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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	Station or SW Organic Recycling Facility
Effective Date	February 15, 2010
DEP Facility ID No.	020-01-YT
	(Filled in by DEP)
DEP WACS ID No.	44795
	(Filled in by DEP)
This form is adopted by reference in subsection 62-709.901(3), F.A.C.	

PERMITTING & COMPLIANCE
SOLID WASTE PROGRAM

Application for Registration and Annual Report for a Yard Trash Transfer Station or a Solid Waste Organics Recycling Facility

PART A - GENERAL INFORMATION

- Type of Application: New Renewal (due July 1) Annual report only for facility operating under permit:
- Type of Facility: Yard trash recycling Manure blending
Yard trash transfer station Vegetative, animal byproducts or manure composting
- 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)
- Facility Name: LENA ROAD LANDFILL
- Registrant Name (or Permittee if annual report only): MANATEE COUNTY SOLID WASTE MANAGEMENT
- Federal Employer Identification Number: 596000027
- Mailing Address: 4410 66TH. STREET WEST
City BRADENTON State FLORIDA Zip 34210
Street Mailing Address (if different): _____
City _____ State _____ Zip _____
- Facility Location - Street Address or Property Number: 3333 LENA ROAD
City BRADENTON County MANATEE
- Contact Person: ROBERT BENNETT Telephone: (941)748-5543, EXT. 8015

PART B - ADDITIONAL INFORMATION REQUIRED FOR REGISTRATION APPLICATION

- 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:

- 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.
- 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.
- 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 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.

Print Name and Title of Registrant or Authorized Agent _____ Signature _____ Date _____
 Email address (if available): _____

PART C - ANNUAL REPORT

14. Calendar Year (January 1 through December 31) Covered by this Report: 2016
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: 1500
 - b. Processed Material On Site at Beginning of Report Year (total): 1500
17. Total Quantity of Material Received During Report Year: 32692
18. Total Quantity of Material Lost Due to Processing (e.g. grinding, drying, shrinkage, fires, etc.) During Report Year: 2027.85
19. Total Quantity of Material Removed from Site for:
- a. Use (e.g., landfill cover, fuel, mulch, compost, etc.): 18831.15
 - b. Disposal: 0
 - c. Other (transfer stations) 10833
20. Total Quantity On Site at End of Report Year of:
- a. Unprocessed Material: 2500
 - b. Processed Material: 1500

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 35692.0

Total of Items 18, 19 and 20 35692.0

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

Robert Bennett, Operations Supervisor

Robert Bennett

6/1/2017

Print Name and Title of Registrant/Permittee or
Authorized Agent

Signature

Date

Email address (if available): bob.bennett@mymanatee.org

PART D - MAILING INSTRUCTIONS

Remember to include the \$35.00 fee if this is also a registration application. Mail completed form to:

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