

APPLICATION FOR SOLID WASTE FACILITY PERMIT AND WASTE DISCHARGE REQUIREMENTS

CALRECYCLE E-1-77 (Rev. 11-16)

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-AA-0020	FILING FEE: N/A	RECEIPT NUMBER: N/A	DATE RECEIVED: 9/13/17
DATE ACCEPTED: 10/10/17	DATE REJECTED: N/A	ACCEPTANCE DATE OF INCOMPLETE APPLICATION: N/A	DATE DUE: N/A

Part 1. GENERAL INFORMATION

A. ENFORCEMENT AGENCY: CalRecycle/LEA San Diego	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 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 checked="" 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, CA 92111

2. LATITUDE AND LONGITUDE:
32 51' 363" N 117 9.786" W

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

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

<input checked="" type="checkbox"/> 1. DISPOSAL a. TYPE: <u>MSW</u>	<input type="checkbox"/> 3. TRANSFORMATION	<input type="checkbox"/> 5. C&D/INERT DEBRIS PROCESSING
<input type="checkbox"/> 2. COMPOSTABLE MATERIALS HANDLING a. TYPE: _____	<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]:

1. FACILITY IS IDENTIFIED IN (Check one):

<input checked="" type="checkbox"/> SITING ELEMENT	DATE OF DOCUMENT	_____	PAGE #	_____
<input type="checkbox"/> NONDISPOSAL FACILITY ELEMENT	DATE OF DOCUMENT	_____	PAGE #	_____

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. MUNICIPAL SOLID WASTE (MSW)
<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. WASTE TIRES
<input checked="" type="checkbox"/> 5. COMPOSTABLE MATERIAL (describe): <u>Green Waste</u>	<input checked="" type="checkbox"/> 10. INERT	<input checked="" type="checkbox"/> 15. OTHER (describe): <u>Large Bulky Waste</u>

Part 3. FACILITY INFORMATION

A. FACILITY INFORMATION:

1. INFORMATION APPLICABLE TO ALL EXISTING FACILITIES:

a. MAXIMUM DAILY TONNAGE OR CUBIC YARDS 8,000 tons per day

b. AS-DESIGNED DAILY TONNAGE or CUBIC YARDS 10,750 tons per day

c. FACILITY SIZE (acres) 801.45 Permitted Acres

d. MAXIMUM TRAFFIC VOLUME PER DAY (vpd) 2,000 vehicle per day

e. DAYS AND HOURS OF OPERATION 7 days/week; 07:00 -16:30

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

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 Modify JTD Section 9 to add the use of EPI's Enviro Cover system as ADC. See Attachment A.

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) 2,425 TPD

b. SITE CAPACITY CURRENTLY PERMITTED (Airspace) (cu yds) 87,760,000 cu yds

c. SITE CAPACITY PROPOSED (Airspace) (cu yds) 87,760,000 cu yds

d. SITE CAPACITY USED TO DATE (Airspace) (cu yds) 76,127,898 cu yds

e. SITE CAPACITY REMAINING (Airspace) (cu yds) 11,632,102 cu yds

f. DATE OF CAPACITY INFORMATION (Date) (See instructions): July 31, 2017

g. LAST PHYSICAL SITE SURVEY (Date) January 8, 2017

h. ESTIMATED CLOSURE DATE (month and year) September 2025

i. DISPOSAL FOOTPRINT (acres) 476.29 acres

j. SITE CAPACITY PLANNED (cu yds) 0

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) 0.68

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

A. MUNICIPAL OR UTILITY SERVICE: Recycled water: CSD Wastewater Dept. (9192 Topaz Way, San Diego, CA 92129), Potable Water: CSD Water Dept. (525 B St., San Diego, CA 92101)

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: Storm Water Retention Basins

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 CE CEQA Guidelines, Section 15301, Class I
GUIDELINE # Categorical Exemption

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

A. REQUIRED WITH ALL APPLICATION SUBMITTALS:

- RFI/JTD See JTD (4/2014) pgs 9-1 to 9-6
- LOCATION MAP See JTD (4/2014) Vol 1, Fig 1
- MITIGATION MONITORING & REPORTING PROGRAM _____
- LIST OF PUBLIC HEARINGS AND OTHER MEETINGS OPEN TO THE PUBLIC _____
- ENVIRONMENTAL DOCUMENT(S): W. Mira EIR 79021910; Final PEIS/MEIS 7/94 (9404414) 6/5/94; (96021056), 4/30/01; (200105103)
- MND/ND _____
- EXEMPTION _____
- ADDENDUM _____

