



# Department of Environmental Protection

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| DEP Form # <u>62-709.901(1)</u>   |
| Ap. for Per. to Construct/Operate a Solid Waste Mgmt. Fac. for Prod. of Compost |
| Effective Date <u>February 15, 2010</u>   |
| DEP Application No. _____<br>(Filled in by DEP)                                 |
| This form is adopted by reference in subsection 62-709.901(1), F.A.C.           |

## Application for a Permit to Construct Operate

### A Solid Waste Management Facility for the Production of Compost

### General Requirements

Solid Waste Management Facilities for the production of compost or mulch shall be permitted pursuant to Section 403.707, Florida Statutes, and in accordance with Rule 62-709, Florida Administrative Code. A minimum of six copies of the application shall be submitted to the Department district Office having jurisdiction over the facility. Complete appropriate sections for the type of facility for which application is made. Entries should be typed or printed in ink. All blanks should be filled in or marked not applicable. The application shall include all information, drawings, and reports necessary to evaluate the facility. Information required to support the application is listed on the attached pages of this form.

Facility Type:  Existing  Proposed

Materials Processed:  Yard Trash  Manure  Other Solid Wastes  Solid Wastes with Biosolids

1. a. Facility Name: \_\_\_\_\_

b. Facility Location (main entrance): \_\_\_\_\_

Section \_\_\_\_\_, Township \_\_\_\_\_, Range \_\_\_\_\_ Latitude \_\_\_\_\_° \_\_\_\_\_' \_\_\_\_\_" Longitude \_\_\_\_\_° \_\_\_\_\_' \_\_\_\_\_"

2. a. Applicant Name (operating authority): \_\_\_\_\_

b. Address: \_\_\_\_\_  
Street P.O. Box City State Zip Code

c. Contact Person: \_\_\_\_\_  
Name Telephone Number

3. a. Authorized Agent/Consultant: \_\_\_\_\_

b. Address: \_\_\_\_\_  
Street P.O. Box City State Zip Code

c. Contact Person: \_\_\_\_\_  
Name Telephone Number

4. a. Landowner (if different than applicant): \_\_\_\_\_

b. Address: \_\_\_\_\_  
Street P.O. Box City State Zip Code

5. Estimated Cost of Construction, Total: \$ \_\_\_\_\_

6. Anticipated Construction Starting and Completion Dates From: \_\_\_\_\_ To: \_\_\_\_\_

## Required Attachments for Construction/Operation Permit for a Solid Waste Management Facility Producing Compost

### General

Permit application and supporting information shall include the following (62-709.300(3), F.A.C.):

- |  | Completeness<br>Check    |
|--|--------------------------|
| 1. A letter of transmittal to the Department;  | <input type="checkbox"/> |
| 2. A table of contents listing the main section of the application   | <input type="checkbox"/> |
| 3. The permit fee specified in Rule 62-4.05, F.A.C., in check or money order payable to the Department;  | <input type="checkbox"/> |
| 4. Six copies, at minimum, of the completed application for, all supporting data, and reports;   | <input type="checkbox"/> |
| 5. Engineer seal;  | <input type="checkbox"/> |
| 6. Engineer's letter of appointment, if applicable;  | <input type="checkbox"/> |
| 7. Copy of any lease agreement, or any other agreement between operator and property owner by which the closing of the facility may be affected; and | <input type="checkbox"/> |
| 8. Proof of publication of notice of application for the proposed activity in a newspaper of general circulation.                                    | <input type="checkbox"/> |

### Specific Attachment Item

The following information items must be included in the application. Please explain if they are not applicable.

NOTE: For facilities that have been satisfactorily constructed in accordance with their construction permit, the information required does not have to be resubmitted for an operation permit if the information has not changed during the construction period.

1. **Facility Design** (62-709.500. F.A.C.)

NOTE: All maps, plan sheets, drawings, or aerial photographs shall be legible; be signed and sealed by the registered professional engineer responsible for their preparation; be of appropriate scale to show clearly all required details; be numbered, referenced to narrative, titled, have a legend of symbols used, contain horizontal and vertical scales (where applicable), and specify drafting or origination dates; and use uniform scales as much as possible, contain a north arrow, and use NGVD for all elevations.

