## FLORIDA DEPARTMENT OF Environmental Protection

Ron DeSantis Governor

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400 Jeanette Nuñez Lt. Governor

Shawn Hamilton Secretary

05/16/2022

Solid Waste Management Director Citrus County Solid Waste Management Dept. 230 W Gulf To Lake Hwy Lecanto, FL 34461 9201

Dear Solid Waste Management Director:

Your registration application for CITRUS CENTRAL SLF, located at 230 W Gulf To Lake Hwy , Lecanto in Citrus County has been received.

The application indicated this facility is operating as a:

- Yard Trash Transfer Station
- X Yard Trash Recycling Facility
- \_ Manure Blending Operation
- Vegetative, Animal Byproducts or Manure Composting Facility

And processing the following:

- X Yard Trash (including clean wood)
- \_ Manure
- \_ Animal byproducts (composting)
- \_ Vegetative wastes (composting)
- Pre-consumer Vegetative (composting)

The registration application is complete, and is valid until August 1, 2023. The WACS identification number for this facility is 00039859.

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.

05/16/2022 Solid Waste Management Director CITRUS CENTRAL SLF, #39859 If you need further information, please contact the Division of Waste Management, Waste Registration Section at the above address, Mail Station 4550, phone (850) 245-8707 or e-mail Waste.Registration@dep.state.fl.us.

Sincerely,

Lauren O'Connor Waste Registration Section

Enclosure

cc: Melissa Madden; 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						
39859						
DEP Facility ID No.	39839					
	(Filled in by DEP)					
DEP WACS ID No:	` 39859 ´					
	(Filled in by DEP)					
This form is adopted	This form is adopted by reference in subsection 62-					
709.901(3), F.A.C.	'09.901(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	- GENEF	RAL INFORMATION							
1.	Type of Application: New <a> Renewal</a> (due	July 1)	Annual report only for fa	cility opera	ting unde	er permit	: <u> </u>			
2.	Type of Facility: Yard trash recycling Yard trash transfer station	Vegeta	Mai ative, animal byproducts or manur	nure blend e compost						
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.	. Facility Name: CITRUS CENTRAL SLF									
5.	5. Registrant Name (or Permittee if annual report only):  CITRUS CENTRAL SLF									
6.	6. Federal Employer Identification Number: 59-6000548									
7.	Mailing Address: PO Box 340									
	City Lecanto	State	FL	Zip	34460	0340				
	Street Mailing Address (if different): p.o. 340									
	City Lecanto	State	FL	Zip	34460					
8.	Facility Location - Street Address or Property Numb	er: 230	W Gulf To Lake Hwy							
	City	County	Citrus							
9.	Contact Person: Daniel S Sherlock	,	Telephone: (352) 586-8657							
	PART B - ADDITIONAL INFORMA	TION RE	QUIRED FOR REGISTRATION A	PPLICATION	ON					
10.	Records required by Rule 62-709.320, F.A.C., will be	e kept at	the facility?	Yes	V	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	<u> </u>	No				
	If you answered no, please attach evidence that operate a yard trash transfer station or a solid wa	the facilit	ty owner or operator has permis anics recycling facility at this sit	sion from e.	the land	downer	to			
12.	Has the organic recycling facility begun operations?			Yes	V	No				
	If this facility was operating in the previous cale	ndar yea	r, the annual report in Part C mu	st be con	pleted.					
13.	3. 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, 62-7 ecified in those rules. I also affirm that the information owledge. I have attached all documents and/or autho	n provided	d in the application is true, accurat							
Dan	Sherlock, Solid Waste Management Director	0-	ol 1 1		0E	/16/2022				
	Chenock, Colid Waste Management Director	Do	ın Sherlock		05/	10/2022				
Pr	int Name and Title of Registrant or Authorized Agent		Signature			Date				

PART C - ANNUAL REPORT								
14.	Calendar Year (January 1 through December 31) Covered by this Report:	2021						
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:	801						
	b. Processed Material On Site at Beginning of Report Year (total):	2000						
17.	Total Quantity of Material Received During Report Year:	12237.00						
18.	Total Quantity of Material Lost Due to Processing (e.g. grinding, drying, shrinkage, fires, etc.) During Report Year:	697.00						
19.	Total Quantity of Material Removed from Site for:							
	a. Use (e.g., landfill cover, fuel, mulch, compost, etc.):	11540.00						
	b. Disposal:	0						
	c. Other (transfer stations)	0						
20.	Total Quantity On Site at End of Report Year of:							
	a. Unprocessed Material:	900.00						
	b. Processed Material:	1901.00						
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 15038.00 Total of Items 18, 19 and 20 15038.00								
I affirm that the information provided in the annual report is true, accurate, and correct to the best of my knowledge.								
Dan S	herlock, Solid Waste Management Director  **Daw Sherlock**	05/16/2022						
I	Print Name and Title of Registrant/Permittee or Signathorized Agent	gnature Date						
Emai								

## **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