

# 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. COI Los Angeles

### 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:

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):

- 1. DISPOSAL
- 2. COMPOSTABLE MATERIALS HANDLING
- 3. TRANSFORMATION
- 4. TRANSFER/PROCESSING
- 5. C&D/INERT DEBRIS PROCESSING
- 6. IN-VESSEL DIGESTION
- 7. OTHER (describe): \_\_\_\_\_

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

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 | July-96 | PAGE # <u>7</u> |

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

- 1. AGRICULTURAL
- 2. ASBESTOS  Friable  Non-friable
- 3. ASH
- 4. AUTO SHREDDER
- 5. COMPOSTABLE MATERIAL (describe): green material with >1% contamination, green waste with some food waste, wood waste, manure
- 6. CONSTRUCTION/DEMOLITION
- 7. CONTAMINATED SOILS
- 8. DEAD ANIMALS
- 9. INDUSTRIAL
- 10. INERT
- 11. LIQUIDS
- 12. MUNICIPAL SOLID WASTE (MSW)
- 13. SEWAGE SLUDGE
- 14. WASTE TIRES
- 15. OTHER (describe): recyclables and organics (food waste)

**Part 3. FACILITY INFORMATION**

**A. FACILITY INFORMATION:**

**1. INFORMATION APPLICABLE TO ALL EXISTING FACILITIES:**

a. MAXIMUM DAILY TONNAGE OR CUBIC YARDS 2,100 Tons Per Day (TPD)

b. AS-DESIGNED DAILY TONNAGE or CUBIC YARDS 2,100 TPD

c. FACILITY SIZE (acres) 16+ Acres

d. MAXIMUM TRAFFIC VOLUME PER DAY (vpd) 306

e. DAYS AND HOURS OF OPERATION  
Receipt of Mat'l - Mon-Sat 6 a.m.-8 p.m.;  
Processing of mat'l - Mon-Sat 6 a.m. -8 p.m.;  
Loading, outbound transp of mat'l - Mon-Sat 5 a.m.- 10 p.m.;  
Maintenance/clean-up: can continue until 10 p.m.  
Maintenance activities that occur prior to 5 a.m. or past 10 p.m. shall be within an enclosed building

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

a. MAXIMUM DAILY TONNAGE OR CUBIC YARDS 5,000 Tons Per Day (TPD) Maximum and No More than 4,000 Tons Per Day (TPD) of MSW

b. AS-DESIGNED DAILY TONNAGE or CUBIC YARDS 5,000 Tons Per Day (TPD)

c. FACILITY SIZE (acres) 2+ Acres

d. MAXIMUM TRAFFIC VOLUME PER DAY (vpd) 1,111

e. DAYS AND HOURS OF OPERATION  
Receipt of Mat'l - Mon-Sat 6 a.m.-8 p.m.;  
Processing of mat'l - 24 hours  
Loading, outbound transp of mat'l - Mon-Sat 5 a.m.- 10 p.m.;  
Maintenance/clean-up: 24 hours

f. OTHER \_\_\_\_\_

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

a. TOTAL SITE CAPACITY (cu yds) \_\_\_\_\_

**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: 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: \_\_\_\_\_

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# 2002121027-certified May 2010 and NOD filed May 25,2010.

NEGATIVE DECLARATION (ND)/MITIGATED NEGATIVE DECLARATION (MND) SCH# \_\_\_\_\_

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 TPR amended Dec. 2016, May & Dec. 2017 & April 2018, April 2019

LOCATION MAP 4-2010

MITIGATION MONITORING & REPORTING PROGRAM \_\_\_\_\_

LIST OF PUBLIC HEARINGS AND OTHER MEETINGS OPEN TO THE PUBLIC \_\_\_\_\_

ENVIRONMENTAL DOCUMENT(S):  
 EIR previously submitted to the LEA

MND/ND \_\_\_\_\_

EXEMPTION \_\_\_\_\_

ADDENDUM \_\_\_\_\_

B. ADDITIONAL REQUIRED DOCUMENTS FOR DISPOSAL FACILITIES ONLY:

OPERATING LIABILITY FINANCIAL MECHANISM \_\_\_\_\_

CLOSURE/POST CLOSURE MAINTENANCE PLAN \_\_\_\_\_

PRELIMINARY \_\_\_\_\_

FINAL \_\_\_\_\_

FINANCIAL RESPONSIBILITY DOCUMENTATION \_\_\_\_\_

KNOWN OR REASONABLY FORSEEABLE CORRECTIVE ACTION COST ESTIMATES \_\_\_\_\_

LANDFILL CAPACITY SURVEY RESULTS (see instructions) \_\_\_\_\_

C. IF APPLICABLE:

REPORT OF WASTE DISCHARGE \_\_\_\_\_

STORMWATER PERMIT APPLICATION \_\_\_\_\_

NPDES PERMIT APPLICATION \_\_\_\_\_

OTHER \_\_\_\_\_

DEPT OF TOXIC SUBSTANCES CONTROL OR CERTIFIED UNIFIED PROGRAM  
AGENCY PERMIT \_\_\_\_\_

SWAT (Air and water) \_\_\_\_\_

WETLANDS PERMITS \_\_\_\_\_

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

**Waste Management Recycling & Disposal Services of California, Inc.**

(Name):

ADDRESS, CITY, STATE, ZIP

**9227 Tujunga Avenue, Sun Valley, CA 91352**

SSN OR TAX ID #

**95-2370376**

TELEPHONE #:

**818-252-3148**

FAX #:

**818-252-3249**

E-MAIL ADDRESS:

[mhammer@wm.com](mailto:mhammer@wm.com)

CONTACT PERSON (Print Name):

Mike Hammer

**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 & Disposal Services of California, Inc.

SSN OR TAX ID #:

95-2370376

ADDRESS, CITY, STATE, ZIP

TELEPHONE #:

818-252-3148

FAX #:

818-252-3249

E-MAIL ADDRESS:

mhammer@wm.com

CONTACT PERSON (Print Name):

Mike Hammer

ADDRESS WHERE LEGAL NOTICE MAY BE SERVED:

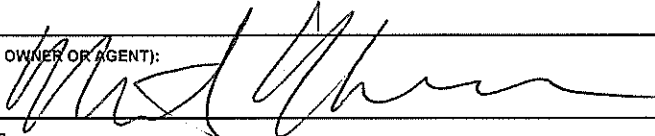
CT Corporation  
818 West 7th Street, Suite 200, Los Angeles, CA 90017

**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:

Mike Hammer

TITLE: Director of Operations

DATE: 4-25-19

**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:

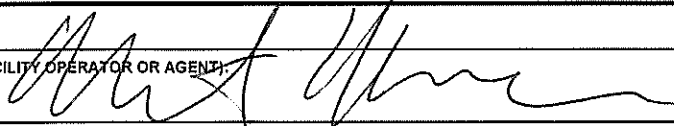
TITLE:

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):



PRINTED NAME:

Mike Hammer

TITLE: Director of Operations

DATE: 4-25-19

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