- |   |                          |
|---|--------------------------|
| a. A map or aerial photograph of the area, no more than 1 year old, unless not substantially changed for older map or photograph, showing land use and zoning within 1 mile of the facility. (62-709.500(2)(a), F.A.C.) | <input type="checkbox"/> |
| b. Site Plan (62-709.500(2)(b), F.A.C.)   | <input type="checkbox"/> |
| Note: The site plan shall be on a scale not greater than 200 feet to the inch showing the following:  |                          |
| (1) Dimensions of the site  | <input type="checkbox"/> |
| (2) Plan for receiving, procession, production, curing (if any) and storage areas   | <input type="checkbox"/> |
| (3) Fencing or other measures to restrict access  | <input type="checkbox"/> |
| c. Topographic Maps (62-709.500(2)(c), F.A.C.)  | <input type="checkbox"/> |
| NOTE: The topographic maps, which may be combined with the plot plan (item 1b), on a scale not greater than 200 feet to the inch showing the following:   |                          |
| (1) Five foot contour intervals   | <input type="checkbox"/> |
| (2) Access roads  | <input type="checkbox"/> |
| (3) Grades required for proper drainage   | <input type="checkbox"/> |
| (4) Special drainage devices  | <input type="checkbox"/> |
| (5) Other pertinent information based on intended use of facility   | <input type="checkbox"/> |
| d. Report (62-709.500(2)(d), F.A.C.)  | <input type="checkbox"/> |
| (1) Designed capacity of the proposed facility  | <input type="checkbox"/> |
| (2) Anticipated type and source of solid waste  | <input type="checkbox"/> |
| (3) Any additives to be used in the production of compost   | <input type="checkbox"/> |



# Compost Facility Data Form

Permit No.: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expires: \_\_\_\_\_

Facility No. (DEP identification): \_\_\_\_\_

|             |                              |                                 |                                 |  |                                |
|-------------|------------------------------|---------------------------------|---------------------------------|--|--------------------------------|
| DEP Action: | <input type="checkbox"/> Add | <input type="checkbox"/> Delete | <input type="checkbox"/> Change | <input type="checkbox"/> Deactivate Site | <input type="checkbox"/> Other |
|-------------|------------------------------|---------------------------------|---------------------------------|--|--------------------------------|

|  |   |  |
|--|---|--|
| 1. County  | 2. Facility Name  |  |
| 3. Date Form Completed   | 4. Facility Address   |  |
| 4a. Facility Phone Number  | 4b. Facility Site Supervisor  |  |
| 5. Facility Type<br><input type="checkbox"/> Composting <input type="checkbox"/> In-vessel <input type="checkbox"/> Static Pile <input type="checkbox"/> Windrow <input type="checkbox"/> Other. Describe _____  |   |  |
| 6. Month/Year Begun  | 7. Area within Site Boundary _____ Acres  | 8. Area within Property Boundary _____ Acres                                 |
| 9. Security to Prevent Unauthorized Use <input type="checkbox"/> Yes <input type="checkbox"/> No   |   | 10. Weighing Scales <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Waste Processed Per Operation Day _____ tons   |   |  |
| 12. Maximum Processing Rate _____ tons   |   |  |
| 13. Charge/ton   | 14. Days operated<br><input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S | 15. Hours/Day Operated   |
| 16. Types of Waste Received<br><input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural <input type="checkbox"/> Biosolids <input type="checkbox"/> Septic Tank<br><input type="checkbox"/> Other Sludges <input type="checkbox"/> Yard Trash <input type="checkbox"/> Other _____ |   |  |
| 17. Leachate Recycled <input type="checkbox"/> Yes <input type="checkbox"/> No   |   | 17a. Treatment Method Used:  |
| 17b. Discharges to: <input type="checkbox"/> Surface Waters <input type="checkbox"/> Underground   |   | 17c. Class Receiving Water   |
| 18 Final Residue is _____ % of waste intake  |   | 18a. Residue is disposed of at (sitename)                                    |
| 19. Surface Runoff Collected <input type="checkbox"/> Yes <input type="checkbox"/> No  | 19a Type of Runoff Treatment  | 19b. Class of Receiving Waters   |
| 20 Number of Staff   | 21. Attendant <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| 22. Name and Title of Person Completing Form   |   |  |

**Note: All blanks for the numbered items must be filled or marked as not applicable.**

## Certification by Applicant and Engineer or Public Officer

### A. 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 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

\_\_\_\_\_  
Name and Title

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

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

### B. Professional Engineer Registered in Florida or Public Officer as Required in Section 403.707 and 403.7075, Florida Statutes

This is to certify that the engineering features of this solid waste management facility have been designed/examined by me and found to conform to engineering principals 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

Florida Registration No. \_\_\_\_\_

Telephone No. \_\_\_\_\_

(Please affix seal)

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

Construction Cost Estimate: \_\_\_\_\_

Permit Number: \_\_\_\_\_ Issue

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

Review Date: \_\_\_\_\_ Ex

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