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

APPLICATION FOR SOLID WASTE FACILITY PERMIT AND WASTE DISCHARGE REQUIREMENTS

Part 1. GENERAL INFORMATION A PRIVACE TO SUPE OF ACTIVITY: (Construction National Processing Little And December 1998) A COUNTY Adams County A PERMIT REVIEW A PERMIT REVIEW	CALRECYCLE E-1-77 (Roy, 11-15)						
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Part 1. GENERAL INFORMATION A CHARGECREVIT ACRICO: COUNTY Alameda Environmental Health Department D. COUNTY Alameda County C. 1991/OR APPLICATION County of Alameda Environmental Health Department D. A. CHARGETO SMOP	SWIS/WDID/GIOD OF ID NUMBER:	FILING FEE:	RECEIPT NUMBER:		1 0 2017		
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1. NEW SWEP WORS	A. ENFORCEMENT AGENCY: County of Al	ameda Environmental Health Depar		County			
2. CHANGETO SNEP paids WDRS	C. TYPE OF APPLICATION (Check one box	only):			-		
REVISION MODIFICATION OTHER (A. SUMMER SECTION G. REVROWDUTD AMENDMENTS	1. NEW SWFP and/or WDRS		4. PERMIT REVIEW				
3. WAIVER 6. REPROVIDUTE AMENDMENTS Part 2. FACILITY DESCRIPTION A. NAME OF FACILITY: Altamont Landfill and Resource Recovery Facility, Compostable Materials Handling Facility B. LOCATION OF FACILITY: 1. PHYSICAL ADDRESS OR LOCATION AND ZIP CODE: 10840 Altamont Pass Road, Livermore, California, 94551; APN:998-6275-1-1 2. LATITUDE AND LONGITUDE LAND LONGITUDE LATITUDE AND LONGITUDE LATITUDE LATI	2. CHANGE TO SWFP and/or WDRS		5. AMENDMENT OF A	5. AMENDMENT OF APPLICATION			
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Approved: February 26, 2003, Amended: January 25, 2017 NONDISPOSAL FACILITY ELEMENT DATE OF DOCUMENT	D. IDENTIFICATION OF FACILITY IN CI	WMP [CONFORMANCE FINDING]:					
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3. ASH							
10. INERT 15. OTHER (describe):	3. ASH	=					
	4. AUTO SHREDDER	9. INDUSTRIAL	14. WASTE TIRES				
	5. COMPOSTABLE MATERIAL (dossoribe			al food weste, mixed solid waste organics diverted from MSW recycling	, digestate from anaarobic organics processing facilities		

Part 3. FACILITY INFORMATION			
A. FACILITY INFORMATION:			
1. INFORMATION APPLICABLE TO ALL EXISTI	NG FACILITIES:	2. PROPOSED CHANGE(S) OR INFORMATION AND/OR WDR.	N APPLICABLE TO NEW SWFP
a. MAXIMUM DAILY TONNAGE OR CUBIC YARDS	N/A	a. MAXIMUM DAILY TONNAGE OR CUBIC YARDS	500 tons per day
ь. AS-DESIGNED DAILY TONNAGE 1	N/A	ь. AS-DESIGNED DAILY TONNAGE	500 tons per day
or CUBIC YARDS c. FACILITY SIZE (Acros.)	N/A	or CUBIC YARUS FACILITY SIZE (acros)	60.5 acres
a. MAXIMUM TRAFFIC VOLUME PER DAY	N/A	a. MAXIMUM TRAFFIC VOLUME PER DAY	83 vehicles per day
(vpd)	N/A	(vpd)	Monday through Sunday, 24 hours
. DAYS AND HOURS OF OPERATION		DAYS AND HOURS OF OPERATION Public access: Manday through Friday, 6AM-4PM, earne as landf	
		r. OTHER Compostable Materials Hand	lling Facility Permit for Composting Operations
3. ADDITIONAL INFO. REQUIRED FOR COMPO TOTAL SITE CAPACITY (ou yds)	STABLE MATERIALS HAN 346,700 cubic yard		
4. ADDITIONAL INFORMATION REQUIRED FOR	R LANDFILLS ONLY:		
* AVERAGE DAILY TONNAGE (TPD)			
ь. SITE CAPACITY CURRENTLY PERMITITED	(Airspace) (cu yes)		
a. SITE CAPACITY PROPOSED (Airspace) (eu	yds) _		
d. SITE CAPACITY USED TO DATE (Airspace)	(cu yds)		
•. SITE CAPACITY REMAINING (Airspace) (cu	yds)		
r. DATE OF CAPACITY INFORMATION (Date)	(See instructions):		
9. LAST PHYSICAL SITE SURVEY (Date)			
h. ESTIMATED CLOSURE DATE (month and ye	ar) -		
DISPOSAL FOOTPRINT (a cres)			
J. SITE CAPACITY PLANNED (cu yds)			
K. 1. (1) IN-PLACE WASTE DENSITY (165 of wa	ste per cu yd of waste)		
(ii) WASTE-TO-COVER RATIO (Estimated OR) (v;v)		
2. AIRSPACE UTILIZATION FACTOR (cons of	of waste per cu yo of landfill	atrspace)	
			<u> </u>
Part 4. SOURCE OF WATER SUPPLY	(Check applicable box	xes)	
A. MUNICIPAL OR UTILITY SERVICE:			
B. (NOIVIDUAL (wells):			
C. SURFACE SUPPLY:			
1. NAME OF STREAM, LAKE	E, ETC.	Alameda County Water Agency, Zone 7 Aqueduct for site open	ations and sanitary facilities (non-potable
2. TYPE OF WATER RIGHTS	S:		
	RIPARIAN	✓ APPROPRIATION	
3. STATE PERMIT OR LICE	NSE NUMBER , IF APPLICABLE	E:	
D. OTHER:	ottled water provide	ed for site personnel consumption (potable)

