

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/WQID/G... ID NUMBER: 42-AA-0069	FILING FEE:	RECEIPT NUMBER:	DATE RECEIVED: 8/28/2019
DATE ACCEPTED: 9/27/2019	DATE REJECTED:	ACCEPTANCE DATE OF INCOMPLETE APPLICATION:	DATE DUE:

Part 1. GENERAL INFORMATION

A. ENFORCEMENT AGENCY: Santa Barbara County Public Health Department	B. COUNTY: Santa Barbara
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:
Health Sanitation Services

B. LOCATION OF FACILITY:

1. PHYSICAL ADDRESS OR LOCATION AND ZIP CODE:
1850 West Betteravia Road

2. LATITUDE AND LONGITUDE:
34.92074, -120.4748

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: **Chip & Grind**
- 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 checked="" type="checkbox"/> NONDISPOSAL FACILITY ELEMENT	DATE OF DOCUMENT	2000	PAGE # 3.24

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): **Chip & Grind of Green and Wood Waste**
- 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): **Recyclables**

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 WDR.

- a. MAXIMUM DAILY TONNAGE OR CUBIC YARDS 454 Tons per day (TPD)
- b. AS-DESIGNED DAILY TONNAGE or CUBIC YARDS 454 TPD
See Section 1.4 and 1.6 of TPR (Design Capacity)
- c. FACILITY SIZE (acres) 9.06
- d. MAXIMUM TRAFFIC VOLUME PER DAY (vpd) 75
- e. DAYS AND HOURS OF OPERATION Receipt of Mat'l Mon - Sun 6 a.m. to 5 p.m.
Material Processing Mon - Sun 6 a.m. to 9 p.m
- 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) One well is located at the facility
- 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): Santa Barbara County Planning

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

- CATEGORICAL/STATUTORY EXEMPTION (CE/SE)

EXEMPTION TYPE Section 15301, Class 1 (Existing Facilities)

CUP 97-DP-42 was given a Notice of Exemption by the Santa Barbara County Planning Department. A SCD was determined for 87-DP-42 by the Planning Department on April 7, 2017.

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

A. REQUIRED WITH ALL APPLICATION SUBMITTALS:

- | | |
|--|---|
| <input checked="" type="checkbox"/> RFI/JTD <u>8/6/2019</u> | <input type="checkbox"/> ENVIRONMENTAL DOCUMENT(S): |
| <input checked="" type="checkbox"/> LOCATION MAP <u>Site Map Attached to TPR 8/6/2019</u> | <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 instructions) _____ |
| <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 checked="" type="checkbox"/> CORPORATION
<input type="checkbox"/> GOVERNMENT AGENCY		
OWNER(S) OF LAND (Name):	SSN OR TAX ID #	
<u>Old Frontier Properties, Inc.</u>		
ADDRESS, CITY, STATE, ZIP	TELEPHONE #:	
<u>4395 Glines Avenue Santa Maria, CA 93455-4006</u>	<u>805-310-9625</u>	
	FAX #:	
	E-MAIL ADDRESS:	
	<u>kmrfman@aol.com</u>	
	CONTACT PERSON (Print Name):	
	<u>Keith Ramsey</u>	

Part 8. OPERATOR INFORMATION (If an individual, it is operator; 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):

Valley Garbage and Rubbish Company, Inc. DBA Health Sanitation Services

ADDRESS, CITY, STATE, ZIP

1850 Betteravia Road
Santa Maria, CA 93455

SSN OR TAX ID #:

95-2090787

TELEPHONE #:

805-922-2121

FAX #:

805-496-0907

E-MAIL ADDRESS:

jroberts@wm.com and Dharris4@wm.com

CONTACT PERSON (Print Name):

Jason Roberts / Dan Harris

ADDRESS WHERE LEGAL NOTICE MAY BE SERVED:

Part 9. SIGNATURE BLOCK

Owner: Old Frontier Properties, Inc.

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):

Keith Ramsay

PRINTED NAME

President

8/7/19

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):

Dan Harris

PRINTED NAME:

District Manager

8/7/19

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):

Dan Harris

PRINTED NAME:

District Manager

8/7/19

TITLE:

DATE:

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