B. ADDITIONAL REQUIRED DOCUMENTS FOR DISPOSAL FACILITIES ONLY:

- OPERATING LIABILITY FINANCIAL MECHANISM See CalRecycle Letter dated 9/12/17
- FINANCIAL RESPONSIBILITY DOCUMENTATION See CalRecycle Letter dated 9/12/17
- CLOSURE/POST CLOSURE MAINTENANCE PLAN
- KNOWN OR REASONABLY FORSEEABLE CORRECTIVE ACTION COST ESTIMATES See JTD Vol II Append D
- PRELIMINARY See JTD (4/2014) Vol 1, Sec 14
- FINAL _____
- LANDFILL CAPACITY SURVEY RESULTS (see instruction) See JTD Vol II Append B

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 Lease Agreement: See JTD Vol II, Append A
- 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): United States of America Department of the Navy Marine Corps Air Station - Miramar	SSN OR TAX ID #
ADDRESS, CITY, STATE, ZIP Commanding Officer, S-4 MCAS Miramar P.O. Box 452007 San Diego, CA 92145-2007	TELEPHONE #: (858) 577-6678
	FAX #: (858) 577-4694
	E-MAIL ADDRESS: delmar.lake@USMC.Mil
	CONTACT PERSON (Print Name): Mr. Delmar Lake

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
Disposal and Environmental Protection Division

SSN OR TAX ID #:

800-98445-5
Federal: 95-60000776

ADDRESS, CITY, STATE, ZIP

City of San Diego
Environmental Services Department
Disposal and Environmental Protection Division
9601 Ridgehaven Court, Suite 310
San Diego, CA 92123

TELEPHONE #:

(858) 573-1275

FAX #:

(858) 492-5041

E-MAIL ADDRESS:

mthompson@sandiego.gov

CONTACT PERSON (Print Name):

Mr. Michael D. Thompson

ADDRESS WHERE LEGAL NOTICE MAY BE SERVED:

Same as above: Attn: Michael D. Thompson

Part 9. SIGNATURE BLOCK

Owner:

MARINE CORP AIR STATION - 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: Delmar Lake

TITLE: Deputy Director, I&I.

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: Michael D. Thompson

13-SEP-2017

TITLE: Deputy Director, Environmental Services Department

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: Michael D. Thompson

13-SEP-2017

TITLE: Deputy Director, Environmental Services Department

DATE:

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



DEPARTMENT OF RESOURCES RECYCLING AND RECOVERY

1001 I STREET, SACRAMENTO, CALIFORNIA 95814 • WWW.CALRECYCLE.CA.GOV • (916) 322-4027
P.O. BOX 4025, SACRAMENTO, CALIFORNIA 95812

September 12, 2017

Mark zu Hone, Landfill Operations Program Manager
City of San Diego
Environmental Services Department
9601 Ridgehaven Court, Suite 310
San Diego, CA 92123

Subject: Approval of Financial Assurances Demonstrations for Closure,
Postclosure Maintenance and Corrective Action Costs of West Miramar Landfill,
Facility No. 37-AA-0020

Dear Mr. zu Hone,

The Department of Resources Recycling and Recovery (CalRecycle) staff reviewed the financial assurances demonstrations submitted for West Miramar Landfill. As a result of this review, CalRecycle finds the Enterprise Fund balances for closure, postclosure maintenance, and corrective action costs are currently adequately funded, based on the capacity information submitted by the operator, as specified in Title 27, California Code of Regulations (CCR), Division 2, Subdivision 1, Chapter 6, Subchapter 3, Article 2, section 22241.

The City of San Diego is also required to demonstrate financial responsibility for operating liability claims. An acceptable financial assurances demonstration for operating liability has been submitted, and meets the requirements of Title 27, CCR, section 22252.

If you have any questions regarding this determination, please contact me at (916) 341-6323, or at elizabeth.felix@calrecycle.ca.gov.

Sincerely,

A handwritten signature in cursive script that reads "Elizabeth Felix".

Elizabeth Felix
Financial Assurances Unit

Copies via Email:

Samuel Alatorre, Environmental Services Department, City of San Diego
Bill Prinz, City of San Diego, LEA, Development Services Department
Patrick Snider, Permitting and LEA Support, CalRecycle

