



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

May 30, 2002

Ms. Susan J. Metcalf  
Citrus County Board of County Commissioners  
P.O. Box 340  
Lecanto, Florida 34460

Dear Ms. Metcalf:

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, 2003**. The receipt number for the registration fee you paid is 384450.

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 850/921-9977, or email [Francine.Joyal@dep.state.fl.us](mailto:Francine.Joyal@dep.state.fl.us).

Sincerely,

Francine Joyal  
Environmental Specialist

Enclosure

cc: Susan Pelz, 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

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)

## Application for Registration of a Yard Trash Processing Facility

- Type of Application: New \_\_\_\_\_ Renewal (due April 1) X
- Type of Facility: Transfer Station \_\_\_\_\_ Both \_\_\_\_\_  
Recycling Facility X
- Facility Name: Citrus County Central Landfill Facility ID# 054-01-YT  
(Assigned by Department)
- Registrant (Company or Local Government) Name (if different):  
Citrus County Board of County Commissioners
- Federal Employment Identification Number: 59 6000-548
- Mailing Address: P.O. Box 340 Solid Waste Section  
City Lecanto State Florida Zip 34460
- Street Address (if different): On SR 44 between Lecanto and Inverness  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County Citrus
- Contact Person: Susan J. Metcalfe Telephone: ~~-904-746-5000~~ 352/527-7670
- Records required by Rule 62-709.320, F.A.C., will be kept at the facility? Yes X No \_\_\_\_\_  
If no, please indicate where these records will be kept and made available upon Department request to review the records:  
\_\_\_\_\_
- Does the registrant own the facility site? Yes X 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 X 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 Susan Metcalfe 5/22/02  
 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.



# 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. _____ (Filled in by DEP)

## Annual Report for a Yard Trash Processing Facility

1. Facility Name: Citrus County Central Landfill Facility ID#: 054-01-YT  
(Assigned by Department)
2. Street address: On SR 44 between Lecanto and Inverness  
City Lecanto County Citrus
3. Federal Employment Identification Number: 59 6000-548 Solid Waste Section
4. Contact Person: Susan J. Metcalfe Telephone: 904-746-5000 352/527-7670
5. Calendar Year (January 1 through December 31) Covered by this Report: 2001
6. Values used in this report are in (CIRCLE ONE):  Tons  Cubic Yards
7. For Existing Facilities that have not reported this information in the past, Amount of
- |   |                         |              |
|---|-------------------------|--------------|
| a. Unprocessed Yard Trash On Site at Beginning of Report Year:  | <u><del>700</del></u>   | <u>568</u>   |
| b. Processed Yard Trash On Site at Beginning of Report Year:  | <u><del>10800</del></u> | <u>992</u>   |
| 8. Total Quantity of Yard Trash Received During Report Year:  |                         | <u>8,267</u> |
| 9. Total Quantity of Yard Trash Lost Due to Processing (e.g. drying, shrinkage, etc.) During Report Year: |                         | <u>3,450</u> |
| 10. Total Quantity of Yard Trash Removed from Site for:   |                         |              |
| a. Use:   |                         | <u>4,257</u> |
| b. Disposal:  |                         |              |
| c. Other (transfer station):  |                         |              |
| 11. Total Quantity On Site at End of Report Year of:  |                         |              |
| a. Unprocessed Yard Trash:  |                         | <u>596</u>   |
| b. Processed Yard Trash:  |                         | <u>1,524</u> |

**RECEIVED**

MAY 23 2002

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

Susan J. Metcalfe, Director      Susan Metcalfe      5/22/02  
Print Name and Title of Authorized Agent      Signature of Authorized Agent      Date

Mail completed form 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 <u>for a Yard Trash Processing Facility</u>
Effective Date <u>October 22, 2000</u>
DEP Application No. _____ (Filled in by DEP)

## Annual Report for a Yard Trash Processing Facility

1. Facility Name: Citrus County Central Landfill Facility ID#: 054-01-YT  
(Assigned by Department)

2. Street address: On SR 44 between Lecanto and Inverness

**RECEIVED**

City Lecanto County Citrus MAY 23 2002

3. Federal Employment Identification Number: 59 6000-548

4. Contact Person: Susan J. Metcalfe Telephone: 904-748-5000 352/527-7670  
Solid Waste Section

5. Calendar Year (January 1 through December 31) Covered by this Report: 2000 REVISED

6. Values used in this report are in (CIRCLE ONE):  Tons  Cubic Yards

7. For Existing Facilities that have not reported this information in the past, Amount of

a. Unprocessed Yard Trash On Site at Beginning of Report Year: 350

b. Processed Yard Trash On Site at Beginning of Report Year: 450

8. Total Quantity of Yard Trash Received During Report Year: 7,000

9. Total Quantity of Yard Trash Lost Due to Processing (e.g. drying, shrinkage, etc.) During Report Year: 2,730

10. Total Quantity of Yard Trash Removed from Site for:

a. Use: 3,510

b. Disposal: \_\_\_\_\_

c. Other (transfer station): \_\_\_\_\_

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

a. Unprocessed Yard Trash: 568

b. Processed Yard Trash: 992

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

Susan J. Metcalfe, Director

*Susan J Metcalfe*

5/22/02

Print Name and Title of Authorized Agent

Signature of Authorized Agent

Date

Mail completed form to the address specified above.



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

P.O. Box 340, Lecanto, Florida 34460  
(352) 527-7670 FAX (352) 527-7672  
Citrus Springs/Dunnellon area Toll Free # (352) 489-2120

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MAY 23 2002

**Document Transmittal**

TO: Florida Department of  
Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

Solid Waste Section

Att: Francine Joyal

FROM: Frank Wentzel, Recycling Specialist *FW*  
Citrus County, Division of  
Solid Waste Management  
Fax #352/527-7672 -  
Phone 352/527-7670

Re: Yard Waste Processing Facility Renewal 2002

Transmittal Date: 5/21/02

Dear Francine

Citrus County is submitting a revised Annual Report for our yard trash processing operation for the year 2000. The revised data are based on physical measurements taken manually in the field and we have a high degree of confidence in their accuracy.

Enclosed please find the following documents:

- Check in the sum of \$35.00 for permit renewal
- Revised Annual Report for 2000
- Annual Report for 2001

If you should need additional information, please let me know.

SJM/cjw/Shared/RecycleProgram(s)File Folders/yardWaste.Mulch/TransmittalIDEPYWProcessing Report5.02.doc

CC: Susan J. Metcalfe, Director