



# 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: February 15, 2015  
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 permit application shall be submitted in accordance with the requirements of Rule 62-701.320(5)(a), F.A.C., 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

### 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:

Storage, Processing or Disposal for Combustion Facilities (not addressed in another permit)

Other Describe: \_\_\_\_\_

NOTE: C&D Disposal facilities that also recycle C&D, shall apply 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 Modification

4. Facility name: \_\_\_\_\_

5. DEP ID number: \_\_\_\_\_ County: \_\_\_\_\_

6. Facility location (main entrance): \_\_\_\_\_

7. Location coordinates:  
Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_  
Latitude: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " Longitude: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ "  
Datum: \_\_\_\_\_ Coordinate Method: \_\_\_\_\_  
Collected by: \_\_\_\_\_ Company/Affiliation: \_\_\_\_\_

8. Applicant name (operating authority): \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
Street or P.O. Box City State Zip  
Contact person: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Title: \_\_\_\_\_ E-Mail address (if available) \_\_\_\_\_

9. Authorized agent/Consultant: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
Street or P.O. Box City State Zip  
Contact person: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Title: \_\_\_\_\_ E-Mail address (if available) \_\_\_\_\_

10. Landowner (if different than applicant): \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
Street or P.O. Box City State Zip  
Contact person: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
E-Mail address (if available) \_\_\_\_\_

11. Cities, towns and areas to be served: \_\_\_\_\_  
\_\_\_\_\_

12. Date site will be ready to be inspected for completion: \_\_\_\_\_

13. Estimated costs:  
Total Construction: \$ \_\_\_\_\_ Closing Costs: \$ \_\_\_\_\_

14. Anticipated construction starting and completion dates:  
From: \_\_\_\_\_ To: \_\_\_\_\_

15. Expected volume of waste to be received: \_\_\_\_\_ yds<sup>3</sup>/day \_\_\_\_\_ tons/day

16. Provide a brief description of the operations planned for this facility: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

_____ Signature of Applicant or Agent	_____ Mailing Address
_____ Name and Title (please type)	_____ City, State, Zip Code
_____ E-Mail address (if available)	(_____) _____ Telephone Number
	_____ Date

Attach letter of authorization if agent is not a governmental official, owner, or corporate officer.

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.

_____ Signature	_____ Mailing Address
_____ Name and Title (please type)	_____ City, State, Zip Code
	_____ E-Mail address (if available)
_____ Florida Registration Number (please affix seal)	(_____) _____ Telephone Number
	_____ Date