APPLICATION FOR SOLID WASTE FACILITY PERMIT AND WASTE DISCHARGE REQUIREMENTS

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/WID/Global ID NUMBER: 19- AR-1237

FILING FEE: 

RECEIPT NUMBER: 

DATE RECEIVED: April 26, 2018

DATE ACCEPTED: May 26, 2018

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
- 3. WAIVER
- 4. PERMIT REVIEW
- 5. AMENDMENT OF APPLICATION
- 6. RFU/RWD/UDT AMENDMENTS

- REVISION
- MODIFICATION
- OTHER (As authorized by law)

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):

- SITING ELEMENT
- NONDISPOSAL FACILITY ELEMENT

- DATE OF DOCUMENT: July-96

- PAGE # 7

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

- 1. AGRICULTURAL
- 2. ASBESTOS o Friable o 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):

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### 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); No more than 2,000 TPD on a weekly average
   - 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
     - Receipt of Matf: 6 a.m.-7 p.m. Mon-Sat; Loading, outbound tranp of matf 5 a.m.-10p.m. Mon-Sat; Maintenance/clean-up: can continue until 10 p.m. Maintenance activities that occur prior to 5 am or past 10 p.m. shall be within an enclosed building.
   - e. DAYS AND HOURS OF OPERATION

2. PROPOSED CHANGE(S) OR INFORMATION APPLICABLE TO NEW SWFP AND/OR WDRs:
   - a. MAXIMUM DAILY TONNAGE OR CUBIC YARDS
   - b. AS-DESIGNED DAILY TONNAGE OR CUBIC YARDS
   - c. FACILITY SIZE (acres)
   - d. MAXIMUM TRAFFIC VOLUME PER DAY (vpd)
   - e. DAYS AND HOURS OF OPERATION
   - 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)

   1. (i) IN-PLACE WASTE DENSITY (lbs of waste per cu yd of waste) AND (ii) WASTE-TO-COVER RATIO (Estimated) (or)

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

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

- **X** 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:

☐ 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:

☒ RFU/TD
☒ LOCATION MAP 4-2010

☒ ENVIRONMENTAL DOCUMENT(S); previously submitted to the LEA

☒ EIR
☐ MND/ND
☐ 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 FORESEEABLE CORRECTIVE ACTION COST ESTIMATES

☐ PRELIMINARY
☐ FINAL
☐ LANDFILL CAPACITY SURVEY RESULTS (see instructions)

C. IF APPLICABLE:

☐ REPORT OF WASTE DISCHARGE
☐ DEPT OF TOXIC SUBSTANCES CONTROL OR CERTIFIED UNIFIED PROGRAM AGENCY PERMIT

☐ STORMWATER PERMIT APPLICATION
☐ SWAT (Air and water)

☐ NPDES PERMIT APPLICATION
☐ WETLANDS PERMITS

☐ 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

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

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)

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<th>TYPE OF BUSINESS:</th>
<th>SOLE PROPRIETORSHIP</th>
<th>PARTNERSHIP</th>
<th>CORPORATION</th>
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<tr>
<td>E-MAIL ADDRESS:</td>
<td><a href="mailto:mhhammer@wm.com">mhhammer@wm.com</a></td>
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</tbody>
</table>

**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.

**SIGNATURE (LAND OWNER OR AGENT):**

[Signature]

**PRINTED NAME:** Mike Hammer

**TITLE:** Director of Operations

**DATE:** 4/24/18

**Lessee:**

the operator intends to operate a solid waste facility at the site specified above pursuant to this application.

**SIGNATURE (LESSEE):**

[Signature]

**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):**

[Signature]

**PRINTED NAME:** Mike Hammer

**TITLE:** Director of Operations

**DATE:** 4/24/18

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