

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 I	Reg. and Ann Rep for a YT Trans	
Form Title Station or SW Organic Recycling Facility		
Effective Date February 15, 2010		
DED E		
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			
	val (due July 1)	Annual report only for facility operat	
Type of Facility: Yard trash recycling Yard trash transfer station	Vegetative,	Manure blendii animal byproducts or manure compostii	
Type of Waste Processed: Yard trash Vegetative (could be considered)		Animal byproducts Pre-consuct with animal products or byproducts or	
4. Facility Name:			
5. Registrant Name (or Permittee if annual repo	ort only):		
6. Federal Employer Identification Number:			
7. Mailing Address:			
City	State	Zip	
Street Mailing Address (if different):			
City		Zip	
8. Facility Location - Street Address or Property	/ Number:		
City	County		
9. Contact Person:	Т	elephone:	
PART B - ADDITIONAL INF	ORMATION REQUIR	ED FOR REGISTRATION APPLICATION)N
10. Records required by Rule 62-709.320, F.A.C	c., will be kept at the fa	acility? Yes	No
If no, please indicate where these records wi	ill be kept and made a	vailable upon Department request to rev	view the records:
11. Does the registrant own the facility site?		Yes	No
If you answered no, please attach evidence operate a yard trash transfer station or a s			the landowner to
12. Has the organic recycling facility begun operation	ations?	Yes	No
If this facility was operating in the previous	us calendar year, the	annual report in Part C must be com	pleted.
 Include a check or money order for the \$35.0 Protection. 	00 registration fee mad	de payable to the Florida Department of	Environmental
I affirm that I have read Rules 62-709.32 specified in those rules. I also affirm that the info knowledge. I have attached all documents and/o	ormation provided in th	ne application is true, accurate, and corr	
Print Name and Title of Registrant or Authorized	d Agent	Signature	Date
Email address (if available):			

	PART C - ANNUAL REPORT
14.	Calendar Year (January 1 through December 31) Covered by this Report:
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:
	b. Processed Material On Site at Beginning of Report Year (total):
17.	Total Quantity of Material Received During Report Year:
18.	Total Quantity of Material Lost Due to Processing (e.g. grinding, drying, shrinkage, fires, etc.) During Report Year:
19.	Total Quantity of Material Removed from Site for:
	a. Use (e.g., landfill cover, fuel, mulch, compost, etc.):
	b. Disposal:
	c. Other (transfer stations)
20.	Total Quantity On Site at End of Report Year of:
	a. Unprocessed Material:
	b. Processed Material:
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.
1	Print Name and Title of Registrant/Permittee or Signature Date Authorized Agent
Emai	address (if available):

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 **PART D - MAILING INSTRUCTIONS**