



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

DEP Form # 62-701.900(36)
Form Title Certification of Economic Feasibility to Process C&D Debris Prior to Disposal
Effective Date: March 13, 2016
Incorporated in Rule 62-701.730, F.A.C.

CERTIFICATION OF ECONOMIC FEASIBILITY TO PROCESS C&D DEBRIS PRIOR TO DISPOSAL

GENERAL INSTRUCTIONS: Paragraph 62-701.730(13)(e), F.A.C., requires that an owner or operator of any materials recovery or disposal facility that accepts dedicated loads of C&D debris evaluate the economic feasibility of processing to remove recyclable materials prior to disposal. This form shall be used by owners or operators of such facilities to certify that they have performed an evaluation of the economic feasibility of processing the dedicated loads of C&D debris and document the economic factors and types of recyclable materials that were considered. This certification shall be completed no later than September 9, 2016, for existing facilities, or prior to operating a new facility on or after March 13, 2016. Thereafter, the evaluation and certification shall be completed at least annually.

Please Type or Print in Ink

1. Facility name: _____ WACS ID: _____

2. Facility Location:

Street Address (main entrance): _____

City: _____ County: _____ Zip: _____

3. Owner or Operator name: _____

Mailing address: _____
Street or P.O. Box City State Zip

Title: _____ Email: _____

Telephone: (____) _____

4. The types of construction and demolition debris materials that were evaluated and the results were as follows (include all that apply):

<u>Description of Construction and Demolition Material Types Evaluated</u>	<u>Feasible</u>	<u>Not Economically Feasible</u>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Northwest District
160 Government Center, Ste. 308
Pensacola, FL 32501-5794
850-595-8300

Northeast District
8800 Baymeadows Way Ste. 100
Jacksonville, FL 32256-7590
904-256-1700

Central District
3319 Maguire Blvd., Ste. 232
Orlando, FL 32803-3767
407-897-4100

Southwest District
13051 N. Telecom Pky.
Temple Ter., FL 33637
813-470-5700

South District
2295 Victoria Ave., Ste. 364
P.O. Box 2549
Fort Myers, FL 33902-2549
239-344-5600

Southeast District
3301 Gun Club Rd.
West Palm Beach, FL 33406
561-681-6600

5. The economic evaluation performed for the above facility included consideration of the following items (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Cost of transportation | <input type="checkbox"/> Cost of processing equipment |
| <input type="checkbox"/> Prices for marketable materials | <input type="checkbox"/> Revenues from recycling vs. the costs of processing |
| <input type="checkbox"/> Local landfill tip fees | <input type="checkbox"/> Market availability to sell recycled materials |
| <input type="checkbox"/> Cost of labor | <input type="checkbox"/> Local availability to other processing facilities |
| <input type="checkbox"/> Other(explain): _____ | |
| <input type="checkbox"/> Other(explain): _____ | |
| <input type="checkbox"/> Other(explain): _____ | |

6. **Certification:**

I certify that an economic feasibility evaluation has been performed in accordance with Paragraph 62-701.730(13)(e), F.A.C., to determine whether or not it is economically feasible to process the types of Construction and Demolition debris materials that are indicated above to remove recyclable materials, at the referenced facility, prior to disposal.

The undersigned owner or operator of the above facility certifies that the information provided in this document is true, accurate, and complete to the best of his or her knowledge and belief.

Signature of Owner or Operator

Date

Name (please type or print)