

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-AA-0032	FILING FEE:	RECEIPT NUMBER:	DATE RECEIVED: 8/24/16
DATE ACCEPTED: 9/23/16	DATE REJECTED:	ACCEPTANCE DATE OF INCOMPLETE APPLICATION:	DATE DUE:

Part 1. GENERAL INFORMATION

A. ENFORCEMENT AGENCY: San Diego County Department of Environmental Health	B. COUNTY: San Diego
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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 checked="" type="checkbox"/> MODIFICATION <input type="checkbox"/> OTHER (As authorized by law)	<input type="checkbox"/> 5 AMENDMENT OF APPLICATION
<input type="checkbox"/> 3. WAIVER	<input type="checkbox"/> 6 RFI/ROWD/JTD AMENDMENTS

Part 2. FACILITY DESCRIPTION

A. NAME OF FACILITY:
Gregory Canyon Landfill

B. LOCATION OF FACILITY:
 1. PHYSICAL ADDRESS OR LOCATION AND ZIP CODE:
9708 Pala Road, Pala, CA 92059

2. LATITUDE AND LONGITUDE:
Lat: 33.347777; Long: -117.117560 (approximate center of project)

3. LEGAL DESCRIPTION OF PERMITTED BOUNDARY BY SECTION, TOWNSHIP, RANGE, BASE, AND MERIDIAN, IF SURVEYED:
Sections 4 and 5 of Township 10 South and Sections 32 and 33 of Township 9 South Range 2 West of USGS 7.5' Pala Quadrangle. See Attachment SWFP-A of the Oct. 2015 SWFP Application Pkg. for legal description/maps.

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

<input checked="" type="checkbox"/> 1 DISPOSAL a. TYPE: <u>Class III/Municipal</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]:

<input checked="" type="checkbox"/> 1 FACILITY IS IDENTIFIED IN (Check one):	<input checked="" type="checkbox"/> SITING ELEMENT	DATE OF DOCUMENT	<u>Jan. 5, 2005; approved by CIWMB Sept. 20-21, 2005</u>	PAGE # <u>42-46</u>
	<input type="checkbox"/> NONDISPOSAL FACILITY ELEMENT	DATE OF DOCUMENT	<u>(see Attachment 4 of the Oct. 2015 SWFP Application Pkg.)</u>	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 type="checkbox"/> 2 ASBESTOS <input type="checkbox"/> Friable <input type="checkbox"/> Non-friable	<input 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 type="checkbox"/> 14 WASTE TIRES
<input checked="" type="checkbox"/> 5. COMPOSTABLE MATERIAL (describe): <u>Green Material</u>	<input checked="" 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 5,000 Tons Per Day (TPD)

b. AS-DESIGNED DAILY TONNAGE or CUBIC YARDS 3,200 TPD with max. of 1,000,000 tons per year

c. FACILITY SIZE (acres) 308

d. MAXIMUM TRAFFIC VOLUME PER DAY (vpd) 675
(Includes both waste for disposal and other materials)

e. DAYS AND HOURS OF OPERATION Mon-Fri 7:00 am to 6:00 pm;
Saturday 8:00 am to 5:00 pm

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

a. MAXIMUM DAILY TONNAGE OR CUBIC YARDS NA

b. AS-DESIGNED DAILY TONNAGE or CUBIC YARDS NA

c. FACILITY SIZE (acres) NA

d. MAXIMUM TRAFFIC VOLUME PER DAY (vpd) NA

e. DAYS AND HOURS OF OPERATION NA

f. OTHER No changes are proposed.

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

a. TOTAL SITE CAPACITY (cu yds) NA

4. ADDITIONAL INFORMATION REQUIRED FOR LANDFILLS ONLY:

a. AVERAGE DAILY TONNAGE (TPD) 3,200 TPD with maximum of 1,000,000 tons per year

b. SITE CAPACITY CURRENTLY PERMITTED (Airspace) (cu yds) _____

c. SITE CAPACITY PROPOSED (Airspace) (cu yds) 59,500,000 cu.yd. of total gross airspace; new facility

d. SITE CAPACITY USED TO DATE (Airspace) (cu yds) 0 cu. yd.

e. SITE CAPACITY REMAINING (Airspace) (cu yds) 57,000,000 cu.yd. for total estimated net airspace; new facility

f. DATE OF CAPACITY INFORMATION (Date) (See instructions): August 2016 (see Attachment 2)

g. LAST PHYSICAL SITE SURVEY (Date) 1991 (aerial survey)

h. ESTIMATED CLOSURE DATE (month and year) December 2040

i. DISPOSAL FOOTPRINT (acres) 183 acres

j. SITE CAPACITY PLANNED (cu yds) Not Applicable - No Expansion Planned

k. 1. (i) IN-PLACE WASTE DENSITY (lbs of waste per cu yd of waste) Estimated 1,350 lbs/cy
AND
(ii) WASTE-TO-COVER RATIO (Estimated) (v.v) Estimated 4:1
OR
2. AIRSPACE UTILIZATION FACTOR (tons of waste per cu yd of landfill airspace) NA

