



Florida Department of Environmental Protection

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

Rick Scott
Governor

Carlos Lopez-Cantera
Lt. Governor

Noah Valenstein
Secretary

Source-Separated Organics Processing Facility Registration Confirmation of Submission

09/27/2018

Waste Registration Section

SUMTER COUNTY SOLID WASTE

SUMTER COUNTY CITIZEN DROP-OFF AREA FACILITY

835 CR 529 SUMTERVILLE, FL 33585

Dear **SUMTER COUNTY SOLID WASTE**

You indicated that operation of your Source-Separated Organics Processing Facility known as SUMTER COUNTY CITIZEN DROP-OFF AREA FACILITY (located at 835 CR 529, SUMTERVILLE) in Sumter County is addressed under another Department permit, and that you were submitting only the required annual report. Thank you for your submittal, a copy of which is attached for your information. Please note that your facility identification number (WACS ID) is 53008.

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 have any questions or need further assistance, please contact Waste Registration Section at (850) 245-8707 or by e-mail at Waste.Registration@dep.state.fl.us.

Please retain a copy of this confirmation for your records.

Sincerely,

Waste Registration Section

cc: Gloria Depradine; Central 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. <u>53008</u>
(Filled in by DEP)
DEP WACS ID No: <u>53008</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: SUMTER COUNTY CITIZEN DROP-OFF AREA FACILITY
5. Registrant Name (or Permittee if annual report only): SUMTER COUNTY CITIZEN DROP-OFF AREA FACILITY
6. Federal Employer Identification Number: 596000865
7. Mailing Address: 319 E Anderson Ave
City Bushnell State FL Zip 33513 6135
Street Mailing Address (if different): _____
City _____ State _____ Zip _____
8. Facility Location - Street Address or Property Number: 835 CR 529
City SUMTERVILLE County Sumter
9. Contact Person: JACKSON,JACKEY Telephone: (352) 569-6700

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.

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:	2017
15. Values used in this report are in (SELECT ONE):	Tons <input type="checkbox"/> Cubic Yards <input checked="" type="checkbox"/>
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):	0
17. Total Quantity of Material Received During Report Year:	4000.00
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)	4000.00
20. Total Quantity On Site at End of Report Year of:	
a. Unprocessed Material:	0
b. Processed Material:	0

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	<input type="text" value="4000.00"/>	Total of Items 18, 19 and 20	<input type="text" value="4000.00"/>
--------------------------	--------------------------------------	------------------------------	--------------------------------------

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

Jackey Jackson, Jackey Jackson, Assistant Director of Operations	<i>Jackey Jackson</i>	09/27/2018
--	-----------------------	------------

Print Name and Title of Registrant/Permittee or Authorized Agent	Signature	Date
---	-----------	------

Email address (if available): Jackey.Jackson@sumtercountyfl.gov

~~PART D - MAILING INSTRUCTIONS~~

This registration was completed and payment of \$35.00 (if applicable) was received via online transaction.

~~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~~

Jackey Jackson

Assistant Public Work Director of Operations

Solid Waste Manager

FDEP,

As the Assistant Public Works Director of Operations, and Solid Waste Manger for Sumter County. I am the authorized agent to review and sign for Sumter County.

A handwritten signature in blue ink, appearing to read "Jackey Jackson". The signature is written in a cursive style with a large initial "J" and a long horizontal stroke extending to the right.