

**APPLICATION FOR SOLID WASTE FACILITY PERMIT AND WASTE DISCHARGE REQUIREMENTS**

REGULATORY CYCLE 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: <u>34-AA-0020</u>	FILING FEE:	RECEIPT NUMBER:	DATE RECEIVED: <u>4/13/2018</u>
DATE ACCEPTED: <u>10/15/2018</u>	DATE REJECTED:	ACCEPTANCE DATE OF INCOMPLETE APPLICATION: <u>4/18/2018</u>	DATE DUE:

**Part 1. GENERAL INFORMATION**

A. ENFORCEMENT AGENCY: <u>ENVIRONMENTAL MANAGEMENT DEPARTMENT</u>	B. COUNTY: <u>SACRAMENTO</u>
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 type="checkbox"/> 6. RFI/ROWD/JTD AMENDMENTS

**Part 2. FACILITY DESCRIPTION**

A. NAME OF FACILITY:  
L AND D LANDFILL

B. LOCATION OF FACILITY:

1. PHYSICAL ADDRESS OR LOCATION AND ZIP CODE:  
8635 FRUITRIDGE ROAD SACRAMENTO, CALIFORNIA 95826

2. LATITUDE AND LONGITUDE:  
38° 31' 38" N 121° 22' 55" W

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

SEE ATTACHED EXHIBITS A-2 and B-2

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

<input checked="" type="checkbox"/> 1. DISPOSAL a. TYPE: <u>CLASS 3 LIMITED C&amp;D INERT</u>	<input type="checkbox"/> 3. TRANSFORMATION	<input checked="" 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]:**

1. FACILITY IS IDENTIFIED IN (Check one):

<input checked="" type="checkbox"/> SITING ELEMENT	DATE OF DOCUMENT	<u>Mar-96</u>	PAGE # <u>4-2 &amp; 6-2</u>
<input type="checkbox"/> NONDISPOSAL FACILITY ELEMENT	DATE OF DOCUMENT	_____	PAGE # _____

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

<input 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 type="checkbox"/> 7. CONTAMINATED SOILS	<input type="checkbox"/> 12. MUNICIPAL SOLID WASTE (MSW)
<input checked="" 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 checked="" type="checkbox"/> 14. WASTE TIRES
<input checked="" type="checkbox"/> 5. COMPOSTABLE MATERIAL (describe): _____	<input checked="" type="checkbox"/> 10. INERT <u>LANDSCAPE - GREENWASTE</u>	<input checked="" type="checkbox"/> 15. OTHER (describe): <u>Source separated Commercial and Residential Recyclables for Transfer</u>

**FACILITY INFORMATION**

**FACILITY INFORMATION:**

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

a. MAXIMUM DAILY TONNAGE OR CUBIC YARDS 4,125 TPD

b. AS-DESIGNED DAILY TONNAGE or CUBIC YARDS 6,000 TPD, depending on Material Density

c. FACILITY SIZE (acres) .177

d. MAXIMUM TRAFFIC VOLUME PER DAY (vpd) 480

e. DAYS AND HOURS OF OPERATION M-F 6:30 am - 4:30 pm  
Sat. 8:00 am - 1:00 pm  
Closed Sunday

**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 Vertical Expansion

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

a. TOTAL SITE CAPACITY (cu yds) N/A

**4. ADDITIONAL INFORMATION REQUIRED FOR LANDFILLS ONLY:**

a. AVERAGE DAILY TONNAGE (TPD) 1,500 TPD

b. SITE CAPACITY CURRENTLY PERMITTED (Airspace) (cu yds) 18,300,000

c. SITE CAPACITY PROPOSED (Airspace) (cu yds) 2,200,000

d. SITE CAPACITY USED TO DATE (Airspace) (cu yds) 16,363,919

e. SITE CAPACITY REMAINING (Airspace) (cu yds) 1,936,081

f. DATE OF CAPACITY INFORMATION (Date) (See instructions): 27-Dec-17

g. LAST PHYSICAL SITE SURVEY (Date) 27-Dec-17

h. ESTIMATED CLOSURE DATE (month and year) Last Waste June 2029; Final Closure October 2031

