

APPLICATION FOR SOLID WASTE FACILITY PERMIT AND WASTE DISCHARGE REQUIREMENTS

CALRECYCLE E-177 (Rev. 11-19)

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/WQID/Global ID NUMBER: 37-AA-0105	FILING FEE: \$1,400	RECEIPT NUMBER: 001-00188221	DATE RECEIVED: July 23, 2019
DATE ACCEPTED: August 22, 2019	DATE REJECTED:	ACCEPTANCE DATE OF INCOMPLETE APPLICATION:	DATE DUE:

Part 1. GENERAL INFORMATION

A. ENFORCEMENT AGENCY: City of San Diego Local Enforcement Agency	B. COUNTY: San Diego
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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 checked="" type="checkbox"/> REVISION <input type="checkbox"/> MODIFICATION <input type="checkbox"/> OTHER (As authorized by law) | <input type="checkbox"/> 5. AMENDMENT OF APPLICATION |
| <input type="checkbox"/> 3. WAIVER | <input type="checkbox"/> 6. RFI/ROWD/JTD AMENDMENTS |

Part 2. FACILITY DESCRIPTION

A. NAME OF FACILITY:

EDCO Recovery and Transfer

B. LOCATION OF FACILITY:

1. PHYSICAL ADDRESS OR LOCATION AND ZIP CODE:

3660 Dalbergia Street San Diego, CA 92136

2. LATITUDE AND LONGITUDE:

Latitude 32.887058 Longitude -117.114933

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

Lots 12 & 22 Block 262 Noel's Subdivision Map No. 457; Lots 3 & 23 & SE'LY 4' of LOT 2 Block 262 Guion's Addition Map No 220; Lots A & B Block 262 of Arlington Map No. 163B; Assessor's Parcel Numbers 550-620-02 through 10.)

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

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

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

1. FACILITY IS IDENTIFIED IN (Check one):

SITING ELEMENT

DATE OF DOCUMENT _____

PAGE # _____

NONDISPOSAL FACILITY ELEMENT

DATE OF DOCUMENT Sep-08

PAGE # 11

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 type="checkbox"/> 8. DEAD ANIMALS | <input type="checkbox"/> 13. SEWAGE SLUDGE |
| <input type="checkbox"/> 4. AUTO SHREDDER | <input checked="" 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
Green Waste, Wood Waste, Food Waste | <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 1500 Tons

b. AS-DESIGNED DAILY TONNAGE or CUBIC YARDS 1716 Tons

c. FACILITY SIZE (acres) 1.61

d. MAXIMUM TRAFFIC VOLUME PER DAY (vpd) 1506

e. DAYS AND HOURS OF OPERATION Monday - Saturday 6:00am to 7:00pm

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

a. MAXIMUM DAILY TONNAGE OR CUBIC YARDS 1500 Tons

b. AS-DESIGNED DAILY TONNAGE or CUBIC YARDS 1716 Tons

c. FACILITY SIZE (acres) 2.03

d. MAXIMUM TRAFFIC VOLUME PER DAY (vpd) 1506

e. DAYS AND HOURS OF OPERATION 5:00am - 7:00p.m. 7 days a week
Up to 24 hours internal processing

f. OTHER AD, OIMP, MRF equipment, baling, addition of employees, parking of transfer trucks, owner change

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

a. TOTAL SITE CAPACITY (cu yds) 17,096

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: San Diego Water Authority 4677 Overland Avenue, San Diego CA 92123

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) MND SCH# 2018091033
- 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"/> RFI/UTD <u>7/23/19</u> | <input checked="" type="checkbox"/> ENVIRONMENTAL DOCUMENT(S): |
| <input checked="" type="checkbox"/> LOCATION MAP <u>See draft TPR</u> | <input type="checkbox"/> EIR _____ |
| <input checked="" type="checkbox"/> MITIGATION MONITORING & REPORTING PROGRAM <u>Project Tracking System# 515-674</u> | <input checked="" type="checkbox"/> MND/NO <u>Project No. 515674 SCH #2018091033</u> |
| <input checked="" type="checkbox"/> LIST OF PUBLIC HEARINGS AND OTHER MEETINGS OPEN TO THE PUBLIC | <input type="checkbox"/> EXEMPTION <u>San Diego City Council 12/3/2018</u> |
| | <input type="checkbox"/> ADDENDUM <u>San Diego Planning Commission PC-18-064 11-8-2018</u> |

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 _____
- LANDFILL CAPACITY SURVEY RESULTS (see Instructions) _____
- FINAL _____

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

OWNER(S) OF LAND (Name):

Del Properties, L.P.

ADDRESS, CITY, STATE, ZIP

6670 Federal Blvd. Lemon Grove, CA 91945

SSN OR TAX ID #

3Q-0855089

TELEPHONE #:
619-287-7555

FAX #:

E-MAIL ADDRESS:

ssouth@edcodisposal.com

CONTACT PERSON (Print Name):

Steve South

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):

EDCO Disposal Corporation

ADDRESS, CITY, STATE, ZIP

6670 Federal Blvd. Lemon Grove, CA 91945

SSN OR TAX ID #:

95-2486063

TELEPHONE #:
619-287-7555

FAX #:

E-MAIL ADDRESS:

Steve South

ADDRESS WHERE LEGAL NOTICE MAY BE SERVED:

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:

Steve South

TITLE President

DATE: 7/23/19

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:

Steve South

TITLE President

DATE: 7/23/19

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:

Steve South

TITLE President

DATE: 7/23/19

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