

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: 37-AB-0029	FILING FEE: \$7,000.00	RECEIPT NUMBER: 1000230637	DATE RECEIVED: 5/30/2018
DATE ACCEPTED: 6/29/2018	DATE REJECTED: N/A	ACCEPTANCE DATE OF INCOMPLETE APPLICATION: N/A	DATE DUE: _____

Part 1. GENERAL INFORMATION

A. ENFORCEMENT AGENCY: City of San Diego Solid Waste Local Enforcement Agency

B. COUNTY: San Diego

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:
IMS Recycling Services, Inc. (Boston Yard)

B. LOCATION OF FACILITY:

1. PHYSICAL ADDRESS OR LOCATION AND ZIP CODE:
2740 Boston Avenue, San Diego, CA 92113 APNs: 538-760-20-00, -21-00, -22-00, -23-00, -26-00, -27-00, -28-00, -30-00, -35-00

2. LATITUDE AND LONGITUDE:
32 degrees 41' 39.04" N 117 degrees 08' 05.18" W

3. LEGAL DESCRIPTION OF PERMITTED BOUNDARY BY SECTION, TOWNSHIP, RANGE, BASE, AND MERIDIAN, IF SURVEYED:
Lots 37 and 38 BLK 14 Reed & Hubbell map #327

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

1. DISPOSAL

2. COMPOSTABLE MATERIALS HANDLING
a. TYPE: _____

3. TRANSFORMATION

4. TRANSFER/PROCESSING
a. TYPE: _____

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 DATE OF DOCUMENT _____ PAGE # _____

NONDISPOSAL FACILITY ELEMENT DATE OF DOCUMENT Sep-08 PAGE # 27

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): _____

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): Curbside and commercial recyclables

Part 3. FACILITY INFORMATION

A. FACILITY INFORMATION:

1. INFORMATION APPLICABLE TO ALL EXISTING FACILITIES:

- 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 _____

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

- a. MAXIMUM DAILY TONNAGE OR CUBIC YARDS 500 TPD
- b. AS-DESIGNED DAILY TONNAGE or CUBIC YARDS 750 TPD
- c. FACILITY SIZE (acres) 1.5 acres
- d. MAXIMUM TRAFFIC VOLUME PER DAY (vpd) 117 vpd
- e. DAYS AND HOURS OF OPERATION Public: 7:30 a.m. - 5:00 p.m. M-F
Receiving: 7:30 a.m. - 5:00 p.m. M-F; Processing and Waste Transfer: 24/7
- 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: City of San Diego
- 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) 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 Class 1 Categorical Exemption - Section 15301 GUIDELINE # Negligible or no expansion of use beyond that existing at the time of the lead agency's determination
Existing Facilities

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

A. REQUIRED WITH ALL APPLICATION SUBMITTALS:

- | | |
|--|---|
| <input checked="" type="checkbox"/> RFI/JTD <u>Nov-17</u> | <input type="checkbox"/> ENVIRONMENTAL DOCUMENT(S): |
| <input checked="" type="checkbox"/> LOCATION MAP <u>Nov, 2017 (See TPR)</u> | <input type="checkbox"/> EIR _____ |
| <input type="checkbox"/> MITIGATION MONITORING & REPORTING PROGRAM _____ | <input type="checkbox"/> MND/ND _____ |
| <input type="checkbox"/> LIST OF PUBLIC HEARINGS AND OTHER MEETINGS OPEN TO THE PUBLIC _____ | <input checked="" type="checkbox"/> EXEMPTION <u>3-Apr-18</u> |
| | <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 instructi _____ |
| <input type="checkbox"/> FINAL _____ | |

C. IF APPLICABLE:

- | | |
|--|---|
| <input type="checkbox"/> REPORT OF WASTE DISCHARGE _____ | <input type="checkbox"/> DEPT. OF TOXIC SUBSTANCES CONTROL OR CERTIFIED UNIFIED PROGRAM AGENCY PERMIT _____ |
| <input type="checkbox"/> STORMWATER PERMIT APPLICATION _____ | <input type="checkbox"/> SWAT (Air and water) _____ |
| <input type="checkbox"/> NPDES PERMIT APPLICATION _____ | <input type="checkbox"/> WETLANDS PERMITS _____ |
| <input type="checkbox"/> OTHER _____ | <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):

IMS Recycling Sevices, Inc.

ADDRESS, CITY, STATE, ZIP

2697 Main Street, San Diego, CA 92113

SSN OR TAX ID #

95-1929832

TELEPHONE #:

619-231-2521

FAX #:

619 238-1429

E-MAIL ADDRESS:

TerryS@cpglobalco.com

CONTACT PERSON (Print Name):

Terry Schneider

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):

IMS Recycling Services, Inc.

ADDRESS, CITY, STATE, ZIP

P.O. Box 13666, San Diego, CA 92170

SSN OR TAX ID #:

95-1929832

TELEPHONE #:

619-231-2521

FAX #:

619-238-1429

E-MAIL ADDRESS:

Deborah@imsrecycling.com

CONTACT PERSON (Print Name):

Deborah odle

ADDRESS WHERE LEGAL NOTICE MAY BE SERVED:

IMS Recycling Services, Inc., 2697 Main Street, San Diego, CA 92113

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:

Terry Schneider

TITLE: CEO

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:

Terry Schneider

TITLE: President

DATE: 24-May-18

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:

Deborah Odle

TITLE: VP/GM

DATE: 24-May-18

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