### FLORIDA DEPARTMENT OF Environmental Protection

Ron DeSantis Governor

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400 Jeanette Nuñez Lt. Governor

Shawn Hamilton Secretary

06/29/2023

Joanne Chamberlain, Accountant II WEST PASCO COUNTY CLASS III 14230 Hays Rd Spring Hill,FL 34610 7630

Dear Joanne Chamberlain:

Your registration application for PASCO COUNTY RESOURCE RECOVERY, located at 14230 Hays Rd, Spring Hill in Pasco County has been received.

The application indicated this facility is operating as a:

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

#### And processing the following:

- X 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, 2024. The WACS identification number for this facility is 00045799.

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.

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 e-mail Waste.Registration@dep.state.fl.us.

Sincerely,

Lauren O'Connor Waste Registration Section

Enclosure

cc: 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 Station or SW Organic Recycling Facility		
Effective Date February 15, 2010		
	45799	
DEP Facility ID No.	43799	
1	(Filled in by DEP)	
DEP WACS ID No:	` 45799 ´	
	(Filled in by DEP)	
This form is adopted	d 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 fac	ility opera	ting under per	mit: 🔲				
2.	. Type of Facility: Yard trash recycling Vard trash transfer station Vegetative, animal byproducts or manure	ure blend compost						
3.	. Type of Waste Processed: Yard trash 🔟 Manure 🔲 Animal byproducts 🔲 Vegetative (could/did come into contact with animal products or byp		umer Vegetati or end user) <b>[</b>	ve 🔲				
4.	. Facility Name: PASCO COUNTY RESOURCE RECOVERY							
5.	5. Registrant Name (or Permittee if annual report only):  PASCO COUNTY RESOURCE RECOVERY							
6.	. Federal Employer Identification Number: 596000793							
7.	. Mailing Address: 14230 Hays Rd							
	City Spring Hill State FL	_ Zip	34610 7630					
	Street Mailing Address (if different): 14230 Hays Rd							
	City Spring Hill State FL	_ Zip	34610					
8.	. Facility Location - Street Address or Property Number:							
	City Spring Hill County Pasco							
9.	. Contact Person: JUSTIN ROESSLER Telephone: (727) 856-0119							
	PART B - ADDITIONAL INFORMATION REQUIRED FOR REGISTRATION AP	PLICATION	ON					
10.	. Records required by Rule 62-709.320, F.A.C., will be kept at the facility?	Yes	<u>✓</u> 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 No					
	If you answered no, please attach evidence that the facility owner or operator has permiss operate a yard trash transfer station or a solid waste organics recycling facility at this site		the landown	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	<u> </u> No					
12.	. Has the organic recycling facility begun operations?  If this facility was operating in the previous calendar year, the annual report in Part C must		<del></del>					
		st be con	npleted.	<u> </u>				
13. spe	If this facility was operating in the previous calendar year, the annual report in Part C must be include a check or money order for the \$35.00 registration fee made payable to the Florida Department.	st be con artment o	npleted.  FEnvironmenta  the requirem	ents				
13. spe kno	If this facility was operating in the previous calendar year, the annual report in Part C must include a check or money order for the \$35.00 registration fee made payable to the Florida Department 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 decified in those rules. I also affirm that the information provided in the application is true, accurate	st be con artment o	npleted.  FEnvironmenta  the requirem	ents t of my				
13. spe kno	If this facility was operating in the previous calendar year, the annual report in Part C must include a check or money order for the \$35.00 registration fee made payable to the Florida Department 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 caled in those rules. I also affirm that the information provided in the application is true, accurate by by the standard of the provided all documents and/or authorizations that are required.	st be con artment o	h the requirem rect to the bes	ents t of my				

PART C - ANNUAL REPORT			
14.	Calendar Year (January 1 through December 31) Covered by this Report:	2022	
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:	342	
	b. Processed Material On Site at Beginning of Report Year (total):	1900	
17.	Total Quantity of Material Received During Report Year:	3373.00	
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.):	5341.00	
	b. Disposal:	0	
	c. Other (transfer stations)	0	
20.	Total Quantity On Site at End of Report Year of:		
	a. Unprocessed Material:	50.00	
	b. Processed Material:	224.00	
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 5615.00 Total of Items 18, 19 and 20 5615.00			
loann	I affirm that the information provided in the annual report is true, accurate, as e Chamberlain, Accountant II  Joanne Chamberlain	·	
		nature Date	
Email address (if available): jchamberlain@pascocountyfl.net			

### **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



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

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Effective Date February 15, 2010		
DEP Facility ID No.	45799	
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DEP WACS ID No:	45799	
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This form is adopted by reference in subsection 62-		
709.901(3), F.A.C.		

