

APPLICATION FOR SOLID WASTE FACILITY PERMIT AND WASTE DISCHARGE REQUIREMENTS

CAI RECYCLE 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: 37-AB-0003	FILING FEE: \$700.00	RECEIPT NUMBER: 1000267322	DATE RECEIVED: August 20, 2019
DATE ACCEPTED: September 20, 2019	DATE REJECTED:	ACCEPTANCE DATE OF INCOMPLETE APPLICATION:	DATE DUE:

Part 1. GENERAL INFORMATION

A. ENFORCEMENT AGENCY: <u>City of San Diego, Solid Waste LEA</u>	B. COUNTY: <u>SAN DIEGO</u>
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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 type="checkbox"/> 2. CHANGE TO SWFP and/or WDRS
<input 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 checked="" type="checkbox"/> 6. RFI/ROWD/JTD AMENDMENTS |

Part 2. FACILITY DESCRIPTION

A. NAME OF FACILITY:
Miramar Greenery Composting Facility

B. LOCATION OF FACILITY:
 1. PHYSICAL ADDRESS OR LOCATION AND ZIP CODE:
5180 Convoy Street, San Diego, CA 92111

2. LATITUDE AND LONGITUDE:
N32° 51.363" W 117° 9.786"

3. LEGAL DESCRIPTION OF PERMITTED BOUNDARY BY SECTION, TOWNSHIP, RANGE, BASE, AND MERIDIAN, IF SURVEYED:
T 15 SOUTH R 3 WEST, SECTION 23 & 24, SAN BERNARDINO BASE & MERIDIAN

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>municipal curbside/commercial/curb-side</u> | <input type="checkbox"/> 4. TRANSFER/PROCESSING | <input type="checkbox"/> 6. IN-VESSEL DIGESTION |
| | | <input type="checkbox"/> 7. OTHER (describe): _____ |

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

- | | | | |
|---|------------------|----------------------------|-----------------|
| <input checked="" type="checkbox"/> 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 | <u>Approved 12/16/2008</u> | PAGE # <u>8</u> |

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

- | | | |
|---|---|--|
| <input type="checkbox"/> 1. AGRICULTURAL | <input 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 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): <u>green material, food scraps, grease, manure, curbside separated woody material, dry well</u> | <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 690 tpd 2,325 cy/d.

b. AS-DESIGNED DAILY TONNAGE or CUBIC YARDS 690 tpd 2,325 cy/d.

c. FACILITY SIZE (acres) 74.46 acres

d. MAXIMUM TRAFFIC VOLUME PER DAY (vpd) N/A (part of landfill vpd)

e. DAYS AND HOURS OF OPERATION 7:00-4:30 M-F, 7:30-4:00 Saturday

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

a. MAXIMUM DAILY TONNAGE OR CUBIC YARDS No Change

b. AS-DESIGNED DAILY TONNAGE or CUBIC YARDS No Change

c. FACILITY SIZE (acres) No Change

d. MAXIMUM TRAFFIC VOLUME PER DAY (vpd) No Change

e. DAYS AND HOURS OF OPERATION No Change

f. OTHER _____

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

a. TOTAL SITE CAPACITY (cu yds) 301,000 cu yds

4. ADDITIONAL INFORMATION REQUIRED FOR LANDFILLS ONLY:

a. AVERAGE DAILY TONNAGE (TPD) N/A

b. SITE CAPACITY CURRENTLY PERMITTED (Airspace) (cu yds) N/A

c. SITE CAPACITY PROPOSED (Airspace) (cu yds) N/A

d. SITE CAPACITY USED TO DATE (Airspace) (cu yds) N/A

e. SITE CAPACITY REMAINING (Airspace) (cu yds) N/A

f. DATE OF CAPACITY INFORMATION (Date) (See instructions): N/A

g. LAST PHYSICAL SITE SURVEY (Date) N/A

h. ESTIMATED CLOSURE DATE (month and year) N/A

i. DISPOSAL FOOTPRINT (acres) N/A

j. SITE CAPACITY PLANNED (cu yds) N/A

k. 1. (i) IN-PLACE WASTE DENSITY (lbs of waste per cu yd of waste) AND (ii) WASTE-TO-COVER RATIO (Estimated) (v/v) N/A

