



Jeb Bush
Governor

Department of Environmental Protection

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Colleen M. Castille
Secretary

April 18, 2005

Mr. R. Alan Weaver
Weaver Construction, Inc.
P.O. Box 635
New Smyrna Beach, FL 32170

Dear Mr. Weaver:

Your Application for Registration of a Yard Trash Processing Facility for Weaver Construction, Inc. is complete. Your facility identification number is 035-01-YT. This registration is valid until **May 1, 2006**. The receipt number for the registration fee you paid is 494831.

You must comply with the following requirements in order to maintain qualification for the registration program:

1. Monthly records of incoming and outgoing material shall be kept on site or at another location as indicated on the registration form for at least three years.
2. An Annual Report for a Yard Trash Processing Facility, DEP Form 62-709.320 (7)(b), shall be submitted by April 1 of each year.
3. A registration renewal, DEP Form 62-709.320(7)(a), shall be submitted by April 1 of each year to renew this registration.
4. The facility shall be operated in accordance with Rules 62-709.320(3) and (4), Florida Administrative Code (F.A.C.). A summary of these requirements is enclosed.

If you need further information, please contact Francine Joyal at the above address, Mail Station 4565, telephone 850/245-8747, or email Francine.Joyal@dep.state.fl.us.

Sincerely,

Francine Joyal
Environmental Specialist

Enclosure

cc: Gloria De Pradine, Central District

"More Protection, Less Process"

Printed on recycled paper.



Department of Environmental Protection

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

DEP Form # 62-709.320(7)(a)
Application for Registration of a
Form Title <u>Yard Trash Processing Facility</u>
Effective Date <u>October 22, 2000</u>
DEP Application No. _____ (Filled in by DEP)

RECEIVED

Application for Registration of a Yard Trash Processing Facility

MAR 28 2005

1. Type of Application: New _____ Renewal (due April 1) _____ _____
2. Type of Facility: Transfer Station _____ Both _____ _____ Solid Waste Section
Recycling Facility _____

3. Facility Name: Weaver Construction, Inc. Facility ID# 035-01-YT
(Assigned by Department)

4. Registrant (Company or Local Government) Name (if different):
Weaver Construction, Inc.

5. Federal Employment Identification Number: 59-2796009

6. Mailing Address: P.O. Box 635

City New Smyrna Beach State FL Zip: 32170

7. Street Address (if different): 4323 ~~4395~~ State Road 44 **NEW STREET NUMBER ISSUED BY COUNTY**

City New Smyrna Beach State FL Zip 32168

County Volusia

8. Contact Person: Alan Weaver Telephone: (386) 427-3214

9. 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:
Office at 121 Wallace Road, New Smyrna

10. Does the registrant own the facility site? Yes No _____

If you answered no, please provide evidence that the facility owner or operator has permission from the landowner to operate a yard trash recycling facility at this site.

11. Has the facility begun operations? Yes _____ No

12. Include a check or money order for the \$35.00 registration fee made payable to the Florida Department of Environmental Protection.

I affirm that I have read Rule 62-709.320, F.A.C., and shall comply with the requirements specified in that rule. 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.

R. ALAN WEAVER _____ *Rec'pt # 494831*
Print Name and Title of Authorized Agent Signature of Authorized Agent Date 3/25/05

Mail complete form and the \$35.00 registration fee to the address specified above.



Department of Environmental Protection

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

DEP Form # 62-709.320(7)(b)
Annual Report
Form Title for a Yard Trash Processing Facility
Effective Date October 22, 2000
DEP Application No. _____ (Filed in by (DEP))

RECEIVED

MAR 28 2005

Annual Report for a Yard Trash Processing Facility

- Facility Name: Weaver Construction, Inc. Facility ID# 035-01-YT Solid Waste Section
(Assigned by Department)
- Street Address (if different): 4323 4396 State Road 44 **NEW STREET NUMBER**
City New Smyrna Beach County Volusia **ISSUED BY COUNTY**
- Federal Employment Identification Number: 59-2796009
- Contact Person: Alan Weaver Telephone: (386) 427-3214
- Calendar Year (January 1 through December 31) Covered by this Report: 2004
- Values used in this report are in (CIRCLE ONE):
Tons Cubic Yards
- For Existing Facilities that have not reported this information in the past, Amount of**
 - Unprocessed Yard Trash on Site at Beginning of Report Year: 0
 - Processed Yard Trash On Site at Beginning of Report Year: 0
- Total Quantity of Yard Trash Received During the Report Year: 54,532
- Total Quantity of Yard Trash Lost Due to Processing (e.g., drying, Shrinkage, etc.) During Report Year: 4,670
- Total Quantity of Yard Trash Removed from Site for:
 - Use: 1,042 = 2,744
 - Disposal: _____
 - Other (transfer station): LOGS TO PULP MILL 1,702
- Total Quantity On Site at End of Report Year of:
 - Unprocessed Yard Trash: 4,699
 - Processed Yard Trash: 42,419

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

R. Alan Weaver

[Signature]

3/25/05

Print Name and Title of Authorized Agent

Signature of Authorized Agent

Date

Mail complete form to the address specified above.