

1. Certified Company Name:

2. Facility Name:

15.

Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road, MS 4555 Tallahassee, Florida 32399-2400 DEP Form #: 62-722.400(9)(b), F.A.C.

Form Title: Reporting Form for Recovered Materials

Effective Date: Pending

Incorporated in Rule: 62-722.400, F.A.C.

(Choose one of the following)

DEP Annual:

REPORTING FORM FOR RECOVERED MATERIALS USE ONE FORM FOR EACH COUNTY FROM WHICH A FACILITY HANDLED RECOVERED MATERIALS

Submit to: 2600 Blair Stone Rd. MS 4555, Tallahassee, FL 32399-2400

YEAR OF DATA:

| 3. Address: 4. City/Zip: 5. County: | | Local Government Q 1st Quarter | Quarterly: 2nd Quarter | | |
|---|---|--|---|-------------------|--|
| 6. County of Origin: | | | 3rd Quarter | 4th Quarter | |
| 7. Contact person & P | hone Number: | | | | |
| 8. RECOVERED MA | TERIALS | | | TOTAL TONS | |
| PAPER | Old Newspapers (ONP) | | | | |
| | Old Corrugated Containers (OCC). High Grades/Office Paper Mixed Paper | | | | |
| | | | Subtotal Paper: | | |
| PLASTIC | Plastic BottlesAll Other Plastic | | | | |
| | | | Subtotal Plastic | : | |
| METALS | Aluminum Cans | | | | |
| | Other Ferrous | | Subtotal Meta | | |
| GLASS | Glass Containers | | | | |
| GLASS | Glass Containers | ••••• | • | ••• | |
| RUBBER | Rubber (do not include tires) | | | | |
| TEXTILES | Textiles | | | | |
| 9. REPORTED TON | IS OF RECOVERED MATERIALS | | TONS | S: | |
| 10.*TOTAL TONS OF RECOVERED MATERIALS RECEIVED OR | | VED OR | TONS: | | |
| 11.*AMOUNT OF SO | OLID WASTE DISPOSED | | | | |
| 12.*Name and Address | s of Disposal Facilities or Waste Haulers | receiving and Collecting Solid | Waste from this Facility | : | |
| Company name | | Address | City and Zip | City and Zip Code | |
| *These items are to be co | ompleted only if the County of Origin (6) mate | ches the County (in item 5) on this f | ·orm. | | |
| 13. I hereby certify that th | e foregoing information is true and correct to the b | pest of my knowledge and belief. | | | |
| Signature (authorized representative) | | Title | | Date | |
| 14. By entering my | initials in this box, I hereby represent that all info | rmation contained hereon is not a trade | secret and is considered a pul | blic record. | |
| By entering my | initials in this box, I confirm that I have provided | d the Department with: (1) an additional | l, duplicate copy of this form | which identifies | |

and redacts, or marks as confidential, the specific information contained hereon that constitutes a trade secret under Section 688.002, F.S., or other law;

and (2) a cover letter that explains and supports the legal authority for each trade secret claim asserted on the duplicate form.