

APPLICATION FOR SOLID WASTE FACILITY PERMIT AND WASTE DISCHARGE REQUIREMENTS

CALRECYCLE F-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/WQID/Global ID NUMBER: 42-AA-0066	FILING FEE:	RECEIPT NUMBER:	DATE RECEIVED: 3-4-2019
DATE ACCEPTED: 4-5-2019	DATE REJECTED:	ACCEPTANCE DATE OF INCOMPLETE APPLICATION:	DATE DUE:

Part 1. GENERAL INFORMATION

A. ENFORCEMENT AGENCY:	B. COUNTY:
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C. TYPE OF APPLICATION (Check one box only):

- | | |
|---|--|
| <input type="checkbox"/> 1. NEW SWFP and/or WDRS | <input type="checkbox"/> 4. PERMIT REVIEW |
| <input type="checkbox"/> 2. CHANGE TO SWFP and/or WDRS
<input type="checkbox"/> REVISION <input type="checkbox"/> MODIFICATION <input type="checkbox"/> OTHER (As authorized by law) | <input type="checkbox"/> 5. AMENDMENT OF APPLICATION |
| <input type="checkbox"/> 3. WAIVER | <input checked="" type="checkbox"/> 6. RFI/ROWD/JTD AMENDMENTS |

Part 2. FACILITY DESCRIPTION

A. NAME OF FACILITY:
MarBorg C&D Recycling and Transfer Station

B. LOCATION OF FACILITY:
 1. PHYSICAL ADDRESS OR LOCATION AND ZIP CODE:
119 N. Quarantina Street, Santa Barbara, CA 93103

2. LATITUDE AND LONGITUDE:
Lat: 34:25:13.818 N Lon: 119:40:57.724 W

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

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

- | | | |
|--|--|---|
| <input type="checkbox"/> 1. DISPOSAL
a. TYPE: _____ | <input type="checkbox"/> 3. TRANSFORMATION | <input type="checkbox"/> 5. C&D/INERT DEBRIS PROCESSING |
| <input type="checkbox"/> 2. COMPOSTABLE MATERIALS HANDLING
a. TYPE: _____ | <input checked="" type="checkbox"/> 4. TRANSFER/PROCESSING | <input type="checkbox"/> 6. IN-VESSEL DIGESTION |
| | | <input type="checkbox"/> 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 checked="" type="checkbox"/> NONDISPOSAL FACILITY ELEMENT	DATE OF DOCUMENT	NDFE Amendment approved May 21, 2003	PAGE # _____

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

- | | | |
|---|--|--|
| <input type="checkbox"/> 1. AGRICULTURAL | <input checked="" type="checkbox"/> 6. CONSTRUCTION/DEMOLITION | <input type="checkbox"/> 11. LIQUIDS |
| <input type="checkbox"/> 2. ASBESTOS <input type="checkbox"/> Friable <input type="checkbox"/> Non-friable | <input type="checkbox"/> 7. CONTAMINATED SOILS | <input checked="" type="checkbox"/> 12. MUNICIPAL SOLID WASTE (MSW) |
| <input type="checkbox"/> 3. ASH | <input type="checkbox"/> 8. DEAD ANIMALS | <input type="checkbox"/> 13. SEWAGE SLUDGE |
| <input type="checkbox"/> 4. AUTO SHREDDER | <input type="checkbox"/> 9. INDUSTRIAL | <input checked="" type="checkbox"/> 14. WASTE TIRES |
| <input checked="" type="checkbox"/> 5. COMPOSTABLE MATERIAL (describe):
Green material, food waste, and putrescible waste | <input checked="" type="checkbox"/> 10. INERT | <input checked="" type="checkbox"/> 15. OTHER (describe):
e-waste, appliances, bulk metal, carpeting |

Part 3. FACILITY INFORMATION

A. FACILITY INFORMATION:

1. INFORMATION APPLICABLE TO ALL EXISTING FACILITIES:

a. MAXIMUM DAILY TONNAGE OR CUBIC YARDS	<u>1,250 TPD</u>
b. AS-DESIGNED DAILY TONNAGE OR CUBIC YARDS	<u>1,250 TPD</u>
c. FACILITY SIZE (acres)	<u>2.5</u>
d. MAXIMUM TRAFFIC VOLUME PER DAY (vpa)	<u>497</u>
e. DAYS AND HOURS OF OPERATION	<u>see TPR</u>

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

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 (vpa)	_____
e. DAYS AND HOURS OF OPERATION	_____
f. OTHER	<u>changes to tire cleaning procedures for vehicles leaving the facility</u>

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: City of Santa Barbara

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# SCH #2003031036 - April 21, 2003 and August 11, 2006
 - ADDENDUM TO (Identify environmental document) 12-Oct-04 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 checked="" type="checkbox"/> REF/ITD <u>TPR Amendment</u> | <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 instruction) _____ |
| <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:

- SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION GOVERNMENT AGENCY

OWNER(S) OF LAND

(Name):

Asti Holding Company

ADDRESS, CITY, STATE, ZIP

PO Box 4127
Santa Barbara, CA 93104

SSN OR TAX ID #

77-0499662

TELEPHONE #:

805-963-1852

FAX #:

805-962-0552

E-MAIL ADDRESS:

bborgatello@marborg.com

CONTACT PERSON (Print Name):

Brian Borgatello

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):

MarBorg Industries

SSN OR TAX ID #:

95-2884838

ADDRESS, CITY, STATE, ZIP

728 E. Yanonali St
Santa Barbara, CA 93103

TELEPHONE #:

805-963-1852

FAX #:

805-962-0552

E-MAIL ADDRESS:

bborgatello@marborg.com

CONTACT PERSON (Print Name):

Brian Borgatello

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):

x Brian Borgatello

PRINTED NAME:

Brian Borgatello

TITLE:

President

DATE:

3/1/19

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):

x Brian Borgatello

PRINTED NAME:

Brian Borgatello

TITLE:

President

DATE:

3/1/19

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