

APPLICATION FOR SOLID WASTE FACILITY PERMIT AND WASTE DISCHARGE REQUIREMENTS

CALRECYCLE E-1-77 (Rev. 11-15)

NOTE: This form has been developed for multiple uses. It is the transmittal sheet for documents required to be submitted to the appropriate agency. Please refer to the attached instructions for definitions of terms and for completing this application form in a complete and correct manner.

FOR OFFICIAL USE ONLY

SWIS/WDID/Global ID NUMBER:	FILING FEE:	RECEIPT NUMBER:	DATE RECEIVED:
DATE ACCEPTED:	DATE REJECTED:	ACCEPTANCE DATE OF INCOMPLETE APPLICATION:	DATE DUE:

Part 1. GENERAL INFORMATION

A. ENFORCEMENT AGENCY: _____ B. COUNTY: _____

C. TYPE OF APPLICATION (Check one box only):

- 1. NEW SWFP and/or WDRS
- 2. CHANGE TO SWFP and/or WDRS
 - REVISION MODIFICATION OTHER (As authorized by law)
- 3. WAIVER
- 4. PERMIT REVIEW
- 5. AMENDMENT OF APPLICATION
- 6. RFI/ROWD/JTD AMENDMENTS

Part 2. FACILITY DESCRIPTION

A. NAME OF FACILITY: _____

B. LOCATION OF FACILITY:

1. PHYSICAL ADDRESS OR LOCATION AND ZIP CODE: _____

2. LATITUDE AND LONGITUDE: _____

3. LEGAL DESCRIPTION OF PERMITTED BOUNDARY BY SECTION, TOWNSHIP, RANGE, BASE, AND MERIDIAN, IF SURVEYED: _____

C. TYPE OF ACTIVITY: (Check applicable boxes):

- 1. DISPOSAL
a. TYPE: _____
- 2. COMPOSTABLE MATERIALS HANDLING
a. TYPE: _____
- 3. TRANSFORMATION
- 4. TRANSFER/PROCESSING
- 5. C&D/INERT DEBRIS PROCESSING
- 6. IN-VESSEL DIGESTION
- 7. OTHER (describe): _____

D. IDENTIFICATION OF FACILITY IN CIWMP [CONFORMANCE FINDING]:

1. FACILITY IS IDENTIFIED IN (Check one):

<input type="checkbox"/> SITING ELEMENT	DATE OF DOCUMENT	_____	PAGE # _____
<input type="checkbox"/> NONDISPOSAL FACILITY ELEMENT	DATE OF DOCUMENT	_____	PAGE # _____

E. TYPE OF PERMITTED WASTES TO BE RECEIVED: (Check applicable boxes):

- 1. AGRICULTURAL
- 2. ASBESTOS Friable Non-friable
- 3. ASH
- 4. AUTO SHREDDER
- 5. COMPOSTABLE MATERIAL (describe): _____
- 6. CONSTRUCTION/DEMOLITION
- 7. CONTAMINATED SOILS
- 8. DEAD ANIMALS
- 9. INDUSTRIAL
- 10. INERT
- 11. LIQUIDS
- 12. MUNICIPAL SOLID WASTE (MSW)
- 13. SEWAGE SLUDGE
- 14. WASTE TIRES
- 15. OTHER (describe): _____

Part 3. FACILITY INFORMATION

A. FACILITY INFORMATION:

1. INFORMATION APPLICABLE TO ALL EXISTING FACILITIES:

- a. MAXIMUM DAILY TONNAGE OR CUBIC YARDS _____
- b. AS-DESIGNED DAILY TONNAGE or CUBIC YARDS _____
- c. FACILITY SIZE (acres) _____
- d. MAXIMUM TRAFFIC VOLUME PER DAY (vpd) _____
- e. DAYS AND HOURS OF OPERATION _____

2. PROPOSED CHANGE(S) OR INFORMATION APPLICABLE TO NEW SWFP AND/OR WDRs

- a. MAXIMUM DAILY TONNAGE OR CUBIC YARDS _____
- b. AS-DESIGNED DAILY TONNAGE or CUBIC YARDS _____
- c. FACILITY SIZE (acres) _____
- d. MAXIMUM TRAFFIC VOLUME PER DAY (vpd) _____
- e. DAYS AND HOURS OF OPERATION _____
- f. OTHER _____

3. ADDITIONAL INFO. REQUIRED FOR COMPOSTABLE MATERIALS HANDLING FACILITIES ONLY:

- a. TOTAL SITE CAPACITY (cu yds) _____

4. ADDITIONAL INFORMATION REQUIRED FOR LANDFILLS ONLY:

- a. AVERAGE DAILY TONNAGE (TPD) _____
- b. SITE CAPACITY CURRENTLY PERMITTED (Airspace) (cu yds) _____
- c. SITE CAPACITY PROPOSED (Airspace) (cu yds) _____
- d. SITE CAPACITY USED TO DATE (Airspace) (cu yds) _____
- e. SITE CAPACITY REMAINING (Airspace) (cu yds) _____
- f. DATE OF CAPACITY INFORMATION (Date) (See instructions): _____
- g. LAST PHYSICAL SITE SURVEY (Date) _____
- h. ESTIMATED CLOSURE DATE (month and year) _____
- i. DISPOSAL FOOTPRINT (acres) _____
- j. SITE CAPACITY PLANNED (cu yds) _____
- k. 1. (i) IN-PLACE WASTE DENSITY (lbs of waste per cu yd of waste) AND
(ii) WASTE-TO-COVER RATIO (Estimated) (v:v) _____
OR
2. AIRSPACE UTILIZATION FACTOR (tons of waste per cu yd of landfill airspace) _____

