



# 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. _____ (Filled in by DEP)
DEP WACS ID No: _____ (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: \_\_\_\_\_
5. Registrant Name (or Permittee if annual report only): \_\_\_\_\_
6. Federal Employer Identification Number: \_\_\_\_\_
7. Mailing Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Street Mailing Address (if different): \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
8. Facility Location - Street Address or Property Number: \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_
9. Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

### 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.

Print Name and Title of Registrant or Authorized Agent

Signature

Date

Email address (if available): \_\_\_\_\_

**PART C - ANNUAL REPORT**

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: \_\_\_\_\_
- b. Processed Material On Site at Beginning of Report Year (total): \_\_\_\_\_
17. Total Quantity of Material Received During Report Year: \_\_\_\_\_
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.): \_\_\_\_\_
- b. Disposal: \_\_\_\_\_
- c. Other (transfer stations) \_\_\_\_\_
20. Total Quantity On Site at End of Report Year of:
- a. Unprocessed Material: \_\_\_\_\_
- b. Processed Material: \_\_\_\_\_

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       Total of Items 18, 19 and 20

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

Print Name and Title of Registrant/Permittee or Authorized Agent	Signature	Date
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Email address (if available): \_\_\_\_\_

**PART D - MAILING INSTRUCTIONS**

**Remember to include the \$35.00 fee if this is also a registration application.** Mail completed form to: This registration was completed and payment of \$35.00 (if applicable) was received via online transaction.

**Department of Environmental Protection**  
**Solid Waste Section, MS 4565**  
**2600 Blair Stone Road**  
**Tallahassee, Florida 32399-2400**