

Florida Department of **Environmental Protection**

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400 DEP Form # 62-701.900(34) Form Title Notification of Intent to Use a General Permit for an Indoor Waste Processing Facility

Effective Date 08/2012

Incorporated in Rule 62-701.710(10)

NOTIFICATION OF INTENT TO USE A GENERAL PERMIT FOR AN INDOOR WASTE PROCESSING FACILITY

GENERAL REQUIREMENT: Indoor waste processing facilities that have been constructed in conformance with a permit issued pursuant to subsection 62-701.710(2), F.A.C. are permitted to operate in accordance with subsection 62-701.710(10), F.A.C. The permit applicant, by completing, signing and sending this notice with the required information to the Department of Environmental Protection, agrees to the conditions for operating an indoor waste processing facility and is hereby granted a permit by rule provided Rule conditions are fulfilled. Send, by certified mail to the District Office of the Department in which the facility is located, four copies of this notice and all supporting documentation and the appropriate fee, as identified in paragraph 62-701.315(4)(c), F.A.C., in a check made payable to the Department of Environmental Protection. Complete all entries by typing or printing in ink.

1.	Type of facility (check all that apply):

GENERAL INFORMATION

A.

	☐ Transfer Station:					
	□ C&D	☐ Class	: III	☐ Class I		
	☐ Other Describe:					
	☐ Materials Recovery Facil	lity:				
	☐ C&D Recycling	☐ Class	III MRF	☐ Class I M	IRF	
	☐ Other Describe:					
	☐ Other Facility That Proce	esses But Does Not [Dispose Of	Solid Waste On-Site	e (describe):	
2.	Applicant name (operating	authority):				
	Mailing address:					
		Street or P.O.	Box	City	State Zip	
	Contact person:			Telephone: (_)		
	Title:					
3.	Facility name (if different): _					
	Location (main entrance): _					
	City:		_ County:			
4.	Facility location coordinates	S:				
	Section: Townshi					
Northwest	Latitude: ⁰ ' " District Northeast District			Southwest District	South District	Southea

	Datum.	Coordinate Metriod			
	Collected by:	Compan	y/Affiliation:		
5.	Landowner (if different tha	n applicant):			
	Mailing address:				
		Street or P.O. Box	City	State Zip	
	Contact person:		Telephone: (_	_)	
6.	Provide brief description of the operations planned for this facility:				

Coordinate Method:

B. SUPPORTING DOCUMENTATION

Datum:

NOTE: Facility information that was submitted to the Department to support the most recent construction or operation permit, and which is still valid, does not need to be re-submitted with the notification. However, the notification shall list and reaffirm that the information is still valid. (62-701.710(10)(C), F.A.C.)

- 1. Provide a description of the operation of the facility that shall include (62-701.710(10)(b)1., 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. 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(10)(b)2., F.A.C.).
- 3. Provide a closure plan that describes how the applicant will comply with subsection 62-701.710(6), F.A.C. (62-701.710(10)(b)3., F.A.C.).
- 4. Provide a contingency plan that describes how the applicant will comply with subsection 62-701.320(16), F.A.C. (62-701.710(10)(b)4., F.A.C.).

C. CERTIFICATION BY APPLICANT

1.

	the undersigned applicant, hereby certify that this facility has
	of subsection 62-701.710(10), F.A.C. and that I will operate, maintai cable rules of the Florida Administrative Code. I further certify the
formation in this application is true, corre	ect and complete to the best of my knowledge and belief. I agre-
epartment personnel may enter onto the p	property to inspect the facility during normal business hours.
Signature of Applicant	Mailing Address
Name and Title (please type)	City, State, Zip Code
	(_)
E-Mail address (if available)	Telephone Number