

Please Type or Print in Ink

Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400 DEP Form # 62-701.900(35)
Form Title Notification of Container-to-Container
Waste Transfer Facility

Effective Date 08/2012

Incorporated in Rule 62-701.710(11)

NOTIFICATION OF CONTAINER-TO-CONTAINER WASTE TRANSFER FACILITY

GENERAL INSTRUCTIONS: Pursuant to subsection 62-701.710(11), Florida Administrative Code (F.A.C.) the owner or operator of a Container-to-Container Waste Transfer Facility that consolidates waste directly from one mobile container or vehicle into another mobile container or vehicle may submit this notification to the Department in lieu of obtaining a Waste Processing Facility permit. Please complete this notification and submit it to the appropriate District office listed below. No fee is required for this notification.

	Check the box that applies to this notification:
	[] New notification [] Renew existing notification
	Facility name:
•	Facility Location:
	Street Address (main entrance):
	City: Zip:
	Section: Township: Range: Latitude: ⁰ ' " Longitude: ⁰ '
4.	Owner or Operator name:
	Mailing address: Street or P.O. Box City State Zip
	Title: Email:
	Telephone: () WACS ID (if known):
	Site Plan: Attach a legible drawing of the property on which the waste containers will be stored, specific identifying those areas where transfer operations will be conducted, and identifying all other areas where different waste management activities will be taking place on the property. The site plan, based on a scaled drawing representative aerial photography, shall identify any potable water wells, and any natural or artificial bodies of we on the property. The site plan is not required to be resubmitted for renewal notifications where there is no charge from the site plan that was previously submitted and the corresponding box is checked below.
	[] New/updated site plan attached [] No change from prior site plan submittal and notification
	Certification:
	The undersigned owner or operator of the above facility certifies that the information in this notification is true, co and complete to the best of his/her knowledge and belief. Further, the undersigned has read and agrees to comwith the provisions of subsection 62-701.710(11), F.A.C., and all applicable rules and regulations of the Department
	Signature of Owner or Operator Date
	Name (please type or print)