

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: MAR 10 2017
DATE ACCEPTED: MAR 13 2017	DATE REJECTED:	ACCEPTANCE DATE OF INCOMPLETE APPLICATION:	DATE DUE:

Part 1. GENERAL INFORMATION

A. ENFORCEMENT AGENCY: County of Alameda Environmental Health Department	B. COUNTY: Alameda County
C. TYPE OF APPLICATION (Check one box only):	

- ☒ 1. NEW SWFP and/or WDRS
- ☐ 2. CHANGE TO SWFP and/or WDRS
- ☐ REVISION ☐ MODIFICATION ☐ OTHER (As authorized by law)
- ☐ 3. WAIVER
- ☐ 4. PERMIT REVIEW
- ☐ 5. AMENDMENT OF APPLICATION
- ☐ 6. RFI/ROWD/JTD 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:99B-6275-1-1

2. LATITUDE AND LONGITUDE:
Latitude: 37 degrees, 45 minutes, 18.0246 seconds; Longitude: -121 degrees, 39 minutes, 11.124 seconds

3. LEGAL DESCRIPTION OF PERMITTED BOUNDARY BY SECTION, TOWNSHIP, RANGE, BASE, AND MERIDIAN, IF SURVEYED:

Section 16, Township 2 South and Range 3 East from the Mount Diablo Base and Meridian Line

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

<input type="checkbox"/> 1. DISPOSAL	<input type="checkbox"/> 3. TRANSFORMATION	<input type="checkbox"/> 5. C&D/INERT DEBRIS PROCESSING
a. TYPE: _____		
<input checked="" type="checkbox"/> 2. COMPOSTABLE MATERIALS HANDLING	<input type="checkbox"/> 4. TRANSFER/PROCESSING	<input type="checkbox"/> 6. IN-VESSEL DIGESTION
a. TYPE: Covered Aerated Compost Piles ("CASP" system)		
		<input type="checkbox"/> 7. OTHER (describe): _____

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

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

<input checked="" type="checkbox"/> SITING ELEMENT	DATE OF DOCUMENT	Approved: February 26, 2003, Amended: January 25, 2017	PAGE # II-35
<input type="checkbox"/> NONDISPOSAL FACILITY ELEMENT	DATE OF DOCUMENT	_____	PAGE # _____

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

<input checked="" type="checkbox"/> 1. AGRICULTURAL	<input checked="" type="checkbox"/> 6. CONSTRUCTION/DEMOLITION	<input type="checkbox"/> 11. LIQUIDS
<input type="checkbox"/> 2. ASBESTOS <input type="checkbox"/> Fragile <input type="checkbox"/> Non-fragile	<input type="checkbox"/> 7. CONTAMINATED SOILS	<input checked="" type="checkbox"/> 12. MUNICIPAL SOLID WASTE (MSW)
<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. WASTE TIRES
<input checked="" type="checkbox"/> 5. COMPOSTABLE MATERIAL (describe): green waste, clean dimensional lumber, agricultural materials (e.g. grape pomace & animal manures), residential & commercial food waste, mixed solid waste organics diverted from MSW recycling, digestate from anaerobic organics processing facilities	<input type="checkbox"/> 10. INERT	<input type="checkbox"/> 15. OTHER (describe): _____

Part 3. FACILITY INFORMATION

A. FACILITY INFORMATION:

1. INFORMATION APPLICABLE TO ALL EXISTING FACILITIES:

- a. MAXIMUM DAILY TONNAGE OR CUBIC YARDS N/A
- b. AS-DESIGNED DAILY TONNAGE OR CUBIC YARDS N/A
- c. FACILITY SIZE (acres) N/A
- d. MAXIMUM TRAFFIC VOLUME PER DAY (vpd) N/A
- e. DAYS AND HOURS OF OPERATION N/A

