



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blairstone Road
Tallahassee, Florida 32399-2400

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Noah Valenstein
Secretary

August 01, 2020

Henry C. Norris, Jr.
Citrus County Bocc
P.O. Box 340
Lecanto, FL 34460

Dear Henry C. Norris, Jr.:

Your registration application for Citrus County Central Landfill, located at 230 W. Gulf to Lake Highway, Lecanto, in Citrus County has been received. The application indicated this facility is operating as a:

- Yard Trash Transfer Station
- Yard Trash Recycling Facility
- Manure Blending Operation
- Vegetative, Animal Byproducts or Manure Composting Facility

And processing the following:

- Yard Trash (including clean wood)
- Manure
- Animal byproducts (composting)
- Vegetative wastes (composting)
- Pre-consumer vegetative (composting)

The registration application is complete, and is valid until August 1, 2021. The WACS identification number for this facility is 00039859. The receipt number for the registration fee you paid is 34837.

You must comply with the requirements specified in Rule 62-709.320, and Rules 62-709.330 or 62-709.350, Florida Administrative Code (F.A.C.), in order to maintain qualification for the registration program. A summary of the operating requirements is enclosed.

August 01, 2020
Henry C. Norris, Jr.
Page 2 of 2

If you need further information, please contact the Division of Waste Management,
Waste Registration Section at the above address, Mail Station 4550, phone 850-245-8707
or email Waste.Registration@dep.state.fl.us.

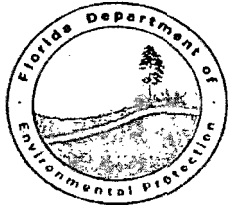
Sincerely,

A handwritten signature in blue ink that reads "Lauren O'Connor". The signature is written in a cursive style with a large, stylized 'L' and 'O'.

Lauren O'Connor
Waste Registration Section

Enclosure

cc: Melissa Madden, Southwest District
Steven Tafuni, Southwest 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. _____ (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: Citrus County Central Landfill
- Registrant Name (or Permittee if annual report only): Citrus County Board of County Commissioners
- Federal Employer Identification Number: 596000548
- Mailing Address: P.O. Box 340
City Lecanto State FL Zip 34460
Street Mailing Address (if different): 230 West Gulf to Lake Highway
City Lecanto State FL Zip 34461
- Facility Location - Street Address or Property Number: 230 West Gulf to Lake Highway
City Lecanto County Citrus
- Contact Person: Henry C. Norris Jr. Telephone: 352-527-7670

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.

HENRY C. NORRIS JR., SWM DIRECTOR
Print Name and Title of Registrant or Authorized Agent

[Signature]
Signature

6/16/2020
Date

Email address (if available): Henry.Norris@citrusbcc.com

PART C - ANNUAL REPORT

14. Calendar Year (January 1 through December 31) Covered by this Report: 2019

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: 600

b. Processed Material On Site at Beginning of Report Year (total): 1200

17. Total Quantity of Material Received During Report Year: 10,863

18. Total Quantity of Material Lost Due to Processing (e.g. grinding, drying, shrinkage, fires, etc.) During Report Year: 891

19. Total Quantity of Material Removed from Site for:

a. Use (e.g., landfill cover, fuel, mulch, compost, etc.): 8,972

b. Disposal: _____

c. Other (transfer stations) _____

20. Total Quantity On Site at End of Report Year of:

a. Unprocessed Material: 500

b. Processed Material: 2300

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 12,663 Total of Items 18, 19 and 20 12,663

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

HENRY C. NORRIS JR. SWM DIRECTOR

[Signature]

6/16/2020

Print Name and Title of Registrant/Permittee or Authorized Agent

Signature

Date

Email address (if available): Henry.Norris@citrusbocc.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

| CRA Payment Information | | | | |
|-------------------------|--------------|------------|----------------|---------------|
| Remittance ID | Check Number | Receipt # | Remit Amount | Transmittal # |
| 1305770 | WIRE | 34837 | 35.00 | 000000 |
| Remitter's Name | | | Reference Acct | |
| CITRUS COUNTY BOCC | | | | |
| Received Date | Cash List | Payment ID | Payment Amount | Object Code |
| 07/02/2020 | 00188185 | ##### | 35.00 | 002062 |