



# 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: August 12, 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.

### 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 (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:

Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_

Northwest District  
160 Government Center  
Pensacola, FL 32501-5794  
850-595-8300

Northeast District  
7777 Baymeadows Way W, Ste 100  
Jacksonville, FL 32256-7590  
904-256-1700

Central District  
3319 Maguire Blvd, Ste 232  
Orlando, FL 32803-3767  
407-897-4100

Southwest District  
13051 N Telecom Pkwy  
Temple Terrace, FL 33637  
813-632-7600

South District  
2295 Victoria Ave, Ste 364  
Fort Myers, FL 33901-3881  
239-344-5600

Southeast District  
400 North Congress Ave  
West Palm Beach, FL 33401  
561-681-6600

Latitude: \_\_\_\_\_<sup>0</sup> \_\_\_\_\_' \_\_\_\_\_" Longitude: \_\_\_\_\_<sup>0</sup> \_\_\_\_\_' \_\_\_\_\_"

Datum: \_\_\_\_\_ Coordinate Method: \_\_\_\_\_

Collected by: \_\_\_\_\_ Company/Affiliation: \_\_\_\_\_

5. Landowner (if different than 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. SUPPORTING DOCUMENTATION**

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 anyone 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. Applicant

I, \_\_\_\_\_, the undersigned applicant, hereby certify that this facility has been constructed in accordance with the criteria of subsection 62-701.710(10), F.A.C. and that I will operate, maintain and close this facility in accordance with applicable rules of the Florida Administrative Code. I further certify that the information in this application is true, correct and complete to the best of my knowledge and belief. I agree that Department personnel may enter onto the 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

Date: \_\_\_\_\_