

**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 <u>Station or SW Organic Recycling Facility</u>	
Effective Date <u>February 15, 2010</u>	
DEP Facility ID No.	<u>45799</u>
(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 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: PASCO COUNTY RESOURCE RECOVERY
5. Registrant Name (or Permittee if annual report only): PASCO COUNTY RESOURCE RECOVERY
6. Federal Employer Identification Number: 596000793
7. Mailing Address: 14230 Hays Rd
City Spring Hill State FL Zip 34610 7630
Street Mailing Address (if different): _____
City _____ State _____ Zip _____
8. Facility Location - Street Address or Property Number: 14230 Hays Rd
City Spring Hill County Pasco
9. Contact Person: JOHN POWER Telephone: (727) 856-0119

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.

Joanne Chamberlain, Accountant II

Joanne Chamberlain

07/01/2020

Print Name and Title of Registrant or Authorized Agent

Signature

Date

Email address (if available): jchamberlain@pascocountyfl.net

PART C - ANNUAL REPORT

14. Calendar Year (January 1 through December 31) Covered by this Report:	2019
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:	136
b. Processed Material On Site at Beginning of Report Year (total):	920
17. Total Quantity of Material Received During Report Year:	3196.00
18. 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.):	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 of items 18, plus 19 a, b and c, plus 20 a and b.

Total of items 16 and 17 4252.00

Total of Items 18, 19 and 20 4252.00

I affirm that the information provided in the annual report is true, accurate, and correct to the best of my knowledge.

Joanne Chamberlain, Accountant II

Joanne Chamberlain

07/01/2020

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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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 RECOVERY
5. Registrant Name (or Permittee if annual report only): PASCO COUNTY RESOURCE RECOVERY
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7. Mailing Address: 14230 Hays Rd
City Spring Hill State FL Zip 34610 7630
Street Mailing Address (if different): _____
City _____ State _____ Zip _____
8. Facility Location - Street Address or Property Number: 14230 Hays Rd
City Spring Hill County Pasco
9. Contact Person: JOHN POWER Telephone: (727) 856-0119

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If this facility was operating in the previous calendar year, the annual report in Part C must be completed.
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Joanne Chamberlain, Accountant II

Joanne Chamberlain

07/01/2019

Print Name and Title of Registrant or Authorized Agent

Signature

Date

Email address (if available): jchamberlain@pascocountyfl.net

PART C - ANNUAL REPORT

2018

14. Calendar Year (January 1 through December 31) Covered by this Report:

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. 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.):

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 items 18, plus 19 a, b and c, plus 20 a and b.

Total of items 16 and 17

5117.00

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.

Joanne Chamberlain, Accountant II

Joanne Chamberlain

07/01/2019

Print Name and Title of Registrant/Permittee or
Authorized Agent

Signature

Date

Email address (if available): jchamberlain@pascocountyfl.net

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