



RECEIVED
 ENVIRONMENTAL PROTECTION
 JUN 09 2017
 PERMITTING & COMPLIANCE
 ASSISTANCE PROGRAM

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. _____
 (Filled in by DEP)
 DEP WACS ID No. _____
 (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

- 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: Vista Landfill, Class III
- Registrant Name (or Permittee if annual report only): Vista Landfill LLC.
- Federal Employer Identification Number: 5939652174
- Mailing Address: 242 W. Keene Road
 City Apopka State FL Zip 32703
 Street Mailing Address (if different): _____
 City _____ State _____ Zip _____
- Facility Location - Street Address or Property Number: 242 W. Keene Road
 City Apopka County Orange
- Contact Person: Deborah Perez Telephone: 407-553-4938

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

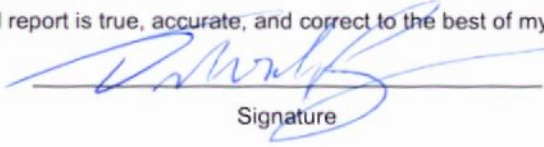
14. Calendar Year (January 1 through December 31) Covered by this Report: 2016
15. Values used in this report are in (SELECT ONE): Tons Cubic Yards
16. **For Existing Facilities that have not reported this information in the past,** Amount of
- a. Unprocessed Material On Site at Beginning of Report Year: 375
 - b. Processed Material On Site at Beginning of Report Year (total): 3337
17. Total Quantity of Material Received During Report Year: 11932
18. Total Quantity of Material Lost Due to Processing (e.g. grinding, drying, shrinkage, fires, etc.) During Report Year: 5202
19. Total Quantity of Material Removed from Site for:
- a. Use (e.g., landfill cover, fuel, mulch, compost, etc.): 4670
 - b. Disposal: _____
 - c. Other (transfer stations) _____
20. Total Quantity On Site at End of Report Year of:
- a. Unprocessed Material: 961
 - b. Processed Material: 4811

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 Total of Items 18, 19 and 20

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

Deborah Perez, District Manager



6/1/2017

Print Name and Title of Registrant/Permittee or
Authorized Agent

Signature

Date

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

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