

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		
Oldright of Ott Oldright Colored and I dolling		
Effective Date February 15, 2010		
i	95128	
DEP Facility ID No.	93126	
	(Filled in by DEP)	
DEP WACS ID No:	(Filled in by DEP) 95128	
DEF TWICE 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

1			PART A - GENERAL INFORMATION				
1.	. Type of Application	on: New 🛅 Rene	ewal (due July 1) 🔽 Annual report onl	ly for facility opera	ting und	er permi	t: 🔳
2.		Yard trash recycling Yard trash transfer station	Vegetative, animal byproducts or	Manure blend manure composti			
3.	. Type of Waste Pr	rocessed: Yard trash Vegetative (co	I Manure □ Animal byproducts uld/did come into contact with animal produc				П
4.	. Facility Name:	CITY OF NEW PORT RICH	EY - SITE 2				
5.	5. Registrant Name (or Permittee if annual report only):						
6.	6. Federal Employer Identification Number: 596000386						
7.	. Mailing Address:	6132 Pine Hill Rd					
	City Port Richey	,	State FL	Zip	34668	6760	
		dress (if different): 6132	Pine Hill Rd				
	City Port Richey		State FL	Zip	34668		
R	-	Street Address or Proper	6420 Ding Hill Dd				
٠.	City Port Richey		Pasco				
^	-	RIVERA,ROBERT M.	County	1-4556			
9.	. Contact Person:	· · · · · · · · · · · · · · · · · · ·	Telephone: (721) 84				
	P	ART B - ADDITIONAL IN	FORMATION REQUIRED FOR REGISTRAT	ION APPLICATION	ON		
10.			C., will be kept at the facility?	Yes		No	7
	If no, please indic	ate where these records w	vill be kept and made available upon Departn	nent request to re	view the	records:	
	6132 Pine Hill Rd Po	ort Richey FL 34668					
11.	Does the registrar	nt own the facility site?		Yes		No	
11.	If you answered	no, please attach eviden	ce that the facility owner or operator has	permission from	the land		
11.	If you answered	no, please attach eviden	ce that the facility owner or operator has solid waste organics recycling facility at	permission from	the land		
	If you answered operate a yard tra	no, please attach eviden	solid waste organics recycling facility at	permission from	the land		
	If you answered operate a yard tra	no, please attach eviden ash transfer station or a ecycling facility begun ope	solid waste organics recycling facility at	permission from this site. Yes	Z	downer	
12.	If you answered operate a yard tra	no, please attach eviden ash transfer station or a ecycling facility begun ope s operating in the previous money order for the \$35.	solid waste organics recycling facility at rations?	permission from this site. Yes rt C must be com	<u></u> ✓ pleted.	No	
12. 13.	If you answered operate a yard tra Has the organic re If this facility was include a check or Protection. Payme I affirm that I ecified in those rules	no, please attach eviden ash transfer station or a ecycling facility begun ope s operating in the previous of the \$35. and of \$35.00 for this regist have read Rules 62-709.3 s. I also affirm that the inf	solid waste organics recycling facility at trations? ous calendar year, the annual report in Par	permission from this site. Yes rt C must be com ida Department of	pleted.	No mental	to
12. 13. spe kno	If you answered operate a yard tra Has the organic re If this facility was include a check or Protection. Payme I affirm that I ecified in those rules	no, please attach eviden ash transfer station or a ecycling facility begun ope s operating in the previous remoney order for the \$35. ent of \$35.00 for this registration have read Rules 62-709.3 s. I also affirm that the infached all documents and/	rations? ous calendar year, the annual report in Par ous calenda	permission from this site. Yes rt C must be com ida Department of	pleted. Environing the request to the	No mental	to
12. 13. spe kno	If you answered a operate a yard trade a the organic results include a check of Protection. Paymed I affirm that I ecified in those rules owledge. I have attent M. Rivera, Public Version of Public Version of Protection of Prot	no, please attach eviden ash transfer station or a ecycling facility begun ope s operating in the previous remoney order for the \$35. ent of \$35.00 for this registration have read Rules 62-709.3 s. I also affirm that the infached all documents and/	rations? Dus calendar year, the annual report in Parallel Cooregistration fee made payable to the Floring ration was received via online transaction. B20, 62-709.330 and 62-709.350, F.A.C., and formation provided in the application is true, a cor authorizations that are required. Robert M. Riverace In Agent Signature	permission from this site. Yes rt C must be com ida Department of	pleted. Environing the request to the	No mental uirement	to

