

# Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400 DEP Form #: 62-701.900(4), F.A.C.

Form Title: Application to Construct, Operate, or Modify a Waste Processing Facility

Effective Date 08/2012

Incorporated in Rule: 62-701.710(2), F.A.C.

## APPLICATION TO CONSTRUCT, OPERATE, OR MODIFY A WASTE PROCESSING FACILITY

**GENERAL REQUIREMENT**: Solid Waste Management Facilities shall be permitted pursuant to Section 403.707, Florida Statutes (F.S.) and in accordance with Florida Administrative Code (F.A.C.) Chapter 62-701. A minimum of four copies of the application shall be submitted to the Department District Office having jurisdiction over the facility. The appropriate fee in accordance with subsection 62-701.315(4), F.A.C., shall be submitted with the application by check made payable to the Department of Environmental Protection (DEP). Complete appropriate sections for the type of facility for which application is made and include all additional information, drawings, and reports necessary to evaluate the facility.

Please Type or Print in Ink

850-595-8300

904-256-1700

### A. GENERAL INFORMATION

1.	Type of facility (check all that apply):						
	□ Transfer Station:						
	□ C&D	□ Class III	Class I				
	Other Describe:						
	□ Materials Recovery Facility:						
	□ C&D Recycling	□ Class III MRF	Class I MRF				
	□ Other Describe:						
	□ Other Facility That Processes But Does Not Dispose Of Solid Waste On-Site:						
	$\Box$ Storage, Processing or Disposal for Combustion Facilities (not addressed in another permit)						
	Other Describe:						
	NOTE: C&D Disposal facilities th	at also recycle C&D, shall a	pply on DEP FORM 62-701.900(6), F.A.C.				
2.	Type of application:						
	□ Construction/Operation						
	Operation without Additional Construction						
3.	Classification of application:						
	□ New	□ Substantial Modification					
	□ Renewal	□ Intermediate Modification					
		🗆 Minor Modificati	on				
4.	Facility name:						
5.	DEP ID number:	County: _					
	Facility location (main entrance):						
6.	r denty recation (main entrance).						

407-897-4100

813-632-7600

239-344-5600

Southeast District 00 North Congress Ave. est Palm Beach, FL 33401 561-681-6600

Location coordinates:						
Section:	Township:		Range:		-	
Latitude:°_	<u> </u>	" Longitude	e:°		"	
Datum:	Coordinate N	lethod:				
Collected by:		Company//	Affiliation:		1 1 1 1 1 1 1 1	
Applicant name (operat	ing authority):					
Mailing address:						
	Street or P.O	. Box	City	State Zip		
Contact person:			_ Telephone: (	)		
Title:			E-Mail address	(if available)	· · · · · · · · ·	
Authorized agent/Cons	ultant:					
Mailing address:						
	Street or P.O	. Box	City	State Zip		
Contact person:			_ Telephone: (	)		
Title:				( <b>:6 :</b> ] - <b> </b> -  -  - )		
			E-Mail address	(if available)		
Landowner (if different than applicant):						
Mailing address:						
·	Street or P.O	. Box	City	State Zip		
Contact person:			_ Telephone: (	))		
			E-Mail address	(if available)		
Cities, towns and areas	s to be served:					
Date site will be ready t	o be inspected for com	pletion:			· · · · · · · · · · ·	
Estimated costs:						
Total Construction: \$		Closin	g Costs: \$			
Anticipated construction	n starting and completio	n dates:				
From:		To:				
Expected volume of wa	ste to be received:		yds³/da	IY	_ tons/da	
	Section:^ Latitude:^ Datum: Collected by: Applicant name (operat Mailing address: Contact person: Title: Authorized agent/Cons Mailing address: Contact person: Title: Contact person: Title: Contact person: Contact person:	Section: Township: Latitude:° ' Datum: Coordinate M Collected by: Applicant name (operating authority): Mailing address: Title: Authorized agent/Consultant: Mailing address: Title: Contact person: Title: Landowner (if different than applicant): Mailing address: Title: Contact person: Title: Landowner (if different than applicant): Mailing address: Contact person: Title: Date site will be ready to be inspected for comp Estimated costs: Total Construction: \$ Anticipated construction starting and completion From:	Section: Township: Latitude:^ Longitude Datum: Coordinate Method: Collected by: Company// Applicant name (operating authority): Mailing address: Street or P.O. Box Contact person: Title: Authorized agent/Consultant: Mailing address: Street or P.O. Box Contact person:	Section: Township: Range: ^ Latitude: ° ' " Longitude: ° Datum: Coordinate Method: Company/Affiliation: Applicant name (operating authority): Mailing address: Street or P.O. Box City Contact person: Telephone: ( Title: E-Mail address Authorized agent/Consultant: Mailing address: Street or P.O. Box City Contact person: Telephone: ( Title: Telephone: ( Title: Telephone: ( Title: Telephone: ( Title: Telephone: ( Contact person: Telephone: ( Title: Telephone: ( Contact person: Telephone: ( Mailing address: Street or P.O. Box City Contact person: Telephone: ( E-Mail address Contact person: Telephone: ( E-Mail address Cities, towns and areas to be served: Date site will be ready to be inspected for completion: Estimated costs: Total Construction: \$ Closing Costs: \$ Anticipated construction starting and completion dates: From: To:	Section: Township: Range:^ Latitude: ' Longitude: ^ Datum: Coordinate Method: Collected by: Company/Affiliation: Applicant name (operating authority): Mailing address: Street or P.O. Box City State Zip Contact person: Telephone: () Title: E-Mail address (if available) Authorized agent/Consultant: Mailing address: Street or P.O. Box City State Zip Contact person: Telephone: () Title: Telephone: () Title: E-Mail address (if available) Landowner (if different than applicant): Mailing address: Street or P.O. Box City State Zip Contact person: Telephone: () Title: E-Mail address (if available) Landowner (if different than applicant): Mailing address: Telephone: () Contact person: Telephone: () E-Mail address (if available) Cities, towns and areas to be served: Date site will be ready to be inspected for completion: Estimated costs: Total Construction: \$ Closing Costs: \$	

