same at the facilities	the facility? ade available upo	n Department reques Y ator has permission acility at this site.	es st to rev	view the	records	
11.	Records required by Rule If no, please indicate when Does the registrant own the lif you answered no, pleatoperate a yard trash transport	62-709.320, F.A.C., we re these records will be the facility site? The facility site? The ase attach evidence the facility begun operation facility begun operation.	ill be kept at the kept and manned the facility displays the facility displays the facility of	the facility? ade available upo	n Department reques Y ator has permission acility at this site.	res st to rev res n from res	view the	No downer	
11. 12.	Records required by Rule If no, please indicate when Does the registrant own the lifyou answered no, pleatoperate a yard trash trans. Has the organic recycling	62-709.320, F.A.C., we re these records will be the facility site? The facility site? The facility begun operation of a solid facility begun operation of the previous of the facility of the \$35.00 recorder for the \$35.00	ill be kept at the kept and mat the facilited waste organs?	the facility? ade available upo y owner or oper inics recycling for the annual rep	n Department reques Y ator has permission acility at this site. Y ort in Part C must be	res st to rev res n from res oe com	view the the land	No downer	
11. 12. 13.	Records required by Rule If no, please indicate when Does the registrant own the lifyou answered no, pleat operate a yard trash trans. Has the organic recycling lifthis facility was operate include a check or money Protection. Payment of \$35	re these records will be ne facility site? ase attach evidence the sfer station or a solid facility begun operation ating in the previous cororder for the \$35.00 re 5.00 for this registration ad Rules 62-709.320, 60 affirm that the informatical contents at the site of the state of the stat	e kept and manned the facility distribution waste organisms? calendar years allendar years was received a second control of the facility of t	the facility? ade available upo by owner or oper inics recycling for the annual rep e made payable to d via online trans and 62-709.350, For I in the application	n Department reques Y ator has permission acility at this site. Y ort in Part C must be to the Florida Department action. A.C., and shall com n is true, accurate, a	Yes st to rev Yes n from Yes ne com nent of	view the the land	No downer No mental	to □
11. 12. 13. spe	Records required by Rule If no, please indicate when Does the registrant own the lifyou answered no, please operate a yard trash trans. Has the organic recycling lifthis facility was operated in the lift of \$35 and \$100 and \$1	ne facility site? ase attach evidence the ser station or a solid facility begun operation or a solid facility begun operation of the service	e kept and manned the facility and the facility displays a segment of the facility and the	the facility? ade available upo by owner or oper inics recycling for the annual rep e made payable to d via online trans and 62-709.350, For I in the application	n Department reques Y Tator has permission acility at this site. Y Tort in Part C must be action. T.A.C., and shall comen is true, accurate, a	Yes st to rev Yes n from Yes ne com nent of	view the the land pleted. Environ the request to the	No downer No mental	to □
11. 12. 13. spe kno	Records required by Rule If no, please indicate when Does the registrant own the second of the sec	re these records will be ne facility site? ase attach evidence the sfer station or a solid facility begun operation ating in the previous cororder for the \$35.00 re 5.00 for this registration ad Rules 62-709.320, 60 affirm that the informatil documents and/or au ill	e kept and manate the facility and the facility displays a separation feet in was received a separation provided attention provided the facility and the facili	the facility? ade available upon by owner or oper inics recycling for the annual rep e made payable to d via online trans and 62-709.350, For in the application that are required.	n Department reques Y Tator has permission acility at this site. Y Tort in Part C must be action. T.A.C., and shall comen is true, accurate, a	Yes st to rev Yes n from Yes ne com nent of	view the the land pleted. Environ the request to the	No downer No mental uiremen	to ts f my

PART C - ANNUAL REPORT			
14.	Calendar Year (January 1 through December 31) Covered by the	nis Report:	
15.	Values used in this report are in (SELECT ONE):	Tons Cubic Yards	
16.	For Existing Facilities that have not reported this informati	on in the past, Amount of	
	a. Unprocessed Material On Site at Beginning of Report Year	. 136	
	b. Processed Material On Site at Beginning of Report Year (to	otal): 920	
17.	Total Quantity of Material Received During Report Year:	3196.00	
18.	18. Total Quantity of Material Lost Due to Processing (e.g. grinding, drying, shrinkage, fires, etc.) During Report Year:		
19.	Total Quantity of Material Removed from Site for:		
	a. Use (e.g., landfill cover, fuel, mulch, compost, etc.):	3500.00	
	b. Disposal:	0	
	c. Other (transfer stations)	0	
20.	Total Quantity On Site at End of Report Year of:		
	a. Unprocessed Material:	150.00	
b. Processed Material:		602.00	
Note :	that the total sum of items 16 a and b plus 17 must equal to sum Total of items 16 and 17 4252.00 I affirm that the information provided in the annual report is to	Total of Items 18, 19 and 20 4252.00	
Joanne	·	ne Chamberlain 07/01/2020	
l	Print Name and Title of Registrant/Permittee or Authorized Agent	Signature Date	
Email	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



Florida Department of Environmental Protection

Solid Waste Section, Mail Station 4565 2600 Blair Stone Road, Tallahassee, Florida 32399-2400

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PART A - GENERAL INFORMATION					
1.	. Type of Application: New <a> Renewal (due July 1) Annual report only for fa	cility opera	ting unde	er permit	: <u>D</u>
2.	2. Type of Facility: Yard trash recycling	nure blend e compost			
3.	3. Type of Waste Processed: Yard trash 🔽 Manure 🔲 Animal byproducts 🛄 Pre-consumer Vegetative Use transport Vegetative (could/did come into contact with animal products or byproducts or end user)				
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	7630	
	Street Mailing Address (if different):				
	City State	Zip			
8.	8. Facility Location - Street Address or Property Number:				
	City Spring Hill County 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 re	quest to re	view the	records:	
11.	. Does the registrant own the facility site?	Yes	<u> </u>	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	lowner	to
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 Deprotection. Payment of \$35.00 for this registration was received via online transaction.	oartment o	f Environi	mental	
	I affirm that I have read Rules 62-709.320, 62-709.330 and 62-709.350, F.A.C., and shall as if in the same rules. I also affirm that the information provided in the application in true assured				
spe kno	ecified in those rules. I also affirm that the information provided in the application is true, accurate owledge. I have attached all documents and/or authorizations that are required.	,			my
kno	owledge. I have attached all documents and/or authorizations that are required. Inne Chamberlain, Accountant II Joanne Chamberlain	,		01/2019	my
kno Joar	owledge. I have attached all documents and/or authorizations that are required.				my

PART C - ANNUAL REPORT				
14.	Calendar Year (January 1 through December 31) Covered by this R	eport: 2018		
15.	Values used in this report are in (SELECT ONE):	Tons Cubic Yards		
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:	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.	18. Total Quantity of Material Lost Due to Processing (e.g. grinding, drying, shrinkage, fires, etc.) During Report Year:			
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 it Total of items 16 and 17 5117.00	ems 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, a	accurate, and correct to the best of my knowledge.		
Joanne	e Chamberlain, Accountant II Joanne Ch	namberlain 07/01/2019		
I	Print Name and Title of Registrant/Permittee or Authorized Agent	Signature Date		
Email	l address (if available): jchamberlain@pascocountyfl.net			

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