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	PART A - GENERAL INFORMATION				
1.	I. Type of Application: New <u>□</u> Renewal (due July 1) <u>□</u> Annual report	t only for facility opera	ting under perr	nit: 🔲	
2.	2. Type of Facility: Yard trash recycling Yard trash transfer station Vegetative, animal byproducts	Manure blend s or manure composti			
3.	3. Type of Waste Processed: Yard trash 🔽 Manure 🔲 Animal byproduction Vegetative (could/did come into contact with animal pro		umer Vegetativ or end user) <u>[</u>	/e □	
4.	I. Facility Name: PASCO COUNTY RESOURCE RECOVERY				
5.	5. Registrant Name (or Permittee if annual report only): PASCO COUNTY RESOURCE F	RECOVERY			
6.	6. Federal Employer Identification Number: 596000793				
7.	7. Mailing Address: 14230 Hays Rd				
	City Spring Hill State FL	Zip	34610 7630		
	Street Mailing Address (if different):				
	City State	Zip			
8.	3. Facility Location - Street Address or Property Number:				
	City Spring Hill County Pasco				
9.		7) 856-0119			
	PART B - ADDITIONAL INFORMATION REQUIRED FOR REGIST	RATION APPLICATION	NC		
10.	). Records required by Rule 62-709.320, F.A.C., will be kept at the facility?	Yes	No No		
	If no, please indicate where these records will be kept and made available upon Dep	partment request to re	view the record	ls:	
11.	. Does the registrant own the facility site?	Yes	<u>✓</u> No		
	If you answered no, please attach evidence that the facility owner or operator hoperate a yard trash transfer station or a solid waste organics recycling facility		the landowne	er to	
12.	2. Has the organic recycling facility begun operations?	Yes	<u></u> No		
	If this facility was operating in the previous calendar year, the annual report in	Part C must be com	pleted.		
13.	<ol> <li>Include a check or money order for the \$35.00 registration fee made payable to the Protection. Payment of \$35.00 for this registration was received via online transaction</li> </ol>	•	Environmenta	t	
spe kno	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.				
Deb	bbie Taylor, Accountant II Debbie Taylor		06/30/202	22	
Pı	Print Name and Title of Registrant or Authorized Agent Signat	ture	Da	te	
	poil address (if evailable). jchamberlain@pascocountyfl.net				

PART C - ANNUAL REPORT				
14.	Calendar Year (January 1 through December 31) Covered by	this Report: 2021		
15.	Values used in this report are in (SELECT ONE):	Tons Cubic Yard	ls	
16.	For Existing Facilities that have not reported this information	tion in the past, Amount of		
	a. Unprocessed Material On Site at Beginning of Report Yea	ar: <u>350</u>		
	b. Processed Material On Site at Beginning of Report Year (	(total): 250		
17.	Total Quantity of Material Received During Report Year:	3980.00		
18.	Total Quantity of Material Lost Due to Processing (e.g. grindin shrinkage, fires, etc.) During Report Year:	ng, drying, 0	_	
19.	Total Quantity of Material Removed from Site for:			
	a. Use (e.g., landfill cover, fuel, mulch, compost, etc.):	2338.00		
	b. Disposal:	0		
	c. Other (transfer stations)	0		
20.	Total Quantity On Site at End of Report Year of:			
	a. Unprocessed Material:	342.00	342.00	
	b. Processed Material:	1900.00		
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 4580.00  Total of Items 18, 19 and 20 4580.00  I affirm that the information provided in the annual report is true, accurate, and correct to the best of my knowledge.				
Debbie	·	rie Taylor	06/30/2022	
	Print Name and Title of Registrant/Permittee or Authorized Agent	Signature	Date	
Emai	address (if available):			

### PART D - MAILING INSTRUCTIONS

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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