OR

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

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

A. MUNICIPAL OR UTILITY SERVICE: Reclaimed water from City of San Diego Wastewater Dept (9192 Lopez Way, San Diego, 92123); Potable water from San Diego Water Dept. (800 B St., Suite 1, San Diego, 92101)

B. INDIVIDUAL (wells): No wells

C. SURFACE SUPPLY:

1. NAME OF STREAM, LAKE, ETC. : No other sources

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) SCH# _____
Feb. 4, 2009 (2008121119); June 5, 1994 (96021056)
 April 30, 2001 (200105103)

ADDENDUM TO (Identify environmental document) _____ N/A _____ SCH# _____ N/A _____

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 (CL/SL)
 EXEMPTION TYPE _____ N/A _____ GUIDELINE # _____ N/A _____

Part 6. LIST OF ATTACHMENTS (Fill in the date for each document checked)

A. REQUIRED WITH ALL APPLICATION SUBMITTALS:

REF/ITD _____ RCSI and OIMP, February 2019 _____ ENVIRONMENTAL DOCUMENT(S):

LOCATION MAP _____ Attached to RCSI _____ EIR _____

MITIGATION MONITORING & REPORTING PROGRAM _____ MND/ND _____ Feb. 4, 2009 (2008121119)

LIST OF PUBLIC HEARINGS AND OTHER MEETINGS OPEN TO THE PUBLIC _____ N/A _____ EXEMPTION _____

ADDENDUM _____

B. ADDITIONAL REQUIRED DOCUMENTS FOR DISPOSAL FACILITIES ONLY:

OPERATING LIABILITY FINANCIAL MECHANISM _____ N/A _____ FINANCIAL RESPONSIBILITY DOCUMENTATION _____ N/A _____

CLOSURE/POST CLOSURE MAINTENANCE PLAN _____

KNOWN OR REASONABLY FORSEEABLE CORRECTIVE ACTION COST ESTIMATES _____ N/A _____

PRELIMINARY _____

LANDFILL CAPACITY SURVEY RESULTS (See instruction) _____

FINAL _____

C. IF APPLICABLE:

REPORT OF WASTE DISCHARGE _____ N/A _____ DEPT. OF TOXIC SUBSTANCES CONTROL OR CERTIFIED UNIFIED PROGRAM AGENCY PERMIT _____ N/A _____

STORMWATER PERMIT APPLICATION _____ N/A _____ SWAT (Air and water) _____ N/A _____

NPDES PERMIT APPLICATION _____ N/A _____ WETLANDS PERMITS _____ N/A _____

OTHER _____ VERIFICATION OF FIRE DISTRICT COMPLIANCE _____ N/A _____

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): _____ SSN OR TAX ID # _____

MCAS Miramar, U.S. Marine Corps _____ Exempt

ADDRESS, CITY, STATE, ZIP _____ TELEPHONE #: _____

S-4 Installations & Logistics _____ (858) 577-1085

Public Works Division _____ FAX #: _____

P.O. Box 452013 Bldg 6311 _____ (858) 577-4694

SAN DIEGO, CA 92145-2000 _____ E-MAIL ADDRESS: _____

_____ ARCE.DOUBLE@USMC.MIL

CONTACT PERSON (Print Name): _____

CDR Arce Doble

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):

CITY OF SAN DIEGO, ENVIRONMENTAL SERVICES DEPARTMENT

SSN OR TAX ID #:

Federal: 95-6000776, State: 800-98445-5

ADDRESS, CITY, STATE, ZIP

9601 RIDGEHAVEN COURT, SUITE 310
SAN DIEGO, CA 92123

TELEPHONE #:

(858) 573-1275

FAX #:

(858) 492-5041

E-MAIL ADDRESS:

RobertsonR@sandiego.gov

CONTACT PERSON (Print Name):

RENEE ROBERTSON

ADDRESS WHERE LEGAL NOTICE MAY BE SERVED:

SAME AS ABOVE, ATTN: RENEE ROBERTSON

Part 9. SIGNATURE BLOCK

Owner: MCAS MIRAMAR

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:

Arce Doble

TITLE: CDR

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):



PRINTED NAME:

Mario X. Sierra

TITLE: ENVIRONMENTAL SERVICES DIRECTOR

DATE: 8/20/19



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