

STATE OF CALIFORNIA
CALIFORNIA INTEGRATED WASTE MANAGEMENT BOARD
REGIONAL WATER QUALITY CONTROL BOARD

APPLICATION FOR SOLID WASTE FACILITY PERMIT/WASTE DISCHARGE REQUIREMENTS

CIWMB E-1-77 (Rev. 8-04)

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 NUMBER: 19-AR-1237 | FILING FEE: | RECEIPT NUMBER: | DATE RECEIVED: Feb 9, 2010 |
| DATE ACCEPTED: | DATE REJECTED: | ACCEPTANCE DATE OF INCOMPLETE APPLICATION: March 11, 2010 | DATE DUE: |

Part 1. GENERAL INFORMATION

| | |
|--|-------------------------------|
| A. ENFORCEMENT AGENCY: City of Los Angeles Environmental Affairs Department (EAD) | B. COUNTY: Los Angeles |
|--|-------------------------------|

C. TYPE OF APPLICATION (Check one box only):

- | | |
|---|--|
| <input checked="" type="checkbox"/> 1. NEW SWFP and/or WDRS | <input type="checkbox"/> 4. PERMIT REVIEW |
| <input type="checkbox"/> 2. REVISION OF SWFP and/or WDRS | <input type="checkbox"/> 5. AMENDMENT OF APPLICATION |
| <input type="checkbox"/> 3. EXEMPTION and/or WAIVER | <input type="checkbox"/> 6. RFI/ROWD/JTD AMENDMENTS |

Part 2. FACILITY DESCRIPTION

| | |
|--|--|
| A. NAME OF FACILITY: Bradley East Transfer Station / Sun Valley Recycling Park | |
| B. LOCATION OF FACILITY: | |
| 1. PHYSICAL ADDRESS OR LOCATION AND ZIP CODE: 9227 Tujunga Avenue, Sun Valley CA 91352 | |
| 2. LATITUDE AND LONGITUDE: Lat. 34.237464 Long. 118.380210 | |
| 3. LEGAL DESCRIPTION OF PERMITTED BOUNDARY BY SECTION, TOWNSHIP, RANGE, BASE, AND MERIDIAN, IF SURVEYED: | |

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

- | | | |
|---|---|---|
| <input type="checkbox"/> 1. DISPOSAL a. TYPE: _____ | <input type="checkbox"/> 3. TRANSFORMATION | <input type="checkbox"/> 5. OTHER (describe): _____ |
| <input type="checkbox"/> 2. COMPOSTING a. TYPE: _____ | <input checked="" type="checkbox"/> 4. TRANSFER/PROCESSING FACILITY | |
| <input checked="" type="checkbox"/> CHECK HERE IF RECYCLABLE MATERIALS ARE RECOVERED PRIOR TO TRANSFER/PROCESSING Green Waste Wood Waste | | |

D. CONFORMANCE FINDING INFORMATION (CIWMP):

- | | | | |
|---|--|------------------------|--------------|
| <input checked="" type="checkbox"/> 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 _____ | PAGE # _____ |
| <input type="checkbox"/> 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):

- | | | |
|---|--|---|
| <input type="checkbox"/> 1. AGRICULTURAL | <input checked="" type="checkbox"/> 6. CONSTRUCTION/DEMOLITION | <input type="checkbox"/> 11. LIQUIDS |
| <input type="checkbox"/> 2. ASBESTOS <input type="checkbox"/> Friable <input type="checkbox"/> Non-friable | <input type="checkbox"/> 7. CONTAMINATED SOILS | <input checked="" type="checkbox"/> 12. MIXED/MUNICIPAL SOLID WASTE |
| <input type="checkbox"/> 3. ASH | <input type="checkbox"/> 8. DEAD ANIMALS | <input type="checkbox"/> 13. SEWAGE SLUDGE |
| <input type="checkbox"/> 4. AUTO SHREDDER | <input type="checkbox"/> 9. INDUSTRIAL | <input type="checkbox"/> 14. TIRES |
| | <input type="checkbox"/> 10. INERT | <input checked="" type="checkbox"/> 15. OTHER (describe): Curbside Green Waste, Landscape & Gardener Green Waste Wood Waste - Source Separated |
| <input checked="" type="checkbox"/> 5. COMPOSTABLE MATERIAL (describe): Curbside Green Waste, Landscape & Gardener Green Waste Wood Waste - Source Separated | | |

Part 3. FACILITY INFORMATION

A. PROPOSED CHANGE (Check applicable box(es)): No Change Proposed

- ☐ 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 1,532 Tons Per Day (TPD)
- 1) DISPOSAL/TRANSE (unit) SAME
- 2) OTHER (unit) -0-
- b. DAILY DESIGN TONNAGE (TPD) 2,500 TPD
- c. FACILITY SIZE (acres) 16+ Acres
- d. PEAK TRAFFIC VOLUME PER DAY (vpd) 306
- e. DAYS AND HOURS OF OPERATION Mon-Sat 5:00 a.m. - 10:00 p.m. / Receipt of Material
6:00 a.m. - 8:00 p.m.

