

**Florida Department of
Environmental Protection**

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Rick Scott
Governor

Carlos Lopez-Cantera
Lt. Governor

Jonathan P. Steverson
Secretary

Receipt for Submission

June 29, 2016

ERIC PARKER
WASTE MANAGEMENT INC. OF FL
5110 S. US HIGHWAY 301

JACKSONVILLE, FL 32234 3606

Dear ERIC PARKER

Your application for Registration of a Yard Trash Processing Facility for TRAIL RIDGE YARD TRASH PROCESSING FACILITY (located at 5110 S. US HIGHWAY 301 , Jacksonville) in Duval County is complete. Your facility identification number (WACS ID) is 33628. This registration is valid until August 1, 2017. The receipt number for the registration fee you paid is 914590.

You must comply with the requirements specified in Chapter 62-709, Florida Administrative Code (F.A.C.) in order to maintain qualification for the registration program. A summary of the operating requirements is attached.

If you need further information, please contact me at the above address, Mail Station 4565, telephone 850-245-8707, or e-mail Lauren.OConnor@dep.state.fl.us.

Sincerely,

Lauren O'Connor

cc: Brian Durden; Northeast District



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: <u>33628</u> (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: TRAIL RIDGE YARD TRASH PROCESSING FACILITY
5. Registrant Name (or Permittee if annual report only): WASTE MANAGEMENT INC. OF FL
6. Federal Employer Identification Number: 591094518
7. Mailing Address: 5110 S. US HIGHWAY 301
City JACKSONVILLE State FL Zip 32234 3606
Street Mailing Address (if different): _____
City _____ State _____ Zip _____
8. Facility Location - Street Address or Property Number: 5110 S. US HIGHWAY 301
City Jacksonville County Duval
9. Contact Person: ERIC PARKER Telephone: (904) 748-6006

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.

ERIC PARKER
Print Name and Title of Registrant or Authorized Agent

ERIC PARKER
Signature

06/29/2016
Date

Email address (if available): eparker1@wm.com

PART C - ANNUAL REPORT

14. Calendar Year (January 1 through December 31) Covered by this Report: 2015
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: 0
- b. Processed Material On Site at Beginning of Report Year (total): 1
17. Total Quantity of Material Received During Report Year: 96227
18. Total Quantity of Material Lost Due to Processing (e.g. grinding, drying, shrinkage, fires, etc.) During Report Year: 1
19. Total Quantity of Material Removed from Site for:
- a. Use (e.g., landfill cover, fuel, mulch, compost, etc.): 96226
- b. Disposal: 0
- c. Other (transfer stations) 0
20. Total Quantity On Site at End of Report Year of:
- a. Unprocessed Material: 0
- b. Processed Material: 1

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 96228

Total of Items 18, 19 and 20 96228

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

ERIC PARKER

ERIC PARKER

06/29/2016

Print Name and Title of Registrant/Permittee or
Authorized Agent

Signature

Date

Email address (if available): eparker1@wm.com

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