

APPLICATION FOR SOLID WASTE FACILITY PERMIT/WASTE DISCHARGE REQUIREMENTS

CIWMB E-1-77 (Rev. 8-04)

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 NUMBER: 37-AA-0020	FILING FEE: \$1400.00	RECEIPT NUMBER: 100023745	DATE RECEIVED: APRIL 2, 2020
DATE ACCEPTED: MAY 1, 2020	DATE REJECTED:	ACCEPTANCE DATE OF INCOMPLETE APPLICATION: _____	DATE DUE: _____

Part 1. GENERAL INFORMATION

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

B. COUNTY: County of San Diego

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. REVISION OF SWFP and/or WDRS	<input type="checkbox"/> 5. AMENDMENT OF APPLICATION
<input type="checkbox"/> 3. EXEMPTION and/or WAIVER	<input type="checkbox"/> 6. RFI/ROWD/JTD AMENDMENTS

Part 2. FACILITY DESCRIPTION

A. NAME OF FACILITY: WEST MIRAMAR SANITARY LANDFILL

B. LOCATION OF FACILITY:

1. PHYSICAL ADDRESS OR LOCATION AND ZIP CODE: 5180 Convoy Street, San Diego, California 92111

2. LATITUDE AND LONGITUDE: Latitude: 32.856°N Longitude: 117.162°W

3. LEGAL DESCRIPTION OF PERMITTED BOUNDARY BY SECTION, TOWNSHIP, RANGE, BASE, AND MERIDIAN, IF SURVEYED:
Parts of APNs 3490100300, 3490200300, 3490200200, and 3490300100, in sections 22, 23, and 24, Township 15 South, Range 3 West of the San Bernardino Principal Meridian, in San Diego County, California. See legal description of the parcel within which the landfill is located, attached.

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

<input checked="" type="checkbox"/> 1. DISPOSAL	<input type="checkbox"/> 3. TRANSFORMATION	<input type="checkbox"/> 5. OTHER (describe): _____
a. TYPE: <u>Municipal Solid Waste</u>		
<input type="checkbox"/> 2. COMPOSTING	<input type="checkbox"/> 4. TRANSFER/PROCESSING FACILITY	
a. TYPE: _____	<input type="checkbox"/> CHECK HERE IF RECYCLABLE MATERIALS ARE RECOVERED PRIOR TO TRANSFER/PROCESSING.	

D. CONFORMANCE FINDING INFORMATION (CIWMP):

1. FACILITY IS IDENTIFIED IN (Check one):

<input checked="" type="checkbox"/> SITING ELEMENT	DATE OF DOCUMENT <u>5-year review, submitted 1/23/18</u>	PAGE # <u>19, 26</u>
<input type="checkbox"/> NONDISPOSAL FACILITY EL	DATE OF DOCUMENT _____	PAGE # _____

2. FACILITY IS NOT REQUIRED TO BE IDENTIFIED IN SITING ELEMENT OR NONDISPOSAL FACILITY ELEMENT

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

<input checked="" type="checkbox"/> 1. AGRICULTURAL	<input checked="" type="checkbox"/> 6. CONSTRUCTION/DEMOLITION	<input type="checkbox"/> 11. LIQUIDS
<input checked="" type="checkbox"/> 2. ASBESTOS <input type="checkbox"/> Friable <input checked="" type="checkbox"/> Non-friable	<input checked="" type="checkbox"/> 7. CONTAMINATED SOILS	<input checked="" type="checkbox"/> 12. MIXED/MUNICIPAL SOLID WASTE
<input checked="" type="checkbox"/> 3. ASH	<input checked="" type="checkbox"/> 8. DEAD ANIMALS	<input checked="" type="checkbox"/> 13. SEWAGE SLUDGE
<input type="checkbox"/> 4. AUTO SHREDDER	<input checked="" type="checkbox"/> 9. INDUSTRIAL	<input checked="" type="checkbox"/> 14. TIRES
	<input checked="" type="checkbox"/> 10. INERT	<input type="checkbox"/> 15. OTHER (describe): _____
<input checked="" type="checkbox"/> 5. COMPOSTABLE MATERIAL (describe): <u>Green waste, wood, shredded paper, and other organic waste</u>		

Part 3. FACILITY INFORMATION

A. PROPOSED CHANGE (Check applicable box(es)):

- 1. DESIGN (describe): Vertical raise to 510 feet above mean sea level in phase II. See Attachment for details.
- 2. OPERATION (describe): _____
- 3. OWNER, OPERATOR, ADDRESS, AND/OR FACILITY NAME CHANGE (describe): _____
- 4. OTHER (describe): The closure date will be changed because of a net increase in the capacity of the facility.

B. FACILITY INFORMATION:

1. INFORMATION APPLICABLE TO ALL FACILITIES:

- a. PEAK DAILY TONNAGE OR CUBIC YARDS 8,000 tons per day.
 - 1) DISPOSAL/TRANSER (unit) 8,000 tons per day
 - 2) OTHER (unit) _____
- b. DAILY DESIGN TONNAGE (TPD) 8,000 tons per day
- c. FACILITY SIZE (acres) 801.45
- d. PEAK TRAFFIC VOLUME PER DAY (vpd) 2,000VPD
- e. DAYS AND HOURS OF OPERATION Receipt of Refuse: 7 days/week 0700 to 1630. Ancillary operations: dawn to dusk

