



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

WACS-53008

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: Compost USA of Sumter County LLC
- Registrant Name (or Permittee if annual report only): Kris Creedon, President, Compost USA
- Federal Employer Identification Number: \_\_\_\_\_
- Mailing Address: 1650 CR 470W  
 City Okahumpka State Florida Zip 34762  
 Street Mailing Address (if different): \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- Facility Location - Street Address or Property Number: 835 CR 529  
 City Lake Panasoffkee County Sumter
- Contact Person: Tony Simon Telephone: 904-655-0345

**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: 2018
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: 49800
  - b. Processed Material On Site at Beginning of Report Year (total): 15962
17. Total Quantity of Material Received During Report Year: 292224
18. Total Quantity of Material Lost Due to Processing (e.g. grinding, drying, shrinkage, fires, etc.) During Report Year: 58505
19. Total Quantity of Material Removed from Site for:
- a. Use (e.g., landfill cover, fuel, mulch, compost, etc.): 232748
  - b. Disposal: \_\_\_\_\_
  - c. Other (transfer stations) \_\_\_\_\_
20. Total Quantity On Site at End of Report Year of:
- a. Unprocessed Material: 49500
  - b. Processed Material: 17233

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.

KRIS CREEDON PRES      [Signature]      1/17/17  
Print Name and Title of Registrant/Permittee or      Signature      Date  
Authorized Agent

Email address (if available): \_\_\_\_\_

**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