Part 5. COMPLIANCE WITH CALIFORNIA ENVIRONMENTAL C	UALI	TY ACT (CEQA) (Check applicable box	es)
A. CHECK BOX(ES) IF ENVIRONMENTAL DOCUMENT WAS OR WILL BE PREPARED FOR	R THIS F	PROJECT:		
1. ENVIRONMENTAL DOCUMENT WAS PREPARED:				
ENVIRONMENTAL IMPACT REPORT (EIR) SCH#				
NEGATIVE DECLARATION (ND)/MITIGATED NEGATIVE DECL	LARATIO	N (MIND) SC∺#	2011072021	
ADDENDUM TO (Identify unvironmental document)			SCH#	
2. ENVIRONMENTAL DOCUMENT WILL BE PREPARED (Enter lead agency if known):				
B. IF ENVIRONMENTAL DOCUMENT(S) WAS NOT PREPARED, PLEASE PROVIDE THE F	·OLLOWI	ING INFORMATION:		
CATEGORICAL/STATUTORY EXEMPTION (CE/SE) EXEMPTION TYPE		GUIDELIN	E#	
Part 6. LIST OF ATTACHMENTS (Fill in the date for each document)				
A. REQUIRED WITH ALL APPLICATION SUBMITTALS:				
Report of Composting Site Information			ENVIRONMENTAL DO	CUMENT(S).
LOCATION MAP			□ EIR	
MITIGATION MONITORING & REPORTING PROGRAM			■ MND/ND	June 2011, Rev. March 18, 2013
LIST OF PUBLIC HEARINGS AND OTHER MEETINGS OPEN TO THE PUBLIC			EXEMPTION	
B. ADDITIONAL REQUIRED DOCUMENTS FOR DISPOSAL FACILITIES ONLY	, <u> </u>		□ ADDENDUM	
OPERATING LIABILITY FINANCIAL MECHANISM	П	FINANCIAL RESPONSI	IBILITY DOCUMENTATION	
CLOSURE/POST CLOSURE MAINTENANCE PLAN	KNOWN OR REASONABLY FORSEEABLE CORRECTIVE ACTION COST ESTIMATES			
□ PRELIMINARY				
□ FINAL		LANDFILL CAPACITY S	SURVEY RESULTS (see 1982)	et)
C. IF APPLICABLE: REPORT OF WASTE DISCHARGE pending		DEDT. 05 TOVIO 5UBG		STIFIES INVESTO
2014 0057 DWO		PROGRAM AGENCY P	STANCES CONTROL OR CER FRMIT	RTIFIED UNIFIED
STORMWATER PERMIT APPLICATION		SWAT (Air and water)		
NPDES PERMIT APPLICATION OTHER OTHER OTHER		WETLANDS PERMITS	E DISTRICT COMPLIANCE	
OTHER		VERIFICATION OF FIR	E DISTRICT COMPLIANCE	
Part 7. OWNER INFORMATION (For disposal site, if operator is different	from lar	nd owner, attach lease	or other agreement)	
TYPE OF BUSINESS: SOLE PROPRIETORSHIP PARTNERSHIP	\checkmark	CORPORATION	GOVERNMENT AG	ENCY
OWNER(S) OF LAND			SSN OR TAX ID#	
Waste Management of Alameda County	y, In	C.	940727420	
ADDRESS, CITY, STATE, ZIP 172 98th Avenue, Oakland, California 94603			TELEPHONE #: 925-455-7323	
			925-243-9	834
			e-MAIL ADDRESS: mnettzi@w	
			Marcus Ne	i i i i i i i i i i i i i i i i i i i

Part 8. OPERATOR INFORMATION (For disposal site, if operator is different from land owner, at	ttach jaase or other agreement)
TYPE OF BUSINESS: SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION	GOVERNMENT AGENCY
FACILITY OPERATOR(S)	SSN OR TAX ID #:
(Nama):	940727420
Waste Management of Alameda County, Inc.	
ADDRESS, CITY, STATE, ZIP	TELEPHONE #:
10840 Altamont Pass Road, Livermore, California 94551	925-455-7323
	PAX#: 925-243-7323
	E-MAIL ADDRESS:
	mnettzi@wm.com
	CONTACT PERSON (Print Nome): Marcus Nettz
ADDRESS WHERE LEGAL NOTICE MAY BE SERVED:	
10840 Altamont Pass Road, Livermore, California 94551	ia
Part 9. SIGNATURE BLOCK	
Owner:	
acertify under panalty of perjuty that the information provided for this application and for any attachments aware that the operator intends to operate a solid weste facility at the site specified above pursuant to this should the operator (A) to meet applicable requirements.	
M-A	
SIGNATURE (LAND OWNER OR AGENT):	
Marcus Nettz	
PRINTED NAME:	
Sr. District Manager	2/10/2017
TITLE:	DATE:
Lessee:	
certify under panalty of perjuty that the information provided for this application and for any attachments aware that the operator intends to operate a solid waste facility at the sate specified above pursuant to this	
SIGNATURE (LESSEE):	
PRINTED NAME:	
TITLE:	DATE:
Operator:	
certify under possity of perjury that the information contained in this application and all attachments are t	rue and accurate to the best of my knowledge and besief.
M- You	
SIGNATURE (FACILITY OPERATOR OR AGENT):	
Marcus Nettz	
PRINTED NAME:	2/40/2047
Sr. District Manager	2/10/2017
TITLE:	DATE:

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