



Department of Environmental Protection

DEP Form # 62-709.901(4)
Application for a Permit to Operate an Form Title <u>Organics Recycling Pilot Project</u>
Effective Date <u>February 15, 2010</u>
DEP Permit ID No. _____ (Filled in by DEP)
This form is adopted by reference in subsection 62-709.901(3), F.A.C.

Application for a Permit to Operate an Organics Recycling Pilot Project

Solid Waste Management Facilities that will be operated as part of a research project, or a demonstration project that does not qualify for registration, may be permitted under Rule 62-709.460, Florida Administrative Code (F.A.C.), for a maximum of 18 months, and is renewable one time for an additional 18 months if it meets the requirements specified in Rule 62-709.460, F.A.C. A minimum of four copies of the application and supporting documentation shall be submitted to the Department District Office having jurisdiction over the facility. Complete the 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 (N/A). The application shall include all information, drawings and reports necessary to evaluate the project. Information required to support the application is listed on the attached pages of this form.

1. Type of Application: New One-time Renewal (due 90 days before permit expiration)
2. Type of Facility: Research Pilot Project Composting Demonstration Pilot Project
- Non-Composting Demonstration Project Specify type of technology: _____

3. Type and Estimated Amount of Waste to be Processed (Projects are limited to no more than 10,000 cubic yards of feedstock):

Waste Type (Check all that apply):	Estimated cubic yards of feedstock
<input type="checkbox"/> Yard trash.....	_____
<input type="checkbox"/> Pre-consumer vegetative.....	_____
<input type="checkbox"/> Vegetative (could/did come into contact with animal products or byproducts or end user)	_____
<input type="checkbox"/> Manure	_____
<input type="checkbox"/> Animal byproducts	_____
<input type="checkbox"/> Other	_____

If other, describe: _____

Total estimated amount of feedstock to be processed: _____

4. Project Name: _____

5. Project Location - Street Address or Property Number: _____

City _____ County _____

Location coordinates: Section _____ Township _____ Range _____

Latitude _____° _____' _____" Longitude _____° _____' _____"

6. Applicant Name (Company, Local Government or Individual): _____

Mailing Address: _____

City _____ State _____ Zip _____

Street Mailing Address (if different): _____

City _____ State _____ Zip _____

Applicant Contact Person: _____ Telephone: _____

E-Mail address (if available) _____

7. Landowner (if different than applicant) _____

Mailing Address: _____

Street Mailing Address (if different): _____

City _____ State _____ Zip _____

Landowner Contact Person _____ Telephone: _____

E-Mail address (if available) _____

If the landowner is different than the applicant, please attach evidence that the facility owner or operator has permission from the landowner to operate a solid waste organics recycling pilot project at this site.

8. Provide the following information on additional sheets of paper and attach to this application:

- a. A brief description of what the project is designed to do.
- b. The length of time needed to complete the project (Note a maximum of 18 months with a one-time renewal is allowed).
- c. A description of how odor and vectors will be controlled.
- d. A description of the methods to be used to disinfect the solid waste processed, and the option that will be used to demonstrate that disinfection has been achieved.
- e. A description of how stormwater will be controlled.
- f. The operating parameters to be followed for managing the process
- g. A description of how the facility will be closed
- h. If this is an application for the one-time renewal, attach a progress report describing the issues that arose during the project and how they were resolved; a summary and copies of any test results; a summary of the monthly records of incoming and outgoing materials; and a current inventory of materials.

9. Project Site Contact: _____ Title _____

Telephone: _____ E-Mail address (if available) _____

Include a check or money order for the \$250.00 application fee made payable to the Florida Department of Environmental Protection.

I affirm that I have read Rules 62-709.460 for pilot projects, F.A.C., and shall comply with the requirements specified in those rules. I also affirm that the information provided in the application is true, accurate, and correct to the best of my knowledge. I have attached all documents and/or authorizations that are required.

Print Name and Title of Applicant or Authorized Agent

Signature of Authorized Agent

Date

Email address (if available): _____

Mail completed form and the \$250.00 application fee to the address specified below.

Northwest District 160 Governmental Center 7777 Baymeadows Way W, Ste 100 Pensacola, FL 32502-5794 850-595-8300	Northeast District 3319 Maguire Blvd., Ste. 232 Jacksonville, FL 32256-7577 904-256-1700	Central District 13051 N Telecom Parkway Orlando, FL 32803-3767 407-894-7555	Southwest District 2295 Victoria Ave., Ste. 364 Temple Terrace, FL 33637-0926 813-632-7600	South District 400 N Congress Ave, Ste 200 Fort Myers, FL 33901-3881 239-332-6975	Southeast District West Palm Beach, FL 33401 561-681-6600
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