



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.

REPORTING FORM FOR RECOVERED MATERIALS

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

Submit to: Division of Waste Management, 2600 Blair Stone Rd. MS 4555, Tallahassee, FL 32399-2400 or via Re-TRAC

1. Certified Company Name:
2. Facility Name:
3. Address:
4. City/Zip:
5. County:
6. County of Origin:
7. Contact person & Phone Number:

YEAR OF DATA:

(Choose one of the following)

DEP Annual:

Local Government Quarterly:

1st Quarter 2nd Quarter
3rd Quarter 4th Quarter

8. RECOVERED MATERIALS		TOTAL TONS			
PAPER	Old Newspapers (ONP).....				
	Old Corrugated Containers (OCC).....				
	High Grades/Office Paper.....				
	Mixed Paper.....				
		Subtotal Paper:			
PLASTIC	Plastic Bottles.....				
	All Other Plastic.....				
		Subtotal Plastic:			
METALS	Aluminum Cans.....				
	Other Non-Ferrous.....				
	Steel Cans.....				
	Other Ferrous.....				
		Subtotal Metal:			
GLASS	Glass Containers				
RUBBER	Rubber (do not include tires).....				
TEXTILES	Textiles.....				
9. REPORTED TONS OF RECOVERED MATERIALS..... TONS:					
10.*TOTAL TONS OF RECOVERED MATERIALS RECEIVED OR.....TONS:					
11.*AMOUNT OF SOLID WASTE DISPOSED.....					
12.*Name and Address of Disposal Facilities or Waste Haulers receiving and Collecting Solid Waste from this Facility:					
<table border="0"><tr><td>Company name</td><td>Address</td><td>City and Zip Code</td></tr></table>			Company name	Address	City and Zip Code
Company name	Address	City and Zip Code			
<i>*These items are to be completed only if the County of Origin (6) matches the County (in item 5) on this form.</i>					
13. I hereby certify that the foregoing information is true and correct to the best of my knowledge and belief.					
<table border="0"><tr><td>Signature (authorized representative)</td><td>Title</td><td>Date</td></tr></table>			Signature (authorized representative)	Title	Date
Signature (authorized representative)	Title	Date			
14. By entering my initials in this box, I hereby represent that all information contained hereon is not a trade secret and is considered a public record.					
15. By entering my initials in this box, I confirm that I have provided the Department with: (1) an additional, 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.					