

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:	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:
Alameda County Department of Environmental Health	Alameda
C. TYPE OF APPLICATION (Check one box only):	
<input type="checkbox"/> 1. NEW SWFP and/or WDRS	<input type="checkbox"/> 4. PERMIT REVIEW
<input checked="" type="checkbox"/> 2. CHANGE TO SWFP and/or WDRS	<input type="checkbox"/> 5. AMENDMENT OF APPLICATION
<input checked="" type="checkbox"/> REVISION <input type="checkbox"/> MODIFICATION <input type="checkbox"/> OTHER (As authorized by law)	<input type="checkbox"/> 6. RFI/ROWD/JTD AMENDMENTS
<input type="checkbox"/> 3. WAIVER	

Part 2. FACILITY DESCRIPTION

A. NAME OF FACILITY:
Davis Street Transfer Station

B. LOCATION OF FACILITY:

1. PHYSICAL ADDRESS OR LOCATION AND ZIP CODE:
2615 Davis Street, San Leandro, California 94577

2. LATITUDE AND LONGITUDE:
Latitude 37.71225; Longitude -122.19372

3. LEGAL DESCRIPTION OF PERMITTED BOUNDARY BY SECTION, TOWNSHIP, RANGE, BASE, AND MERIDIAN, IF SURVEYED:
Alameda County Assessor Block and Lot #079A-0475-007-32 (Waste Management) and 079A-0475-010-05 (City of San Leandro).

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

<input type="checkbox"/> 1. DISPOSAL	<input type="checkbox"/> 3. TRANSFORMATION	<input checked="" type="checkbox"/> 5. C&D/INERT DEBRIS PROCESSING
a. TYPE:		
<input checked="" type="checkbox"/> 2. COMPOSTABLE MATERIALS HANDLING	<input checked="" type="checkbox"/> 4. TRANSFER/PROCESSING	<input checked="" type="checkbox"/> 6. IN-VESSEL DIGESTION
See attached TPR Rev. 14 and IVDR dated 10/16.		
a. TYPE:		<input checked="" type="checkbox"/> 7. OTHER (describe): Wood/Green Waste Grinding

D. IDENTIFICATION OF FACILITY IN CIWMP [CONFORMANCE FINDING]:

☒ 1. FACILITY IS IDENTIFIED IN (Check one):

<input checked="" type="checkbox"/> SITING ELEMENT	DATE OF DOCUMENT	March 2015 (Davis St Transfer Station)	PAGE # II-23
<input type="checkbox"/> NONDISPOSAL FACILITY ELEMENT	DATE OF DOCUMENT		PAGE #

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. MUNICIPAL SOLID WASTE (MSW)
<input type="checkbox"/> 3. ASH	<input checked="" type="checkbox"/> 8. DEAD ANIMALS	<input type="checkbox"/> 13. SEWAGE SLUDGE
<input type="checkbox"/> 4. AUTO SHREDDER	<input type="checkbox"/> 9. INDUSTRIAL	<input checked="" type="checkbox"/> 14. WASTE TIRES
<input checked="" type="checkbox"/> 5. COMPOSTABLE MATERIAL (describe):	<input checked="" type="checkbox"/> 10. INERT	<input checked="" type="checkbox"/> 15. OTHER (describe): Wood waste, green materials, appliances, universal waste
		Organic Fraction of MSW, Cellulosic Materials, Green Waste Materials, Food Waste/Scraps,

Part 3. FACILITY INFORMATION**A. FACILITY INFORMATION:****1. INFORMATION APPLICABLE TO ALL EXISTING FACILITIES:**

a. MAXIMUM DAILY TONNAGE OR CUBIC YARDS 5,600 tons/day

b. AS-DESIGNED DAILY TONNAGE or CUBIC YARDS 9600 tons/day

c. FACILITY SIZE (acres) 53

d. MAXIMUM TRAFFIC VOLUME PER DAY (vpd) 5,761

e. DAYS AND HOURS OF OPERATION See below
WMAC vehicles: 7 days wk; 24 hr/day
Non- WMAC vehicles 7 days wk 5am-5:00 pm
Public: Monday-Friday 7:00 am - 5:00 pm; Sat.-Sun 8:00 am - 4:00 pm.
Closed 1:00 pm Christmas Eve and New Year's Eve, Easter Day, 4th of July
Memorial Day, Labor Day, Thanksgiving Day, Christmas Day, New Years Day

2. PROPOSED CHANGE(S) OR INFORMATION APPLICABLE TO NEW SWFP AND/OR WDRs

a. MAXIMUM DAILY TONNAGE OR CUBIC YARDS N/A

b. AS-DESIGNED DAILY TONNAGE or CUBIC YARDS See Table 2 in TPR

c. FACILITY SIZE (acres) 53.8 (administrative correction)

d. MAXIMUM TRAFFIC VOLUME PER DAY (vpd) N/A

e. DAYS AND HOURS OF OPERATION see below
WMAC and Non- WMAC vehicles 7 days wk 24hr/day
Public: Monday-Friday 7:00 am - 5:00 pm; Sat.-Sun 8:00 am - 4:00 pm.
Closed 1:00 pm Christmas Eve and New Year's Eve, Easter Day, 4th of July
Memorial Day, Labor Day, Thanksgiving Day, Christmas Day, New Years Day

f. OTHER Enhanced processing of organic fraction of municipal solid waste to include new: Organics Materials Recycling Facility; and Organics Materials Composting Facility

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

a. TOTAL SITE CAPACITY (cu yds) OMCF 1,000 tpd and OMRF 1,300 tpd; included in materials throughput listed in Part 3 (A) (2) (b) above

