

Florida Department of Environmental Protection Carlos Lopez-Cantera

Bob Martinez Center 2600 Blair Stone Road Tallahassee. Florida 32399-2400 **Rick Scott** Governor

Secretary

Lt. Governor Herschel T. Vinyard Jr.

October 07, 2014

Mike Kaiser Omni Waste of Osceola County, LLC 1501 Omni Way Saint Cloud, FL 34773

Dear Mike Kaiser:

Your registration application for JED Solid Waste Management Facility, located at 1501 Omni Way, Saint Cloud, in Osceola County has been received. The application indicated this facility is operating as a:

- ____ Yard Trash Transfer Station
- X Yard Trash Recycling Facility
- ____ Manure Blending Operation
- ____ Vegetative, Animal Byproducts or Manure Composting Facility

And processing the following:

X Yard trash (including clean wood)

____ Manure

- ____ Animal byproducts (composting)
- _____Vegetative wastes (composting)
- Pre-consumer vegetative (composting)

The registration application is complete, and is valid until August 1, 2015. The WACS identification number for this facility is 00089544. The receipt number for the registration fee you paid is 853613.

You must comply with the requirements specified in Rule 62-709.320, and Rules 62-709.330 or 62-709.350, Florida Administrative Code (F.A.C.), in order to maintain gualification for the registration program. A summary of the operating requirements is enclosed.

www.dep.state.fl.us

October 07, 2014 Mike Kaiser Page 2 of 2

If you need further information, please contact the Division of Waste Management, Waste Registration Section at the above address, Mail Station 4550, telephone (850) 245-8707, or email Lauren.OConnor@dep.state.fl.us.

Sincerely,

Jawen Olonnod

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Enclosure

cc: Gloria De Pradine, Central District

Florida Department of RECEIVED MENTAL PROTECTON Environmental Protectio Solid Waste Section, Mail Station 4565 2600 Blair Stone Road, Tallahassee, Florida 32399-24 PERMITTING & COMPLIANCE Application for Registration and Annual Report for a Yard Trash Transfer Station or a	Point (no. Exercise of an University Factor) Enective Date
PART A - GENERAL INFORMATION	
1. Type of Application: New Renewal (due July 1) X Annual report on 2. Type of Facility: Yard trash recycling X	ly for facility operating under permit:
Yard trash transfer station Vegetative, animal byproducts of	
3. Type of Waste Processed: Yard trash X Manure Animal byproducts Vegetative (could/did come into contact with animal produc	
4. Facility Name: JED SOLID WASTE MANAGEMENT FACILITY	
5. Registrant Name (or Permittee if annual report only): OMNI WASTE OF OSCEOLA CO	NUNTY, LLC
6. Federal Employer Identification Number: <u>311740193</u>	
7. Mailing Address _1501 OMNI WAY	
City Saint Cloud State FL	Zip <u></u>
Street Mailing Address (If different):	
City Staté	Zip
9. Contact Person: <u>DAVID COLLINS</u> Teleph PART B - ADDITIONAL INFORMATION REQUIRED FOR REGISTRA	
0. 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 Departin	
I. Does the registrant own the facility site?	Yes X No
If you answered no, please attach evidence that the facility owner or operator has operate a yard trash transfer station or a solid waste organics recycling facility at t	
2. Has the organic recycling facility begun operations?	Yes No X
If this facility was operating in the previous calendar year, the annual report in Par	t C must be completed.
and the second secon	te Department of Environmental
 Include a check or money order for the \$35.00 registration fee made payable to the Floht Protection. 	· · · · · · · · · · · · · · · · · · ·
Protection. I affirm that I have read Rules 62-709.320, 62-709.330 and 62-709.350, F.A.C., and ecified in those rules. I also affirm that the information provided in the application is true, a	
Protection. I affirm that I have read Rules 62-709.320, 62-709.330 and 62-709.350, F.A.C., and scified in those rules. I also affirm that the information provided in the application is true, a owledge. I have attached all documents and/or authorizations that are required.	
	courses, and correct to the best of my $\frac{6/18/14}{\text{Date}}$

