

Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

June 1, 2001

Ms. Susan J. Metcalfe, Director  
Division of Solid Waste Management  
Citrus County  
P.O. Box 340  
Lecanto, Florida 34460

Dear Ms. Metcalfe:

Your Application for Registration of a Yard Trash Processing Facility for Citrus County Central Landfill is complete. Your facility identification number is 054-01-YT. This registration is valid until **May 1, 2002**. The receipt number for the registration fee you paid is 351716.

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. A summary of these requirements is enclosed.

If you need further information, please contact Francine Joyal at the above address, Mail Station 4565, telephone 850/921/9977, or email [Francine.Joyal@dep.state.fl.us](mailto:Francine.Joyal@dep.state.fl.us).

Sincerely,

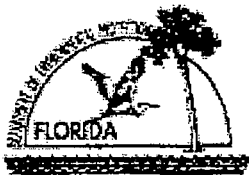
Francine Joyal  
Environmental Specialist

Enclosure

cc: Bob Butera, Southwest 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

3745  
2042

DEP Form # <u>62-709.3207(a)</u>
Application for Registration of a Form Title <u>Yard Trash Processing Facility</u>
Effective Date <u>10/22/00</u>
DEP Application No. _____ (Filled in by DEP)

## Application for Registration of a Yard Trash Processing Facility

- Type of Application: New  Renewal (due April 1) \_\_\_\_\_
- Type of Facility: Transfer Station \_\_\_\_\_ Both \_\_\_\_\_  
Recycling Facility
- Facility Name: Citrus County Central Landfill Facility ID# 4009C00086  
*054-01-YT*  
(Assigned by Department)
- Registrant (Company or Local Government) Name (if different):  
Citrus County Board of County Commissioners
- Federal Employment Identification Number: \_\_\_\_\_
- Mailing Address: P.O. Box 340  
City Lecanto State Florida Zip 34460
- Street Address (if different): \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_
- Contact Person: Susan Metcalfe, PG Telephone: 904-746-5000
- 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 make available upon Department request to review the records:  
\_\_\_\_\_
- 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.
- Has the facility begun operations? Yes  No \_\_\_\_\_
- 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.

Susan J. Metcalfe, Director, Division of Solid Waste Management *Susan Metcalfe*

Print Name and Title of Authorized Agent

Signature of Authorized Agent

Date

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

4/24/01

Solid Waste Section  
MAY 03 2001  
RECEIVED



# Department of Environmental Protection

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

DEP Form # <u>62-709.320(7)(b)</u>
Annual Report
Form Title <u>for a Yard Trash Processing Facility</u>
Effective Date <u>10/22/00</u>
DEP Application No. _____ (Filled in by DEP)

### Annual Report for a Yard Trash Processing Facility

054-01-YT

- Facility Name: Citrus County Central Landfill Facility ID#: 4009C00086  
(Assigned by Department)
- Street address: State Road 44 between Lecanto and Inverness, Florida  
City Lecanto County Citrus
- Federal Employment Identification Number: \_\_\_\_\_
- Contact Person: Susan Metcalfe, PG Telephone: 904-746-5000
- Calendar Year (January 1 through December 31) Covered by this Report: 2000
- 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: 5,000
  - Processed Yard Trash On Site at Beginning of Report Year: 900
- Total Quantity of Yard Trash Received During Report Year: 7,000
- Total Quantity of Yard Trash Lost Due to Processing (e.g. drying, shrinkage, etc.) During Report Year: 100
- Total Quantity of Yard Trash Removed from Site for:
  - Use: 1,200
  - Disposal: 0
  - Other (transfer station): 0
- Total Quantity On Site at End of Report Year of:
  - Unprocessed Yard Trash: 700
  - Processed Yard Trash: 10,900

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

Susan J. Metcalfe, Director, Solid Waste Management Division

*Susan Metcalfe*

Print Name and Title of Authorized Agent

Signature of Authorized Agent

Date

4/24/01

Mail completed form to the address specified above.

