

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: <u>42-AA-0015</u>	FILING FEE:	RECEIPT NUMBER:	DATE RECEIVED: <u>9-14-18</u>
DATE ACCEPTED: <u>10-11-18</u>	DATE REJECTED:	ACCEPTANCE DATE OF INCOMPLETE APPLICATION:	DATE DUE:

Part 1. GENERAL INFORMATION

A. ENFORCEMENT AGENCY: <u>Santa Barbara County Environmental Health Services</u>	B. COUNTY: <u>Santa Barbara</u>
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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:
Tajiguas Resource Recovery Project and Sanitary Landfill

B. LOCATION OF FACILITY:

1. PHYSICAL ADDRESS OR LOCATION AND ZIP CODE:
14470 Calle Real, Goleta, CA 93117

TITUDE AND LONGITUDE:
34°28'54"N 120°07'40"W

3. LEGAL DESCRIPTION OF PERMITTED BOUNDARY BY SECTION, TOWNSHIP, RANGE, BASE, AND MERIDIAN, IF SURVEYED:
Section 28 & 33 T5N, R31W S.B.B.M

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

- 1. DISPOSAL
a. TYPE: Class III
- 2. COMPOSTABLE MATERIALS HANDLING
a. TYPE: _____
- 3. TRANSFORMATION
- 4. IN-VESSEL DIGESTION
- 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 checked="" type="checkbox"/> SITING ELEMENT | DATE OF DOCUMENT | <u>June 1998</u> | PAGE # <u>4-1, 4-4</u> |
| <input checked="" type="checkbox"/> NONDISPOSAL FACILITY ELEMENT | DATE OF DOCUMENT | <u>May 2016 and February 2, 2017</u> | PAGE # _____ |
| <input type="checkbox"/> | | | |

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): Green Waste, Wood Waste and Food 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): Treated Wood Waste

Part 3. FACILITY INFORMATION

A. FACILITY INFORMATION:

1. INFORMATION APPLICABLE TO ALL EXISTING FACILITIES:

a. MAXIMUM DAILY TONNAGE OR CUBIC YARDS 1500 tons

b. AS-DESIGNED DAILY TONNAGE or CUBIC YARDS 1500 tons

c. FACILITY SIZE (acres) 357 acres

d. MAXIMUM TRAFFIC VOLUME PER DAY (vpd) 229

e. DAYS AND HOURS OF OPERATION See attached Hours of Operation, Tables 6A and 6B in JTD

2. PROPOSED CHANGE(S) OR INFORMATION APPLICABLE TO NEW SWFP AND/OR WDRs NOT APPLICABLE

a. MAXIMUM DAILY TONNAGE OR CUBIC YARDS NOT APPLICABLE

b. AS-DESIGNED DAILY TONNAGE or CUBIC YARDS NOT APPLICABLE

c. FACILITY SIZE (acres) NOT APPLICABLE

d. MAXIMUM TRAFFIC VOLUME PER DAY (vpd) NOT APPLICABLE

e. DAYS AND HOURS OF OPERATION _____

f. OTHER Facility Location change of the MRF, Anaerobic, Digestion Faci

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

a. TOTAL SITE CAPACITY (cu yds) 27,400

4. ADDITIONAL INFORMATION REQUIRED FOR LANDFILLS ONLY:

a. AVERAGE DAILY TONNAGE (TPD) 823 (2017)

b. SITE CAPACITY CURRENTLY PERMITTED (Airspace) (cu yds) 23,300,000

c. SITE CAPACITY PROPOSED (Airspace) (cu yds) 23,300,000

d. SITE CAPACITY USED TO DATE (Airspace) (cu yds) 20,088,583

e. SITE CAPACITY REMAINING (Airspace) (cu yds) 3,211,417

f. DATE OF CAPACITY INFORMATION (Date) (See instructions): March 2018

g. LAST PHYSICAL SITE SURVEY (Date) Mar-18

h. ESTIMATED CLOSURE DATE (month and year) January 2036

i. DISPOSAL FOOTPRINT (acres) 118

j. SITE CAPACITY PLANNED (cu yds) 23,300,000

k. 1. (i) IN-PLACE WASTE DENSITY (lbs of waste per cu yd of waste) 1100
AND
(ii) WASTE-TO-COVER RATIO (Estimated) (v:v) 4:1
OR
2. AIRSPACE UTILIZATION FACTOR (tons of waste per cu yd of landfill airspace) 0.550