PART C - ANNUAL REPORT			
14.	Calendar Year (January 1 through December 31) Covered by this Report:	2016	
15.	Values used in this report are in (SELECT ONE):	Tons Cubic Yards	
16.	5. For Existing Facilities that have not reported this information in the past, Amount of		
	a. Unprocessed Material On Site at Beginning of Report Year:	0	
	b. Processed Material On Site at Beginning of Report Year (total):	0	
17.	Total Quantity of Material Received During Report Year:	1034.00	
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.):	1034.00	
	b. Disposal:	0	
	c. Other (transfer stations)	0	
20.	Total Quantity On Site at End of Report Year of:		
	a. Unprocessed Material:	0	
	b. Processed Material:	0	
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 1034.00	Total of items 18, 19 and 20 1034.00	
I affirm that the information provided in the annual report is true, accurate, and correct to the best of my knowledge.			
Robert M. Rivera, Public Works Director Robert M. Rivera		a 11/29/2017	
ı	Print Name and Title of Registrant/Permittee or Authorized Agent	Signature Date	
Email	address (if available): riverar@cityofnewportrichey.org		

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. Wall completed form to.

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



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		
DEP Facility ID No.	95127	
DEP WACS ID No:	(Filled in by DEP) 95127	
(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			
1.	Type of Application: New 🔳 Rene	ewal (due July 1) 🔽 Annual rep	ort only for facility opera	ting under permit	
2.	Type of Facility: Yard trash recycling Yard trash transfer station	✓ Vegetative, animal byprodu	Manure blendi ucts or manure composti		
3.	3. 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)				
4.	Facility Name: CITY OF NEW PORT RICH	EY			
5.	5. Registrant Name (or Permittee if annual report only):				
6.	Federal Employer Identification Number:	596000386			
7.	Mailing Address: 6132 Pine Hill Rd				
	City Port Richey	State FL	Zip	34668 6760	
	Street Mailing Address (if different):				
	City	State	Zip		
8	Facility Location - Street Address or Proper	ty Number 6132 Pine Hill Rd			
٠.	City Port Richey	Pasco			
	RIVERA ROBERT M	County			
9.	Contact Person:	Telephone:	27,011 1000	-	
	DADT D. ADDITIONAL IN	FORMATION REQUIRED FOR REGIS	TRATION ADDI ICATI	ON	
				no say	
10.	Records required by Rule 62-709.320, F.A.	C., will be kept at the facility?	Yes	<u> </u>	
	If no, please indicate where these records v	vill be kept and made available upon D	epartment request to re	view the records:	
11.	Does the registrant own the facility site?		Yes	✓ No	
	If you answered no, please attach evider			the landowner t	:0
	operate a yard trash transfer station or a	solid waste organics recycling facil	ity at this site.		_
12.	Has the organic recycling facility begun ope	rations?	Yes	✓ No	
	If this facility was operating in the previous	ous calendar year, the annual report	in Part C must be com	pleted.	
13.	Include a check or money order for the \$35 Protection. Payment of \$35.00 for this regist			Environmental	
	I affirm that I have read Rules 62-709.: cified in those rules. I also affirm that the in wledge. I have attached all documents and	formation provided in the application is			
Robe	ert M. Rivera, Public Works Director	Robert M. Rívera		11/29/2017	
Pr	nt Name and Title of Registrant or Authorize	·	nature	Date	
Em	Email address (if available): riverar@cityofnewportrichey.org				

PART C - ANNUAL REPORT			
14.	Calendar Year (January 1 through December 31) Covered by this Report:	2015	
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:	0	
	b. Processed Material On Site at Beginning of Report Year (total):	0	
17.	Total Quantity of Material Received During Report Year:	0	
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.):	0	
	b. Disposal:	0	
	c. Other (transfer stations)	0	
20.	Total Quantity On Site at End of Report Year of:		
	a. Unprocessed Material:	0	
	b. Processed Material:	0	
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 0.00 Total of Items 18, 19 and 20 0.00 I affirm that the information provided in the annual report is true, accurate, and correct to the best of my knowledge. Robert M. Rivera, Public Works Director Robert M. Rivera 11/29/2017			
	Print Name and Title of Registrant/Permittee or Signal	gnature Date	
Authorized Agent Email address (if available): riverar@cityofnewportrichey.org			
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 Biair Stone Road Tallahassee, Florida 32399-2400