#### B. ADDITIONAL INFORMATION

Please attach the following reports or documentation as required.

- 1. Provide a description of the operation of the facility that shall include (62-701.710(2)(a), F.A.C.):
  - a. The types of materials, i.e., wastes, recyclable materials or recovered materials, to be managed or processed;
  - b. The expected daily average and maximum weights or volumes of materials to be managed or processed;
  - c. How the materials will be managed or processed;
  - d. How the materials will flow through the facility including locations of the loading, unloading, sorting, processing and storage areas;
  - e. The types of equipment that will be used;
  - f. The maximum time materials will be stored at the facility;
  - g. The maximum amounts of wastes, recyclable materials, and recovered materials that will be stored at the facility at any one time; and
  - h. The expected disposition of materials after leaving the facility.
- 2. Attach a site plan, signed and sealed by a professional engineer registered under Chapter 471, F.S., with a scale not greater than 200 feet to the inch, which shows the facility location, total acreage of the site, and any other relevant features such as water bodies or wetlands on or within 200 feet of the site, potable water wells on or within 500 feet of the site (62-701.710(2)(b), F.A.C.).
- 3. Provide a boundary survey and legal description of the property (62-701.710(2)(c), F.A.C.).
- 4. Provide a construction plan, including engineering calculations, that describes how the applicant will comply with the design requirements of subsection 62-701.710(3), F.A.C. (62-701.710(2)(d), F.A.C.).
- 5. Provide an operation plan that describes how the applicant will comply with subsection 62-701.710(4), F.A.C. and the recordkeeping requirements of subsection 62-701.710(8), F.A.C. (62-701.710(2)(e), F.A.C.).
- 6. Provide a closure plan that describes how the applicant will comply with subsection 62-701.710(6), F.A.C. (62-701.710(2)(f), F.A.C.).
- 7. Provide a contingency plan that describes how the applicant will comply with subsection 62-701.320(16), F.A.C. (62-701.710(2)(g), F.A.C.).
- 8. Unless exempted by subparagraph 62-701.710(1)(d)1., F.A.C., provide the financial assurance documentation required by subsection 62-701.710(7), F.A.C. (62-701.710(2)(h), F.A.C.).
- 9. Provide a history and description of any enforcement actions by the applicant described in subsection 62-701.320(3), F.A.C. relating to solid waste management facilities in Florida. (62-701.710(2), F.A.C. and 62-701.320(7)(i), F.A.C.)
- 10. Provide documentation that the applicant either owns the property or has legal authorization from the property owner to use the site for a waste processing facility (62-701.710(2), F.A.C. and 62-701.320(7)(g), F.A.C.)

### C. CERTIFICATION BY APPLICANT AND ENGINEER OR PUBLIC OFFICER

1. Applicant:

The undersigned applicant or authorized representative of

is aware that statements made in this form and attached information are an application for a \_\_\_\_\_

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.

Mailing Address
y, State, Zip Code
Felephone Number
Date
/

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 waste processing 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.

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Signature

Name and Title (please type)

Mailing Address

City, State, Zip Code

E-Mail address (if available)

Florida Registration Number (please affix seal)

Telephone Number

Date