Solid Waste Section  
MAY 03 2001

RECEIVED



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

May 4, 2001

Ms. Susan J. Metcalfe, Director  
Division of Solid Waste Management  
Citrus County  
P.O. Box 340  
Lecanto, Florida 34460

Dear Ms. Metcalfe:

I have received your Application for Registration of a Yard Trash Processing Facility for Citrus County Central Landfill. The application is incomplete for the following reason(s):

- 1. You have not remitted the registration fee of \$35.00.
- 2. The Type of Facility was not marked.
- 3. The Federal Employer Identification (FEID) number for the registrant was not provided.
- 4. Contact person and telephone number was/were not provided.
- 5. Location where records will be kept was not indicated/provided.
- 6. Proof of owner permission was not provided or is inadequate.
- 7. A completed annual report was not included. A copy of the form is enclosed.
- 8. There appears to be an error on the annual report. Items 7 and 8 indicate that the site received (including what already was on the site at the start of calendar year 2000) [*Amount and unit*]. Items 9 through 11 account for [*Amount and unit*].

Please send the necessary information within thirty (30) days to me at the above address, Mail Station 4565. If you have any questions, please contact me at this mailing address, or call 850/921-9977.

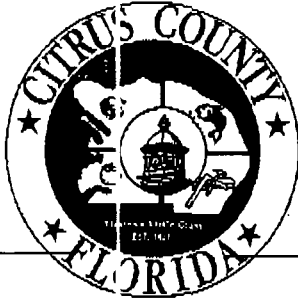
Sincerely,

Francine Joyal  
Environmental Specialist

cc: Bob Butera, Southwest District

"More Protection, Less Process"

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**BOARD OF COUNTY COMMISSIONERS  
DEPARTMENT OF PUBLIC WORKS  
SOLID WASTE MANAGEMENT DIVISION**

P.O. Box 340, Lecanto, Florida 34460  
(352) 746-5000 FAX (352) 527-1204  
Citrus Springs/Dunnellon area Toll Free # (352) 489-2120

**TELECOPIER MESSAGE**

DATE: 5-11-01  
 TIME: 3:20pm  
 NO. OF PAGES 3 INCLUDING COVER SHEET:

TO: FRANCINE JOYAL  
ENV. SPECIALIST

FROM: CLAIRE SMITH / SUSAN METCALFE  
C.C. SOLID WASTE MGMT.

SUBJECT: FEIDNUMBER

MESSAGE: I'VE ADDED THE FEID NUMBER  
TO THE FORM. SORRY WE MISSED  
THAT.



# Department of Environmental Protection

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

DEP Form # <u>82-709-220(7/01)</u>
Annual Report
Form Title <u>for a Yard Trash Processing Facility</u>
Effective Date <u>10/22/00</u>
DEP Application No. _____ (Filed in by DEP)

## Annual Report for a Yard Trash Processing Facility

- Facility Name: Citrus County Central Landfill Facility ID#: 4009C00086  
(Assigned by Department)
- Street address: State Road 44 between Lecanto and Inverness, Florida  
City Lecanto County Citrus
- Federal Employment Identification Number: 59 6000-548
- Contact Person: Susan Metcalfe, PG Telephone: 904-746-5000
- Calendar Year (January 1 through December 31) Covered by this Report: 2000
- 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: 5,000
  - Processed Yard Trash On Site at Beginning of Report Year: 900
- Total Quantity of Yard Trash Received During Report Year: 7,000
- Total Quantity of Yard Trash Lost Due to Processing (e.g. drying, shrinkage, etc.) During Report Year: 100
- Total Quantity of Yard Trash Removed from Site for:
  - Use: 1,200
  - Disposal: 0
  - Other (transfer station): 0
- Total Quantity On Site at End of Report Year of:
  - Unprocessed Yard Trash: 700
  - Processed Yard Trash: 10,900

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

Susan J Metcalfe, Director Solid Waste Management Division Susan Metcalfe 04/24/01  
 Print Name and Title of Authorized Agent      Signature of Authorized Agent      Date

Mail completed form to the address specified above.