i. DISPOSAL FOOTPRINT (acres) 157

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) .493 Tons/cy

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

A. MUNICIPAL OR UTILITY SERVICE: CITY OF SACRAMENTO

B. INDIVIDUAL (wells): EIGHT ON-SITE WELLS PROVIDE WATER FOR DUST CONTROL

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: \_\_\_\_\_

**COMPLIANCE WITH CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA) (Check applicable boxes)**

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): CITY OF SACRAMENTO

**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>REVISED NOVEMBER 2015</u>                     | <input checked="" type="checkbox"/> ENVIRONMENTAL DOCUMENT(S): |
| <input checked="" type="checkbox"/> LOCATION MAP <u>RFI Figure 1</u>                         | <input type="checkbox"/> EIR _____                             |
| <input type="checkbox"/> MITIGATION MONITORING & REPORTING PROGRAM _____                     | <input checked="" type="checkbox"/> MND/ND <u>2012062047</u>   |
| <input type="checkbox"/> LIST OF PUBLIC HEARINGS AND OTHER MEETINGS OPEN TO THE PUBLIC _____ | <input type="checkbox"/> EXEMPTION _____                       |
|                                                                                              | <input type="checkbox"/> ADDENDUM _____                        |

**B. ADDITIONAL REQUIRED DOCUMENTS FOR DISPOSAL FACILITIES ONLY:**

- |                                                                                             |                                                                                                                                      |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> OPERATING LIABILITY FINANCIAL MECHANISM <u>1-Nov-17</u> | <input checked="" type="checkbox"/> FINANCIAL RESPONSIBILITY DOCUMENTATION <u>Requested April 4, 2018</u>                            |
| <input checked="" type="checkbox"/> CLOSURE/POST CLOSURE MAINTENANCE PLAN                   | <input checked="" type="checkbox"/> KNOWN OR REASONABLY FORSEEABLE CORRECTIVE ACTION COST ESTIMATES <u>Non-Water, March 20, 2018</u> |
| <input checked="" type="checkbox"/> PRELIMINARY <u>10-Dec-15</u>                            | <input checked="" type="checkbox"/> LANDFILL CAPACITY SURVEY RESULTS (see instruction <u>12/27/2017</u> )                            |
| <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): FRUITRIDGE ROAD LAND CO.	SSN OR TAX ID # 68-0255393
ADDRESS, CITY, STATE, ZIP P.O. BOX 13308, SACRAMENTO, CALIFORNIA 95813	TELEPHONE #: 916-484-3265
	FAX #: 916-488-9994
	E-MAIL ADDRESS:
	CONTACT PERSON (Print Name): NORMAN E. EILERT

**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):

L AND D LANDFILL LIMITED PARTNERSHIP

SSN OR TAX ID #:

68-0204917

ADDRESS, CITY, STATE, ZIP

P.O. BOX 255009, SACRAMENTO, CALIFORNIA 95865-5009

TELEPHONE #:

916-737-8640

FAX #:

916-731-5826

E-MAIL ADDRESS:

WALKERDONANT@SBCGLOBAL.NET

CONTACT PERSON (Print Name):

MICHAEL P. LIEN

ADDRESS WHERE LEGAL NOTICE MAY BE SERVED:

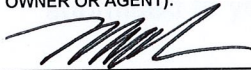
5370 SOUTH WATT AVENUE, SUITE 100, SACRAMENTO, CALIFORNIA 95826

**Part 9. SIGNATURE BLOCK**

**Owner:** FRUITRIDGE ROAD LAND CO.

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:

NORMAN E. EILERT

TITLE: ASSISTANT SECRETARY

DATE: 10-Apr-18

**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:

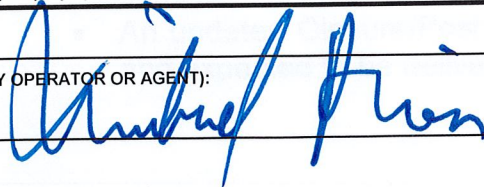
TITLE:

DATE:

**Operator:** L AND D LANDFILL LIMITED PARTNERSHIP

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 P. LIEN

TITLE: GENERAL MANAGER

DATE: 10-Apr-18

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