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

A. MUNICIPAL OR UTILITY SERVICE: Recycled water from contracts with San Gabriel Valley Water Company, 11142 Garvey Ave., El Monte, CA 91733

B. INDIVIDUAL (wells): GMW-1, GLA-3, GLA-12, GLA-13, GLA-B, GLA-C, GLA-G*; additional wells to be installed at SPA, SPB and north of SR 76 (Refer to Section B.5.3.1 and Figure 11A in the JTD)

C. SURFACE SUPPLY:

1. NAME OF STREAM, LAKE, ETC. Underflow of San Luis Rey River

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# 1995061007 (see Attachment SWFP-C of the Oct. 2015 SWFP Application Pkg for detailed description of EIR)

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

ADDENDUM TO (Identify environmental document) FEIR 05/31/2007-08/08/08; 01/07/10; 05/07/10 SCH# 1995061007

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 September 2010, Revised Jan. 2011, Oct. 2015 Amendment 1

LOCATION MAP _____

MITIGATION MONITORING & REPORTING PROGRAM March 2007
(Attachment 3 of Oct. 2015 SWFP Application Pkg.)

LIST OF PUBLIC HEARINGS AND OTHER MEETINGS OPEN TO THE PUBLIC _____

ENVIRONMENTAL DOCUMENT(S):

x EIR Revised Final EIR (dated March 2007) CEQA Statement (see Attachment 2 of Oct. 2015 SWFP Application Pkg.)

MND/ND _____

EXEMPTION _____

x ADDENDUM Aug., 2008, Jan. 2010, May 2010

B. ADDITIONAL REQUIRED DOCUMENTS FOR DISPOSAL FACILITIES ONLY:

OPERATING LIABILITY FINANCIAL MECHA Effective 5/29/15
(see Attachment 6 of the Oct. 2015 SWFP Application Pkg.)

CLOSURE/POST CLOSURE MAINTENANCE PLAN

x PRELIMINARY September 2010, Revised January 2011

FINAL _____

FINANCIAL RESPONSIBILITY DOCUMENTATION Trust Agreement Oct. 9, 2015
(see App. P of JTD and Attachment 5 of Oct. 2015 SWFP Application Pkg.)

KNOWN OR REASONABLY FORSEEABLE CORRECTIVE ACTION COST ESTIMATES
NWRCAP included in Attachment 2, Water CAP included in Section B 5.1.7 of the JTD

LANDFILL CAPACITY SURVEY RESULTS (see instruction August 2016 (see Attachment 2))

C. IF APPLICABLE:

REPORT OF WASTE DISCHARGE See Other

STORMWATER PERMIT APPLICATION NOI-Sept. 15, 2010 (see App. D of JTD)

NPDES PERMIT APPLICATION Not Applicable

OTHER Tentative WDRs (pending) - See Appendix S of JTD
Water Supply Agreement, SGVWC (Sept. 2009)- see App. Q of JTD

DEPT. OF TOXIC SUBSTANCES CONTROL OR CERTIFIED UNIFIED PROGRAM AGENCY PERMIT Not Applicable

SWAT (Air and water) Not Applicable - New Facility

WETLANDS PERMITS USACE 404 Individual Permit (dated March 2010); RWQCB Sec. 404 Water Quality Certification (May 2010); and Calif. Dept. of Fish and Game Streambed and 2091 Agreement (dated 9/2005, revised 2/2009) and Final (dated 12/2009)

VERIFICATION OF FIRE DISTRICT COMPLIANCE January 21, 2011
(see Attachment SWFP-D of Oct. 2015 SWFP Application Pkg.)

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): GCL, LLC

ADDRESS, CITY, STATE, ZIP: 750 B Street, Suite 2620, San Diego, California 92101-8172

SSN OR TAX ID #: 61-1737524

TELEPHONE #: (619) 294-8989

FAX #: (619) 294-8995

E-MAIL ADDRESS: todd@sovcapital.com

CONTACT PERSON (Print Name): Todd Mikles

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)

(If more than one)

GCL, LLC

ADDRESS CITY STATE ZIP

750 B Street, Suite 2620, San Diego, California 92101-8172

2620

SSN OR TAX ID #

61-1737524

TELEPHONE #

(619) 294-8989

FAX #

(619) 294-8995

E-MAIL ADDRESS

CONTACT PERSON (Print Name)

Todd Mikles

ADDRESS WHERE LEGAL NOTICE MAY BE SERVED

950 B Street, Suite 2620, San Diego, California 92101-8172

2620

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)

Todd Mikles

PRINTED NAME

President

TITLE

August 22, 2016

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.

Not Applicable

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)

Todd Mikles

PRINTED NAME

President

TITLE

August 22, 2016

DATE

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