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	PART C. ANNUAL REPORT	· · · · ·	-
14.	Calendar Year (January 1 through December 31) Covered by this Report:	2013	
15.	Values used in this report are in (SELECT ONE):	Tons: 0	Cubic Yards: O
18.	For Existing Facilities that have not reported this information in the past, Amount of		
	a. Unprocessed Material On Site at Beginning of Report Year:	O	
	b. Processed Material On Site at Beginning of Report Year (total):	<u> </u>	
17.	Total Quantity of Material Received During Report Year:	O	
18.	Total Quantity of Material Lost Due to Processing (e.g. grinding, drying, shrinkage, fires, etc.) During Report Year:	0	·
19.	Total Quantity of Material Removed from Site for:		
	a. Use (e.g., landfill cover, fuel, mulch, compost, etc.);	0	
	b. Disposal:	0	
	c. Other (transfer stations)	<u> </u>	
20.	Total Quantity On Site at End of Report Year of:		
	a. Unprocessed Material:	O	
	b. Processed Material:		
	the total sum of items 16 a and b plus 17 must equal to sum of items 18, pl Total of items 16 and 17 Total I affirm that the information provided in the annual report is true, accurate, a ce Kaiser, Region Engineer	el of Items 18, 19 and	20 0
P	address (if available):	•	<u> </u>
P	Authorized Agent	•	

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

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Detail by FEI/EIN Number

OMNI WASTE OF OSCEOLA COUNTY LLC

Filing Information

Document Number	L07000121782
FEI/EIN Number	311740193
Date Filed	12/07/2007
State	FL
Status	ACTIVE
Effective Date	01/21/1999
Last Event	CONVERSION
Event Date Filed	12/07/2007
Event Effective Date	01/01/2008

Principal Address

2301 EAGLE PARKWAY SUITE 200 FORT WORTH, TX 76177

Changed: 03/24/2011

Mailing Address

2301 EAGLE PARKWAY SUITE 200 FORT WORTH, TX 76177

Changed: 03/24/2011

Registered Agent Name & Address

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

Authorized Person(s) Detail

Name & Address

Title Managing Member

WALBRIDGE, KEVIN C

Detail by FEI/EIN Number

2301 EAGLE PARKWAY SUITE 200 FORT WORTH, TX 76177

Title Managing Member

MOODY, STEPHEN T 2301 EAGLE PARKWAY SUITE 200 FORT WORTH, TX 76177

Title Managing Member

FOWLER, THOMAS J 2301 EAGLE PARKWAY SUITE 200 FORT WORTH, TX 76177

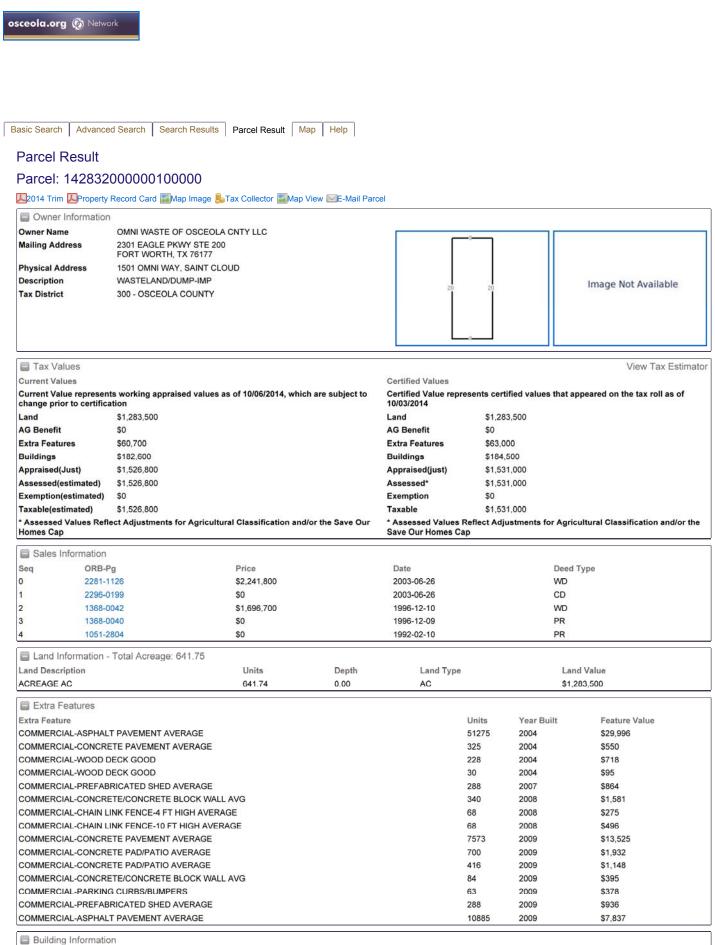
Annual Reports

Report Year	Filed Date
2012	03/30/2012
2013	04/02/2013
2014	03/20/2014

Document Images

03/20/2014 ANNUAL REPORT	View image in PDF format
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Building: 1





This map was prepared for the Osceola County Property Appraiser's Office. It is maintained for the function of this office only It is not intended for conveyance, nor is it a survey. Date Generated: 10/7/2014

0 630 1,260 ft

Katrina S. Scarborough, CFA, CCF, MCF Osceola County Property Appraiser