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

- a. MAXIMUM DAILY TONNAGE OR CUBIC YARDS 500 tons per day
- b. AS-DESIGNED DAILY TONNAGE OR CUBIC YARDS 500 tons per day
- c. FACILITY SIZE (acres) 60.5 acres
- d. MAXIMUM TRAFFIC VOLUME PER DAY (vpd) 83 vehicles per day
- e. DAYS AND HOURS OF OPERATION Monday through Sunday, 24 hours
Public access: Monday through Friday, 6AM-4PM, same as landfill. (Closed on New Year's, Thanksgiving, and Christmas)
- f. OTHER Compostable Materials Handling Facility Permit for Composting Operations

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

- a. TOTAL SITE CAPACITY (cu yds) 346,700 cubic yards

4. 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.: _____

Alameda County Water Agency, Zone 7 Aqueduct for site operations and sanitary facilities (non-potable)

2. TYPE OF WATER RIGHTS:

☐

RIPARIAN

☒

APPROPRIATION

3. STATE PERMIT OR LICENSE NUMBER, IF APPLICABLE: _____

☒

D. OTHER:

Bottled water provided for site personnel consumption (potable)

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# 2011072021

☐ 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 checked="" type="checkbox"/> REQUIRED <u>Report of Composting Site Information</u>	<input checked="" type="checkbox"/> ENVIRONMENTAL DOCUMENT(S)
<input type="checkbox"/> LOCATION MAP _____	<input type="checkbox"/> EIR _____
<input type="checkbox"/> MITIGATION MONITORING & REPORTING PROGRAM _____	<input checked="" type="checkbox"/> MND/ND <u>June 2011, Rev. March 18, 2013</u>
<input type="checkbox"/> LIST OF PUBLIC HEARINGS AND OTHER MEETINGS OPEN TO THE PUBLIC _____	<input type="checkbox"/> EXEMPTION _____
	<input type="checkbox"/> ADDENDUM _____

B. ADDITIONAL REQUIRED DOCUMENTS FOR 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 instruction) _____
<input type="checkbox"/> FINAL _____	

C. IF APPLICABLE:

<input checked="" type="checkbox"/> REPORT OF WASTE DISCHARGE <u>pending</u>	<input type="checkbox"/> DEPT. OF TOXIC SUBSTANCES CONTROL OR CERTIFIED UNIFIED PROGRAM AGENCY PERMIT _____
<input type="checkbox"/> STORMWATER PERMIT APPLICATION <u>2014-0057-DWQ</u>	<input type="checkbox"/> SWAT (Air and water) _____
<input type="checkbox"/> NPDES PERMIT APPLICATION _____	<input type="checkbox"/> WETLANDS PERMITS _____
<input checked="" type="checkbox"/> OTHER <u>BAAQMD PTO - Pending</u>	<input type="checkbox"/> 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

(Name):

Waste Management of Alameda County, Inc.

SSN OR TAX ID #

940727420

ADDRESS, CITY, STATE, ZIP

172 98th Avenue, Oakland, California 94603

TELEPHONE #:

925-455-7323

FAX #:

925-243-9834

E-MAIL ADDRESS:

mnettzi@wm.com

CONTACT PERSON (Print Name):

Marcus Netz

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.

SSN OR TAX ID #:

940727420

ADDRESS, CITY, STATE, ZIP

10840 Altamont Pass Road, Livermore, California 94551

TELEPHONE #:

925-455-7323

FAX #:

925-243-7323

E-MAIL ADDRESS:

mnettzi@wm.com

CONTACT PERSON (Print Name):

Marcus Netz

ADDRESS WHERE LEGAL NOTICE MAY BE SERVED:

10840 Altamont Pass Road, Livermore, California 94551

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):

Marcus Netz

PRINTED NAME:

Sr. District Manager

2/10/2017

TITLE:

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:

TITLE:

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):

Marcus Netz

PRINTED NAME:

Sr. District Manager

2/10/2017

TITLE:

DATE:

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