SOLID WASTE FACILITY PERMIT

Facility Number:

1. Name and Street Address of Facility:	**2. Name and Mailing Address of Operator:**	**3. Name and Mailing Address of Owner:**

4. Specifications:

a. Permitted Operations:
- ☐ Solid Waste Disposal Site
- ☐ Transfer/Processing Facility (MRF)
- ☐ Composting Facility (MSW/green material/C&G)
- ☐ Transformation Facility
- ☐ Other: _____

b. Permitted Hours of Operation: Receipt of Refuse/Waste: _____

Ancillary Operations/Facility Operating Hours: _____

c. Permitted Maximum Tonnage: _____Tons per Day

d. Permitted Traffic Volume: _____Vehicles per Day

e. Key Design Parameters (Detailed parameters are shown on site plans bearing EA and CalRecycle validations):

	Total	Disposal	Transfer/Processing	Composting	Transformation
Permitted Area (in acres)					
Design Capacity (cu.yds)					
Max. Elevation (Ft. MSL)					
Max. Depth (Ft. MSL)					
Estimated Closure Year					

Upon a significant change in design or operation from that described herein, this permit is subject to revocation or suspension. The attached permit findings and conditions are integral parts of this permit and supersede the conditions of any previously issued solid waste facility permit.

5. Approval:	**6. Enforcement Agency Name and Address:**
_____ Approving Officer Signature (Name and Title)	
7. Date Received by CalRecycle:	**8. CalRecycle Concurrence Date:**

9. Permit Issued Date:	**10. Permit Review Due Date:**	**11. Owner/Operator Transfer Date:**