



Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

March 24, 2004

Mr. Carl Zalak
Friends Recycling, LLC
2350 NW 27th Avenue
Ocala, FL 34475

Dear Mr. Zalak:

Your Application for Registration of a Yard Trash Processing Facility for Friends Recycling, LLC is complete. Your facility identification number is 129-02-YT. This registration is valid until **May 1, 2005**. The receipt number for the registration fee you paid is 450469.

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,

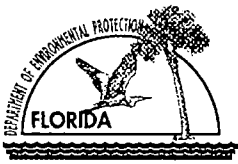
Francine Joyal
Environmental Specialist

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)

Application for Registration of a Yard Trash Processing Facility

RECEIVED
MAR 04 2004
Solid Waste Section

1. Type of Application: New _____ Renewal (due April 1) X

2. Type of Facility: Transfer Station _____ Both _____
Recycling Facility X

3. Facility Name: FRIENDS Ocala Recycling, LLC Facility ID# 129-02-YT
(Assigned by Department)

4. Registrant (Company or Local Government) Name (if different):
FRIENDS Ocala Recycling, LLC

5. Federal Employment Identification Number: 59-3598319

6. Mailing Address: 2350 NW 27th Avenue

City Ocala State FL Zip: 34475

7. Street Address (if different): 2350 NW 27th Avenue

City Ocala State FL Zip 34475

County Marion

8. Contact Person: Carl Zalak Telephone: (352) 622-5800

9. 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:

10. 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.

11. Has the facility begun operations? Yes X No _____

12. Include a check or money order for the \$30.00 registration fee made payable to the Florida Department of Environmental Protection.

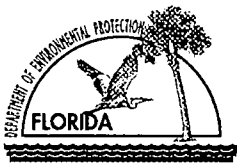
I affirm that I have read Rule 62-709.320, F.A.C., and shall comply with the requirements specified in that rule. I also affirm that the information provided in the application is true, accurate, and correct to the best of my knowledge. I have attached all documents and/or authorizations that are required.

CARL ZALAK OWNER
Print Name and Title of Authorized Agent

Carl Zalak
Signature of Authorized Agent

3/2/04
Date

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 <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: FRIENDS Ocala Recycling, LLC Facility ID# 129-02-YT
(Assigned by Department)

2. Street Address (if different): 2350 NW 27th Avenue
City Ocala County Marion

3. Federal Employment Identification Number: 59-3598319

4. Contact Person: Carl Zalak Telephone: (352) 622-5800

5. Calendar Year (January 1 through December 31) Covered by this Report: 2003

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: 200 *27,500*

b. Processed Yard Trash On Site at Beginning of Report Year: 2000

8. Total Quantity of Yard Trash Received During the Report Year: 25,300.00

9. Total Quantity of Yard Trash Lost Due to Processing (e.g., drying, Shrinkage, etc.) During Report Year: 8,000 *25,300*

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

a. Use: 14,100

b. Disposal: 1,000

c. Other (transfer station): 0

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

a. Unprocessed Yard Trash: 400 *200*

b. Processed Yard Trash: 4,000 *2,000*

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

CARL ZALAK OWNER
Print Name and Title of Authorized Agent

Carl Zalak
Signature of Authorized Agent

3/2/04
Date

*10:20 a.m.
3/19/04
left message*

Mail complete form to the address specified above.