

**VI. CERTIFICATION BY ENGINEER**

This is to certify that the Cost Estimates pertaining to the engineering features of this solid waste management facility have been examined by me and found to conform to engineering principles applicable to such facilities. In my professional judgment, the Cost Estimates are a true, correct and complete representation of the financial liabilities for closing and/or long-term care of the facility and comply with the requirements of Rule 62-701.630 F.A.C. and all other Department of Environmental Protection rules, and statutes of the State of Florida. It is understood that the Cost Estimates shall be submitted to the Department annually, revised or adjusted as required by Rule 62-701.630(4), F.A.C.



730 NE Waldo Road

Mailing Address

Gainesville, Florida 32641

City, State, Zip Code

greinhart@jonesedmunds.com

E-Mail address (if available)

66516

Florida Registration Number  
(please affix seal)

(352) 377-5821

Telephone Number

**VII. SIGNATURE BY OWNER/OPERATOR**

E-Mail address (if available) Telephone Number

Daniel Sherlock  
Signature

230 W. Gulf to Lake Highway

Mailing Address

Daniel Sherlock

Solid Waste Director

Name and Title (please type)

Lecanto, Florida 34460

City, State, Zip Code

dan.sherlock@citrusbocc.com

E-Mail address (if available)

(352) 527-7670

Telephone Number

**PART 5. CERTIFICATION BY APPLICANT AND ENGINEER OR PUBLIC OFFICER**

**1. Applicant:**

The undersigned applicant or authorized representative of Citrus County Solid Waste Management Department is aware that statements made in this form and attached information are an application for a Construction/Operation permit from the Florida Department of Environmental Protection, and certifies that the information in this application is true, correct, and complete to the best of his/her knowledge and belief. Further, the undersigned agrees to comply with the provisions of Chapter 403, Florida Statutes, and all rules and regulations of the Department. It is understood that the Permit is not transferable, and the Department will be notified prior to the sale or legal transfer of the permitted facility.

*Dan Sherlock*  
 Signature of Applicant or Agent  
**Dan Sherlock, Solid Waste Director**  
 Name and Title (please type)  
dan.sherlock@citrusbocc.com  
 E-Mail Address (if available)

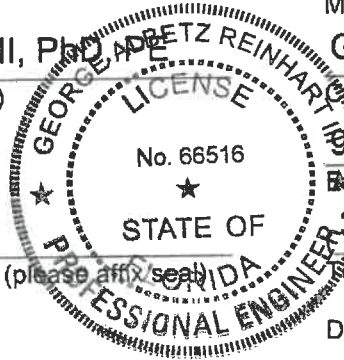
230 W Gulf to Lake Hwy  
 Mailing Address  
Lecanto, Florida 34461  
 City, State, Zip Code  
(352) 527-7670  
 Telephone Number  
 Date: \_\_\_\_\_

Attach letter of authorization if agent is not a government official, owner, or corporate officer.

**2. Professional Engineer registered in Florida (or Public Officer if authorized under Sections 403.707 and 403.7075, Florida Statutes):**

This is to certify that the engineering features of this solid waste management facility have been designed/examined by me and found to conform to engineering principles applicable to such facilities. In my professional judgment, this facility, when properly maintained and operated, will comply with all applicable statutes of the State of Florida and rules of the Department. It is agreed that the undersigned will provide the applicant with a set of instructions of proper maintenance and operation of the facility.

*George A. Reinhart III*  
 Signature  
**George A. Reinhart III, PhD**  
 Name and Title (please type)  
**PE No. 66516**  
 Florida Registration Number (please affix seal)



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 E-Mail Address (if available)  
(352) 377-5821  
 Telephone Number  
 Date: 5/10/22