

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

CIWMB-CALRECYCLE E-1-77 (Rev. 8-04-X-XX)

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  4-3. PERMIT REVIEW

2. REVISION OF CHANGE TO SWFP and/or WDRS  5-4. AMENDMENT OF APPLICATION

REVISION  MODIFICATION  OTHER (As authorized by law)

3- EXEMPTION and/or WAIVER  6-5. 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  3. TRANSFORMATION  5. C&D/INERT DEBRIS PROCESSING

a. TYPE : \_\_\_\_\_

2. COMPOSTING/ABLE MATERIALS HANDLING  4. TRANSFER/PROCESSING FACILITY  6. IN-VESSEL DIGESTION

a. TYPE: \_\_\_\_\_  CHECK HERE IF RECYCLABLE MATERIALS ARE RECOVERED PRIOR TO TRANSFER/PROCESSING.  5-Z. OTHER (describe): \_\_\_\_\_

**D. IDENTIFICATION OF FACILITY IN CIWMP [CONFORMANCE FINDING] INFORMATION (CIWMP):**

1. FACILITY IS IDENTIFIED IN (Check one):

SITING ELEMENT DATE OF DOCUMENT \_\_\_\_\_ PAGE # \_\_\_\_\_

NONDISPOSAL FACILITY ELEMENT DATE OF DOCUMENT \_\_\_\_\_ PAGE # \_\_\_\_\_

2. FACILITY IS NOT REQUIRED TO BE IDENTIFIED IN SITING ELEMENT OR NONDISPOSAL FACILITY ELEMENT

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

1. AGRICULTURAL  6. CONSTRUCTION/DEMOLITION  11. LIQUIDS

2. ASBESTOS o Friable o Non-friable  7. CONTAMINATED SOILS  12. MIXED/MUNICIPAL SOLID WASTE (MSW)

3. ASH  8. DEAD ANIMALS  13. SEWAGE SLUDGE

4. AUTO SHREDDER  9. INDUSTRIAL  14. WASTE TIRES

5. COMPOSTABLE MATERIAL (describe): \_\_\_\_\_  10. INERT  15. OTHER (describe): \_\_\_\_\_

**Part 3. FACILITY INFORMATION**

**A. PROPOSED CHANGE (Check applicable box(es)):**

- 1. DESIGN (describe): \_\_\_\_\_
- 2. OPERATION (describe): \_\_\_\_\_
- 3. OWNER, OPERATOR, ADDRESS, AND/OR FACILITY NAME CHANGE (describe): \_\_\_\_\_
- 4. OTHER (describe): \_\_\_\_\_

**B. FACILITY INFORMATION:**

**1. INFORMATION APPLICABLE TO ALL FACILITIES**

- a. PEAK DAILY TONNAGE OR CUBIC YARDS \_\_\_\_\_
  - 1) DISPOSAL/TRANSFER (unit) \_\_\_\_\_
  - 2) OTHER (unit) \_\_\_\_\_
- b. DAILY DESIGN TONNAGE (TPD) \_\_\_\_\_
- c. FACILITY SIZE (acres) \_\_\_\_\_
- d. PEAK TRAFFIC VOLUME PER DAY (vpd) \_\_\_\_\_
- e. DAYS AND HOURS OF OPERATION \_\_\_\_\_

**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 \_\_\_\_\_

**23. ADDITIONAL INFO. REQUIRED FOR COMPOSTINGABLE MATERIALS HANDLING FACILITIES ONLY:**

- a. TOTAL SITE STORAGE CAPACITY (cu yds) \_\_\_\_\_

**34. 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 AND PROVIDE THE STATE CLEARINGHOUSE NUMBER (SCH#): \_\_\_\_\_

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"/> LOCAL USE/PLANNING PERMITS _____	<input type="checkbox"/> EIR _____
<input type="checkbox"/> LOCATION MAP _____	<input type="checkbox"/> MND/ND _____
<input type="checkbox"/> MITIGATION MONITORING IMPLEMENTATION SCHEDULE & REPORTING PROG _____	<input type="checkbox"/> EXEMPTION _____
<input type="checkbox"/> LIST OF PUBLIC HEARINGS AND OTHER MEETINGS OPEN TO THE PUBLIC _____	<input type="checkbox"/> ADDENDUM _____

**B. ADDITIONAL REQUIRED DOCUMENTS FOR LANDFILLS 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 HEALTH SERVICES TOXIC SUBSTANCES CONTROL OR CERTIFIED UNIFIED PROGRAM AGENCY PERMIT _____
<input type="checkbox"/> CONTRACT AGREEMENTS _____	<input type="checkbox"/> SWAT (Air and water) _____
<input type="checkbox"/> STORMWATER PERMIT APPLICATION _____	<input type="checkbox"/> WETLANDS PERMITS _____
<input type="checkbox"/> NPDES PERMIT APPLICATION _____	<input type="checkbox"/> VERIFICATION OF FIRE DISTRICT COMPLIANCE _____
<input type="checkbox"/> OTHER _____	

**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

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OWNER(S) OF LAND (Name): \_\_\_\_\_ SSN OR TAX ID # \_\_\_\_\_

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ADDRESS, CITY, STATE, ZIP \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

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FAX #: \_\_\_\_\_

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E-MAIL ADDRESS: \_\_\_\_\_

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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

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FACILITY OPERATOR(S) (Name): \_\_\_\_\_ SSN OR TAX ID #: \_\_\_\_\_

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ADDRESS, CITY, STATE, ZIP \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

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FAX #: \_\_\_\_\_

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E-MAIL ADDRESS: \_\_\_\_\_

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CONTACT PERSON (Print Name): \_\_\_\_\_

ADDRESS WHERE LEGAL NOTICE MAY BE SERVED: \_\_\_\_\_

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**Part 9. SIGNATURE BLOCK**

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**Owner:**

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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.

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**SIGNATURE (LAND OWNER OR AGENT):**

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**PRINTED NAME:**

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**TITLE:** **DATE:**

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**Lessee:**

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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.

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**SIGNATURE (LESSEE):**

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**PRINTED NAME:**

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**TITLE:** **DATE:**

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**Operator:**

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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.

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**SIGNATURE (FACILITY OPERATOR OR AGENT):**

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**PRINTED NAME:**

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**TITLE:** **DATE:**

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