Part 4. SOURCE OF WATER SUPPLY (Check applicable boxes)

A. MUNICIPAL OR UTILITY SERVICE: _____

B. INDIVIDUAL (wells): _____

C. SURFACE SUPPLY: _____

1. NAME OF STREAM, LAKE, ETC. : _____

2. TYPE OF WATER RIGHTS:

RIPARIAN

APPROPRIATION

3. STATE PERMIT OR LICENSE NUMBER , IF APPLICABLE: _____

D. OTHER: _____

Part 5. COMPLIANCE WITH CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA) (Check applicable boxes)

A. CHECK BOX(ES) IF ENVIRONMENTAL DOCUMENT WAS OR WILL BE PREPARED FOR THIS PROJECT:

1. ENVIRONMENTAL DOCUMENT WAS PREPARED:

ENVIRONMENTAL IMPACT REPORT (EIR) SCH# _____

NEGATIVE DECLARATION (ND)/MITIGATED NEGATIVE DECLARATION (MND) SCH# _____

ADDENDUM TO (Identify environmental document) _____ SCH# _____

2. ENVIRONMENTAL DOCUMENT WILL BE PREPARED (Enter lead agency if known): _____

B. IF ENVIRONMENTAL DOCUMENT(S) WAS NOT PREPARED, PLEASE PROVIDE THE FOLLOWING INFORMATION:

CATEGORICAL/STATUTORY EXEMPTION (CE/SE)
EXEMPTION TYPE _____ GUIDELINE # _____

Part 6. LIST OF ATTACHMENTS (Fill in the date for each document checked)

A. REQUIRED WITH ALL APPLICATION SUBMITTALS:

<input type="checkbox"/> RFI/JTD _____	<input type="checkbox"/> ENVIRONMENTAL DOCUMENT(S):
<input type="checkbox"/> LOCATION MAP _____	<input type="checkbox"/> EIR _____
<input type="checkbox"/> MITIGATION MONITORING & REPORTING PROGRAM _____	<input type="checkbox"/> MND/ND _____
<input type="checkbox"/> LIST OF PUBLIC HEARINGS AND OTHER MEETINGS OPEN TO THE PUBLIC _____	<input type="checkbox"/> EXEMPTION _____
	<input type="checkbox"/> ADDENDUM _____

B. ADDITIONAL REQUIRED DOCUMENTS FOR DISPOSAL FACILITIES ONLY:

<input type="checkbox"/> OPERATING LIABILITY FINANCIAL MECHANISM _____	<input type="checkbox"/> FINANCIAL RESPONSIBILITY DOCUMENTATION _____
<input type="checkbox"/> CLOSURE/POST CLOSURE MAINTENANCE PLAN	<input type="checkbox"/> KNOWN OR REASONABLY FORSEEABLE CORRECTIVE ACTION COST ESTIMATES _____
<input type="checkbox"/> PRELIMINARY _____	<input type="checkbox"/> LANDFILL CAPACITY SURVEY RESULTS (see instructi _____
<input type="checkbox"/> FINAL _____	

C. IF APPLICABLE:

<input type="checkbox"/> REPORT OF WASTE DISCHARGE _____	<input type="checkbox"/> DEPT. OF TOXIC SUBSTANCES CONTROL OR CERTIFIED UNIFIED PROGRAM AGENCY PERMIT _____
<input type="checkbox"/> STORMWATER PERMIT APPLICATION _____	<input type="checkbox"/> SWAT (Air and water) _____
<input type="checkbox"/> NPDES PERMIT APPLICATION _____	<input type="checkbox"/> WETLANDS PERMITS _____
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> VERIFICATION OF FIRE DISTRICT COMPLIANCE _____

Part 7. OWNER INFORMATION (For disposal site, if operator is different from land owner, attach lease or other agreement)

TYPE OF BUSINESS:

<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> GOVERNMENT AGENCY
OWNER(S) OF LAND (Name): _____			SSN OR TAX ID # _____
ADDRESS, CITY, STATE, ZIP _____			TELEPHONE #: _____
			FAX #: _____
			E-MAIL ADDRESS: _____
			CONTACT PERSON (Print Name): _____

Part 8. OPERATOR INFORMATION (For disposal site, if operator is different from land owner, attach lease or other agreement)

TYPE OF BUSINESS:

SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION GOVERNMENT AGENCY

FACILITY OPERATOR(S)

(Name):

SSN OR TAX ID #:

ADDRESS, CITY, STATE, ZIP

TELEPHONE #:

FAX #:

E-MAIL ADDRESS:

CONTACT PERSON (Print Name):

ADDRESS WHERE LEGAL NOTICE MAY BE SERVED:

Part 9. SIGNATURE BLOCK

Owner:

I certify under penalty of perjury that the information I provided for this application and for any attachments is true and accurate to the best of my knowledge and belief. I am aware that the operator intends to operate a solid waste facility at the site specified above pursuant to this application and understand that I may be responsible for the site should the operator fail to meet applicable requirements.

SIGNATURE (LAND OWNER OR AGENT):

PRINTED NAME:

TITLE:

DATE:

Lessee:

I certify under penalty of perjury that the information I provided for this application and for any attachments is true and accurate to the best of my knowledge and belief. I am aware that the operator intends to operate a solid waste facility at the site specified above pursuant to this application.

SIGNATURE (LESSEE):

PRINTED NAME:

TITLE:

DATE:

Operator:

I certify under penalty of perjury that the information contained in this application and all attachments are true and accurate to the best of my knowledge and belief.

SIGNATURE (FACILITY OPERATOR OR AGENT):

PRINTED NAME:

TITLE:

DATE:

Part 10. OTHER (Attach additional sheets to explain any responses that need clarification).