4. ADDITIONAL INFORMATION REQUIRED FOR LANDFILLS ONLY:

a. AVERAGE DAILY TONNAGE (TPD) N/A

b. SITE CAPACITY CURRENTLY PERMITTED (Airspace) (cu yds) N/A

c. SITE CAPACITY PROPOSED (Airspace) (cu yds) N/A

d. SITE CAPACITY USED TO DATE (Airspace) (cu yds) N/A

e. SITE CAPACITY REMAINING (Airspace) (cu yds) N/A

f. DATE OF CAPACITY INFORMATION (Date) (See instructions): N/A

g. LAST PHYSICAL SITE SURVEY (Date) N/A

h. ESTIMATED CLOSURE DATE (month and year) N/A

i. DISPOSAL FOOTPRINT (acres) N/A

j. SITE CAPACITY PLANNED (cu yds) N/A

k. 1. (i) IN-PLACE WASTE DENSITY (lbs of waste per cu yd of waste) N/A
AND
(ii) WASTE-TO-COVER RATIO (Estimated) (v:v) N/A
OR

2. AIRSPACE UTILIZATION FACTOR (tons of waste per cu yd of landfill airspace) N/A

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

☒ A. MUNICIPAL OR UTILITY SERVICE: East Bay Municipal Utility District

☐ 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:

☒ 1. ENVIRONMENTAL DOCUMENT WAS PREPARED:☐ ENVIRONMENTAL IMPACT REPORT (EIR) SCH# _____☒ NEGATIVE DECLARATION (ND)/MITIGATED NEGATIVE DECLARATION (MND) SCH# 2011 IS/MND for the DSTS Master Plan (#2010112069)☐ 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:

☒ RFI/JTD Transfer/Processing Report Revision 14, October 2016☐ ENVIRONMENTAL DOCUMENT(S):☒ LOCATION MAP See Transfer/Processing Report Rev 14, App. A☐ EIR _____☐ MITIGATION MONITORING & REPORTING PROGRAM _____☐ MND/ND _____☐ LIST OF PUBLIC HEARINGS AND OTHER MEETINGS OPEN TO THE PUBLIC _____☐ EXEMPTION _____☐ ADDENDUM _____

B. ADDITIONAL REQUIRED DOCUMENTS FOR DISPOSAL FACILITIES ONLY:

☐ OPERATING LIABILITY FINANCIAL MECHANISM _____☐ FINANCIAL RESPONSIBILITY DOCUMENTATION _____☐ CLOSURE/POST CLOSURE MAINTENANCE PLAN _____☐ KNOWN OR REASONABLY FORSEEABLE CORRECTIVE ACTION COST ESTIMATES _____☐ PRELIMINARY _____
☐ FINAL _____☐ LANDFILL CAPACITY SURVEY RESULTS (see instruct _____)

C. IF APPLICABLE:

☐ REPORT OF WASTE DISCHARGE N/A☐ DEPT. OF TOXIC SUBSTANCES CONTROL OR CERTIFIED UNIFIED
PROGRAM AGENCY PERMIT N/A☐ STORMWATER PERMIT APPLICATION N/A☐ SWAT (Air and water) N/A☐ NPDES PERMIT APPLICATION N/A☐ WETLANDS PERMITS N/A☒ OTHER See TPR, Rev 14, for full list of permits☐ VERIFICATION OF FIRE DISTRICT COMPLIANCE N/A**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):
Waste Management of Alameda County, Inc. (APN 079A-475-007-32; 53.2 acres). Within DSTS there is one parcel of land that is owned by the City of San Leandro. This parcel is approximately 0.6 acres (Assessor's Parcel Number: 079A-475-010-05) and has historically been used for transfer station activities. The City and WMAC have a fifty-year Lease and Use Agreement in place, the agreement was approved by San Leandro City Council (Resolution No. 93-207) and has been recorded with the Alameda County Assessor's office.

SSN OR TAX ID #

94-0727420

ADDRESS, CITY, STATE, ZIP

**Waste Management of Alameda County, Inc. (APN 079A-475-007-32): 172 98th Avenue, Oakland, CA 94603
City of San Leandro (APN 079A-475-010-15): Civic Center, 835 East 14th Street, San Leandro, CA 94577**

TELEPHONE #: WMAC: 510-563-4277
City of San Leandro: 510-577-3458

FAX #: WMAC 510-463-4210
City of San Leandro: 510-577-3343

E-MAIL ADDRESS:

Rspediacci@wm.com. Czapata@sanleandro.org

CONTACT PERSON (Print Name):

Richard Spediacci, Sr. District Mgr. WM.**Chris Zapata, City Manager**

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 of Alameda County, Inc.

ADDRESS, CITY, STATE, ZIP

2615 Davis Street, San Leandro California 94577

SSN OR TAX ID #:

94-0727420

TELEPHONE #:

510-563-4277

FAX #: 510-463-4210

E-MAIL ADDRESS:

Rspediacci@wm.com

CONTACT PERSON (Print Name):

Richard Spediacci, Sr. District Mgr

ADDRESS WHERE LEGAL NOTICE MAY BE SERVED:

2615 Davis Street, San Leandro California 94577

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:

Chris Zapata

TITLE: City Manager- City of San Leandro

DATE: 10/13/16

SIGNATURE (LAND OWNER OR AGENT):

PRINTED NAME:

Richard Spediacci

TITLE: Senior District Manager, Waste Management of Alameda County, Inc.

DATE:

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:

Richard Spediacci

TITLE: Senior District Manager, Waste Management of Alameda County, Inc.

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:

Richard Spediacci

TITLE: Senior District Manager, Waste Management of Alameda County, Inc.

DATE:

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