2. ADDITIONAL INFO. REQUIRED FOR COMPOSTING FACILITIES ONLY:

- a. SITE STORAGE CAPACITY (cu yds) N/A

3. ADDITIONAL INFORMATION REQUIRED FOR LANDFILLS ONLY:

- a. AVERAGE DAILY TONNAGE (TPD) 2,782 tons per day
- b. SITE CAPACITY CURRENTLY PERMITTED (Airspace) (cu yds) 87,760,000 cubic yards (gross airspace)
- c. SITE CAPACITY PROPOSED (Airspace) (cu yds) 97,354,735 cubic yards (gross airspace)
- d. SITE CAPACITY USED TO DATE (Airspace) (cu yds) 76,679,129 cubic yards (gross airspace)
- e. SITE CAPACITY REMAINING (Airspace) (cu yds) 11,080,871 cubic yards (gross airspace)
- f. DATE OF CAPACITY INFORMATION (Date) (See instructions): 1/31/20
- g. LAST PHYSICAL SITE SURVEY (Date) November 16, 2018
- h. ESTIMATED CLOSURE DATE (month and year) September 2025
- i. DISPOSAL FOOTPRINT (acres) 477 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) 0.69

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

- A. MUNICIPAL OR UTILITY SERVICE: City of San Diego Water Department (potable); City of San Diego Wastewater Department (reclaimed)
- 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: _____

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 AND PROVIDE THE STATE CLEARINGHOUSE NUMBER (SCH#):

ENVIRONMENTAL IMPACT REPORT (EIR) SCH# _____

NEGATIVE DECLARATION (ND)/MITIGATED NEGATIVE DECLARATION (MND) SCH# _____

ADDENDUM TO (Identify environmental document) EIR 122833 SCH# sch# 2006051004

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/JTD <u>In process</u>	<input checked="" type="checkbox"/> ENVIRONMENTAL DOCUMENT(S):
<input checked="" type="checkbox"/> LOCAL USE/PLANNING PERMITS <u>Site Dev Permit 419575</u>	<input type="checkbox"/> EIR <u>122833</u>
<input checked="" type="checkbox"/> LOCATION MAP <u>Attached</u>	<input type="checkbox"/> MND/ND _____
<input type="checkbox"/> MITIGATION MONITORING IMPLEMENTATION SCHEDULE <u>No impacts Id-ed</u>	<input type="checkbox"/> EXEMPTION _____
	<input type="checkbox"/> ADDENDUM <u>2006051004</u>

B. ADDITIONAL REQUIRED DOCUMENTS FOR LANDFILLS ONLY:

<input checked="" type="checkbox"/> OPERATING LIABILITY FINANCIAL MECHANISM _____	<input checked="" type="checkbox"/> FINANCIAL RESPONSIBILITY DOCUMENTATION _____
<input checked="" type="checkbox"/> CLOSURE/POST CLOSURE MAINTENANCE PLAN	<input checked="" type="checkbox"/> LANDFILL CAPACITY SURVEY RESULTS (see instructions) _____
<input type="checkbox"/> PRELIMINARY _____	
<input type="checkbox"/> FINAL _____	

C. IF APPLICABLE:

<input checked="" type="checkbox"/> REPORT OF WASTE DISCHARGE <u>Update pending</u>	<input type="checkbox"/> DEPT. OF HEALTH SERVICES PERMIT _____
<input type="checkbox"/> CONTRACT AGREEMENTS _____	<input type="checkbox"/> SWAT (Air and water) _____
<input type="checkbox"/> STORMWATER PERMIT APPLICATION _____	<input type="checkbox"/> WETLANDS PERMITS _____
<input type="checkbox"/> NPDES PERMIT APPLICATION _____	<input type="checkbox"/> VERIFICATION OF FIRE DISTRICT COMPLIANCE _____
<input checked="" type="checkbox"/> OTHER <u>Lease agreement -- update pending</u>	

Part 7. OWNER INFORMATION (For disposal site, if operator is different from land owner, attach lease or other agreement)

TYPE OF BUSINESS:	
<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> PARTNERSHIP
<input type="checkbox"/> CORPORATION	<input checked="" type="checkbox"/> GOVERNMENT AGENCY
OWNER(S) OF LAND (Name): <u>United States of America, Department of the Navy</u>	SSN OR TAX ID # <u>N/A</u>
ADDRESS, CITY, STATE, ZIP <u>Arce Doble CDR Public Works Officer S-4 Installation and Logistics Marine Corps Air Station Miramar Post Office Box 452013 San Diego, California 92145-2007</u>	TELEPHONE #: <u>858-577-1085 (DSN: 267)</u>
	FAX #: <u>(858) 577-4694</u>
	E-MAIL ADDRESS: <u>arce.doble@usmc.mil</u>
	CONTACT PERSON (Print Name): <u>Arce Doble CDR Public Works Officer</u>

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, Refuse Disposal Division

SSN OR TAX ID #:

Federal: 95-6000776
California: 800-98445-5

ADDRESS, CITY, STATE, ZIP

9601 Ridgeway Court
San Diego, California 92123

(858) 492-5077

FAX #:

(858) 492-5041

E-MAIL ADDRESS:

RobertsonR@sandiego.gov

CONTACT PERSON (Print Name):

Renee Robertson, Deputy Director

ADDRESS WHERE LEGAL NOTICE MAY BE SERVED:

City of San Diego, Environmental Services Department, Refuse Disposal Division, 9601 Ridgeway Court, San Diego, California 92123

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):

DOBLE.ARCE.DAT Digitally signed by
U.JR.1165815668 DOBLE.ARCE.DAT.UJR.1165815668
Date: 2020.03.23 16:07:11 -0700

PRINTED NAME:

Arce Doble CDR

TITLE: Public Works Officer

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):

Gene Matter for

PRINTED NAME:

Renee Robertson

TITLE: Deputy Environmental Services Director

DATE:

3/24/20

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