**STATE OF CALIFORNIA**
**DEPARTMENT OF RESOURCES RECYCLING AND RECOVERY**
**REGIONAL WATER QUALITY CONTROL BOARD**

**APPLICATION FOR SOLID WASTE FACILITY PERMIT AND WASTE DISCHARGE REQUIREMENTS**

**CALRECYCLE E-1.27 (Rev. 11-18)**

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

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**Applicant Name:** Tajiguas Resource Recovery Project and Sanitary Landfill

**Type of Application:**
- NEW SWFP and/or WDRS
- CHANGE TO SWFP and/or WDRS
- REVISION MODIFICATION
- WAIVER
- PERMIT REVIEW
- AMENDMENT OF APPLICATION
- RF/RDWG/DUT AMENDMENTS

**Location of Facility:**
14470 Calle Real, Goleta, CA 93117

**Latitude and Longitude:** 34°28'54"N 120°07'40"W

**Legal Description:** Section 28 & 33 T5N, R31W S.B.B.M

**Type of Activity:**
- DISPOSAL
- COMPOSTABLE MATERIALS HANDLING
- TRANSFORMATION
- TRANSFER/PROCESSING
- C&D/INERT DEBRIS PROCESSING
- IN-VESSEL DIGESTION

**Identification of Facility:**
- SITING ELEMENT
- NONDISPOSAL FACILITY ELEMENT

**Type of Permitted Wastes to Be Received:**
- AGRICULTURAL
- ASBESTOS (Fireable) Non-fireable
- ASH
- AUTO SHREDDER
- COMPOSTABLE MATERIAL (describe): Green Waste, Wood Waste and Food Waste

**Date Accepted:** 10-11-18

**Date Rejected:**

**Date Due:**

**Date Received:** 9-14-18

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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 8B in JTO


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
      NOT APPLICABLE

   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)
      623 (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 2030

   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

   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:

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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:

X 1. ENVIRONMENTAL DOCUMENT WAS PREPARED:
   X ENVIRONMENTAL IMPACT REPORT (EIR) SCH# 98041003 (01-EIR-05), 2008021052 (08EIR-0000C-00007) and 2012041068 (12EIR-00000-00012)
   X NEUTRAL DECLARATION (NDA/MITIGATED NEGATIVE DECLARATION (MND)) SCH#
   X ADDENDUM TO (Identify environmental document) 12EIR-00000-00012 (01/26/17, 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:

X RF/IJD  September 2018

☐ LOCATION MAP

X MITIGATION MONITORING & REPORTING PROGRAM  May 2016

X LIST OF PUBLIC HEARINGS AND OTHER MEETINGS OPEN TO THE PUBLIC

See updated Chronology of Public Hearings

B. ADDITIONAL REQUIRED DOCUMENTS FOR DISPOSAL FACILITIES ONLY:

X OPERATING LIABILITY FINANCIAL MECHANISM  May 18

X FINANCIAL RESPONSIBILITY DOCUMENTATION  5/1/2018, Appendix l of JTD

X CLOSURE/POST CLOSURE MAINTENANCE PLAN


X KNOWN OR REASONABLY FORESEEABLE CORRECTIVE ACTION COST ESTIMATES  May 2018, Appendix l of JTD

☐ LANDFILL CAPACITY SURVEY RESULTS (see instr) March 2018, Appendix L

C. IF APPLICABLE:

☐ REPORT OF WASTE DISCHARGE  WDR 2/8/2010, Appendix B

☐ DEPT. OF TOXIC SUBSTANCES CONTROL OR CERTIFIED UNIFIED PROGRAM AGENCY PERMIT

☐ SWAT (Air and water)

☐ NPDES PERMIT APPLICATION

☐ WETLANDS PERMITS

☐ OTHER

☐ 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  X GOVERNMENT AGENCY

OWNER(S) OF LAND
(Name):

Santa Barbara County Public Works Department

ADDRESS, CITY, STATE, ZIP

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

SSN OR TAX I #

95-600-2633

TELEPHONE #:

(805)882-3600

FAX #:

(805)882-3601

E-MAIL ADDRESS:

schlicht@coswpw.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

95-690-2633

ADDRESS, CITY, STATE, ZIP:

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

TELEPHONE #:

(805)893-3600

FAX #:

(805)893-3601

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):

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):

Mark A. Schleich

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).