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

A. MUNICIPAL OR UTILITY SERVICE: _____

B. INDIVIDUAL (wells): water well #3 , water well #5 and water well #6

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# 98041003 (01-EIR-05), 2008021052 (08EIR-00000-00007) and 2012041068 (12EIR-00000-00012)

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

ADDENDUM TO (Identify environmental document) 12EIR-00000-00002 dated 8/11/17, revised 10/26/17 SCH# addendum to 12EIR-00000-00012 (2012041068)

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"/> RFI/JTD <u>September 2018</u>	<input checked="" type="checkbox"/> ENVIRONMENTAL DOCUMENT(S):
<input type="checkbox"/> LOCATION MAP _____	X EIR <u>July 2002, May 2009, December 2015</u>
<input checked="" type="checkbox"/> MITIGATION MONITORING & REPORTING PROGRAM <u>May 2016</u>	<input type="checkbox"/> MND/ND _____
<input checked="" type="checkbox"/> LIST OF PUBLIC HEARINGS AND OTHER MEETINGS OPEN TO THE PUBLIC <u>See updated Chronology of Public Hearings</u>	<input type="checkbox"/> EXEMPTION _____
	* ADDENDUM <u>8/11/17 revised 10/26/17</u>

B. ADDITIONAL REQUIRED DOCUMENTS FOR DISPOSAL FACILITIES ONLY:

<input checked="" type="checkbox"/> OPERATING LIABILITY FINANCIAL MECHANISM <u>May-18</u>	<input checked="" type="checkbox"/> FINANCIAL RESPONSIBILITY DOCUMENTATION <u>5/1/2018, Appendix I of JTD</u>
<input checked="" type="checkbox"/> CLOSURE/POST CLOSURE MAINTENANCE PLAN	<input checked="" type="checkbox"/> KNOWN OR REASONABLY FORSEEABLE CORRECTIVE ACTION COST ESTIMATES <u>May 2018, Appendix I of JTD</u>
<input type="checkbox"/> PRELIMINARY <u>May 2015, Ammended September 2018.</u>	
<input checked="" type="checkbox"/> FINAL <u>May 2015, Ammended September 2018.</u>	<input checked="" type="checkbox"/> LANDFILL CAPACITY SURVEY RESULTS (see instructi <u>March 2018, Appendix L</u>

C. IF APPLICABLE:

<input type="checkbox"/> REPORT OF WASTE DISCHARGE <u>WDR 2/8/2010, Appendix B</u>	<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):

Santa Barbara County Public Works Department

SSN OR TAX ID #

95-600-2833

ADDRESS, CITY, STATE, ZIP

130 East Victoria Street, Suite 100, Santa Barbara, CA 93101

TELEPHONE #:

(805)882-3600

FAX #:

(805)882-3601

E-MAIL ADDRESS:

schleich@cosbpw.net

CONTACT PERSON (Print Name):

Mark A. Schleich

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)

Santa Barbara County Public Works Department

SSN OR TAX ID #:

95-600-2833

ADDRESS, CITY, STATE, ZIP

130 East Victoria Street, Suite 100, Santa Barbara, CA 93101

TELEPHONE #:

(805)882-3600

FAX #:

(805)882-3601

E-MAIL ADDRESS:

schleich@cosbpw.net

CONTACT PERSON (Print Name):

Mark A. Schleich

ADDRESS WHERE LEGAL NOTICE MAY BE SERVED:

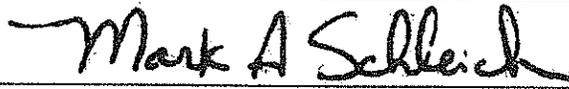
130 East Victoria Street, Suite 100, Santa Barbara, CA 93101

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:

Mark A. Schleich

TITLE: Deputy Director

DATE:

9/13/18

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:

Mark A. Schleich

TITLE: Deputy Director

DATE:

9/13/18

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