2. ADDITIONAL INFO. REQUIRED FOR COMPOSTING FACILITIES ONLY

- a. SITE STORAGE CAPACITY (cu yds) N/A

3. ADDITIONAL INFORMATION REQUIRED FOR LANDFILLS ONLY N/A

- 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: Los Angeles Department of Water and Power

☐ 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 _____

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#):

- ☐ ENVIRONMENTAL IMPACT REPORT (EIR) SCH# _____
- ☐ NEGATIVE DECLARATION (ND)/MITIGATED NEGATIVE DECLARATION (MND) SCH# _____
- ☐ ADDENDUM TO (Identify environmental document) _____ SCH# _____

B. IF ENVIRONMENTAL DOCUMENT(S) WAS NOT PREPARED, PLEASE PROVIDE THE FOLLOWING INFORMATION: By-Right Use in M-3 Zone

- ☐ 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 SUBMITALS:

- ☒ RFI/JTD TPR attached 02/08/2010 ☐ ENVIRONMENTAL DOCUMENT(S):
- ☐ LOCAL USE/PLANNING PERMITS By-Right Use M3 Zone ☐ EIR _____
- ☒ LOCATION MAP 02/08/2010 ☐ MND/ND _____
- ☐ MITIGATION MONITORING IMPLEMENTATION SCHEDULE _____ ☐ EXEMPTION _____
- ☐ ADDENDUM _____

B. ADDITIONAL REQUIRED DOCUMENTS FOR LANDFILLS ONLY: N/A

- ☐ OPERATING LIABILITY FINANCIAL MECHANISM _____ ☐ FINANCIAL RESPONSIBILITY DOCUMENTATION _____
- ☐ CLOSURE/POST CLOSURE MAINTENANCE PLAN _____ ☐ LANDFILL CAPACITY SURVEY RESULTS (see instructions) _____
- ☐ PRELIMINARY ☐ FINAL _____

C. IF APPLICABLE: N/A

- ☐ REPORT OF WASTE DISCHARGE _____ ☐ DEPT. OF HEALTH SERVICES PERMIT _____
- ☐ CONTRACT AGREEMENTS _____ ☐ SWAT (Air and water) _____
- ☐ STORMWATER PERMIT APPLICATION _____ ☐ WETLANDS PERMITS _____
- ☐ NPDES PERMIT APPLICATION _____ ☐ 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 ☐ GOVERNMENT AGENCY

OWNER(S) OF LAND Waste Management Recycling & Disposal
(Name): Services of California, Inc.SSN OR TAX ID #
95-2370376

ADDRESS, CITY, STATE, ZIP

9227 Tujunga Avenue
Sun Valley CA 91352

TELEPHONE #:

818-767-6180

FAX #:

818-252-3249

E-MAIL ADDRESS:

dcorcoran@wm.com

CONTACT PERSON (Print Name):

Doug Corcoran

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)

(Name): Waste Management Recycling and
Disposal Services of California, Inc.

SSN OR TAX ID #:

95-2370376

ADDRESS, CITY, STATE, ZIP

9227 Tujunga Avenue
Sun Valley CA 91352

TELEPHONE #:

818-767-6180

FAX #:

818-252-3249

E-MAIL ADDRESS:

dcorcoran@wm.com

CONTACT PERSON (Print Name):

Doug Corcoran

ADDRESS WHERE LEGAL NOTICE MAY BE SERVED:

SAME AS ABOVE

Part 9. SIGNATURE BLOCK

Owner: Waste Management Recycling and Disposal Services of California, 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):

PRINTED NAME: Doug Corcoran

TITLE: V.P., Director of Operations

DATE: 02/08/2010

Operator: Waste Management Recycling and Disposal Services of California, Inc.

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: Doug Corcoran

TITLE: V.P. Director of Operations

DATE: 02/08/2010

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