

**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

06/30/2022

Accountant II
Pasco County Solid Waste Management Dept.
14230 Hays Rd
Spring Hill, FL 34610 7630

Dear Accountant II:

Your registration application for PASCO COUNTY RESOURCE RECOVERY, located at 14230 Hays Rd , Spring Hill in Pasco County has been received.

The application indicated this facility is operating as a:

- ☐ Yard Trash Transfer Station
- ☒ Yard Trash Recycling Facility
- ☐ Manure Blending Operation
- ☐ Vegetative, Animal Byproducts or Manure Composting Facility

And processing the following:

- ☒ 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 00045799.

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.

06/30/2022

Accountant II
PASCO COUNTY RESOURCE RECOVERY, #45799

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 <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: JUSTIN ROESSLER 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.

Debbie Taylor, Accountant II

Debbie Taylor

06/30/2022

Print Name and Title of Registrant or Authorized Agent

Signature

Date

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

PART C - ANNUAL REPORT

2021

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:

350

b. Processed Material On Site at Beginning of Report Year (total):

250

17. Total Quantity of Material Received During Report Year:

3980.00

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.):

2338.00

b. Disposal:

0

c. Other (transfer stations)

0

20. Total Quantity On Site at End of Report Year of:

a. Unprocessed Material:

342.00

b. Processed Material:

1900.00

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

4580.00

Total of Items 18, 19 and 20

4580.00

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

Debbie Taylor, Accountant II

Debbie Taylor

06/30/2022

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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Vegetative (could/did come into contact with animal products or byproducts or end user) ☐
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City _____ State _____ Zip _____
8. Facility Location - Street Address or Property Number: 14230 Hays Rd
City Spring Hill County Pasco
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Debbie Taylor, Accountant II

Debbie Taylor

06/29/2021

Print Name and Title of Registrant or Authorized Agent

Signature

Date

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

PART C - ANNUAL REPORT

2020

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:

150

b. Processed Material On Site at Beginning of Report Year (total):

602

17. Total Quantity of Material Received During Report Year:

3814.00

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.):

3966.00

b. Disposal:

0

c. Other (transfer stations)

0

20. Total Quantity On Site at End of Report Year of:

a. Unprocessed Material:

350.00

b. Processed Material:

250.00

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

4566.00

Total of Items 18, 19 and 20

4566.00

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

Debbie Taylor, Accountant II

Debbie Taylor

06/29/2021

Print Name and Title of Registrant/Permittee or
Authorized Agent

Signature

Date

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

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