

**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.

<b>FOR OFFICIAL USE ONLY</b>			
SWIS/WDID/Global ID NUMBER: 37-AB-0016	FILING FEE: n/a	RECEIPT NUMBER: n/a	DATE RECEIVED: August 21, 2017
DATE ACCEPTED: September 19, 2017	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):	
<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:  
Allan Company Material Recovery Facility and Transfer Station

B. LOCATION OF FACILITY:

1. PHYSICAL ADDRESS OR LOCATION AND ZIP CODE:  
6733 Consolidated Way, San Diego, CA 92121

2. LATITUDE AND LONGITUDE:  
Latitude: N 32.876146    Longitude: W -177.170430

3. LEGAL DESCRIPTION OF PERMITTED BOUNDARY BY SECTION, TOWNSHIP, RANGE, BASE, AND MERIDIAN, IF SURVEYED:  
Lot I, Miramar Industrial tract unit No. 1, Map No. 5529

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 type="checkbox"/> 2. COMPOSTABLE MATERIALS HANDLING a. TYPE: _____	<input checked="" 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	Sep-13	PAGE # 8, 17

**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 type="checkbox"/> 5. COMPOSTABLE MATERIAL (describe): _____	<input type="checkbox"/> 10. INERT	<input checked="" type="checkbox"/> 15. OTHER (describe): curbside and other source-separated recyclables including: cardboard, paper, metal, plastic, glass, wood, and textile

**Part 3. FACILITY INFORMATION**

**A. FACILITY INFORMATION:**

**1. INFORMATION APPLICABLE TO ALL EXISTING FACILITIES:**

- a. MAXIMUM DAILY TONNAGE OR CUBIC YARDS 1,000 TPD
- b. AS-DESIGNED DAILY TONNAGE or CUBIC YARDS 1,500 TPD
- c. FACILITY SIZE (acres) 3.58 acres
- d. MAXIMUM TRAFFIC VOLUME PER DAY (vpd) 224 Vehicles per day (VPD)
- e. DAYS AND HOURS OF OPERATION 24 hours a day/ 7 days a week (receiving, processing, transfer) Public tipping 5 am to 10 pm, 7 days a week.

**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 Proposed change to design and operation: use of metal plates as needed to protect the concrete floor; change in maximum time for storage of residual material from 48 hours to 7 days; and designation of truck clean out area.

**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, P.O. Box 129020, San Diego, CA 92112-9020 Public Utilities Dept.

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) MND (No. 98-1126, March 30, 2009) SCH# 2009011086

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:

RFI/JTD Transfer Processing Report - Revised July 2017  ENVIRONMENTAL DOCUMENT(S):

LOCATION MAP See TPR, page 3  EIR \_\_\_\_\_

MITIGATION MONITORING & REPORTING PROGRAM \_\_\_\_\_  MND/ND \_\_\_\_\_

LIST OF PUBLIC HEARINGS AND OTHER MEETINGS OPEN TO THE PUBLIC \_\_\_\_\_  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 FORSEEABLE CORRECTIVE ACTION COST ESTIMATES \_\_\_\_\_

PRELIMINARY \_\_\_\_\_

FINAL \_\_\_\_\_  LANDFILL CAPACITY SURVEY RESULTS (see instructi \_\_\_\_\_

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 ALUC Determination, ALUC Resolution, Deed Restrictor  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):

Young Properties SD, LLC

SSN OR TAX ID #

Federal Tax ID No. 20-8220566

ADDRESS, CITY, STATE, ZIP

14620 Joanbridge Street, Baldwin Park, CA 91706

TELEPHONE #:

(626) 962-4047

FAX #:

(626) 962-7611

E-MAIL ADDRESS:

[jyoung@allancompany.com](mailto:jyoung@allancompany.com)

CONTACT PERSON (Print Name):

Jason Young

**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):

Cedarwood-Young Company, a California Corporation DBA Allan Company

ADDRESS, CITY, STATE, ZIP

6733 Consolidated Way, San Diego, CA 92121

SSN OR TAX ID #:

95-2412088

TELEPHONE #:

(858)578-9300

FAX #:

(858)578-9942

E-MAIL ADDRESS:

[gmcgrath@allancompany.com](mailto:gmcgrath@allancompany.com)

CONTACT PERSON (Print Name):

Gary McGrath

ADDRESS WHERE LEGAL NOTICE MAY BE SERVED:

14620 Joanbridge Street, Baldwin Park, CA 91706

**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.

*Stephen A. Young President for Young Properties SD*

SIGNATURE (LAND OWNER OR AGENT):

*Stephen A. Young*

PRINTED NAME:

Jason Young / *Stephen A. Young*

TITLE: President

DATE:

*8-14-2017*

**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:

Gary McGrath

TITLE: General Manager

DATE:

*8/17/17*

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

See attached sheet of changes to design and operation.