

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: 19-AR-5581	FILING FEE:	RECEIPT NUMBER:	DATE RECEIVED: 4-6-10
DATE ACCEPTED:	DATE REJECTED:	ACCEPTANCE DATE OF INCOMPLETE APPLICATION: DATE DUE:	

Part 1. GENERAL INFORMATION

A. ENFORCEMENT AGENCY: City of Los Angeles, Environmental Affairs Department	B. COUNTY: Los Angeles
C. TYPE OF APPLICATION (Check one box only):	
<input checked="" type="checkbox"/> 1. NEW SWFP and/or WDRS	<input type="checkbox"/> 4. PERMIT REVIEW
<input 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:
Athens Sun Valley Materials Recovery Facility and Transfer Station

B. LOCATION OF FACILITY:

1. PHYSICAL ADDRESS OR LOCATION AND ZIP CODE:
11121 Pendleton Street; Sun Valley, California 91352

2. LATITUDE AND LONGITUDE:
Latitude 34.23809, Longitude -118.373

3. LEGAL DESCRIPTION OF PERMITTED BOUNDARY BY SECTION, TOWNSHIP, RANGE, BASE, AND MERIDIAN, IF SURVEYED:
Lot 12, Block 19 of LA Land and Water Co. subdivision of part of the Mclay Rancho per Book 3, Pages 17 and 18 in the office of the Los A

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

<input type="checkbox"/> 1. DISPOSAL a. TYPE: _____	<input type="checkbox"/> 3. TRANSFORMATION	<input type="checkbox"/> 5. OTHER (describe): _____
<input type="checkbox"/> 2. COMPOSTING a. TYPE: _____	<input checked="" type="checkbox"/> 4. TRANSFER/PROCESSING FACILITY <input checked="" 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 type="checkbox"/> SITING ELEMENT	DATE OF DOCUMENT _____	PAGE # _____
<input checked="" type="checkbox"/> NONDISPOSAL FACILITY EL	DATE OF DOCUMENT City of LA NDPE, Table 1.16	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 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. MIXED/MUNICIPAL SOLID WASTE
<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. TIRES
	<input type="checkbox"/> 10. INERT	<input type="checkbox"/> 15. OTHER (describe): _____
<input type="checkbox"/> 5. COMPOSTABLE MATERIAL (describe): _____		

Part 3. FACILITY INFORMATION

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

☒ 1. DESIGN (describe): Construct Transfer/MRF and C&D processing buildings to support enclosed operations: 1000 tpd MSW and 500 tpd C&D

☐ 2. OPERATION (describe): _____

☐ 3. OWNER, OPERATOR, ADDRESS, AND/OR FACILITY NAME CHANGE (describe): _____

☐ 4. OTHER (describe): _____

B. FACILITY INFORMATION:**1. INFORMATION APPLICABLE TO ALL FACILITIES****a. PEAK DAILY TONNAGE OR CUBIC YARDS** _____

1) DISPOSAL/TRANSFER (unit) 1500 tpd

2) OTHER (unit) _____

b. DAILY DESIGN TONNAGE (TPD) See attached TPR

c. FACILITY SIZE (acres) 4.9 acres

d. PEAK TRAFFIC VOLUME PER DAY (vpd) 330 trips per day (DEIR Page 2-18)

e. DAYS AND HOURS OF OPERATION 7 am to 8 pm Daily

2. ADDITIONAL INFO. REQUIRED FOR COMPOSTING FACILITIES ONLY

a. SITE STORAGE CAPACITY (cu yds) _____

3. 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 LA, Dept of Water and Power

☐ 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#):

<input checked="" type="checkbox"/>	ENVIRONMENTAL IMPACT REPORT (EIR) SCH#	2007031090
<input type="checkbox"/>	NEGATIVE DECLARATION (ND)/MITIGATED NEGATIVE DECLARATION (MND) SCH#	
<input type="checkbox"/>	ADDENDUM TO (Identify environmental document)	SCH#

B. IF ENVIRONMENTAL DOCUMENT(S) WAS NOT PREPARED, PLEASE PROVIDE THE FOLLOWING INFORMATION

<input type="checkbox"/>	CATEGORICAL/STATUTORY EXEMPTION (CE/SE) EXEMPTION TYPE	GUIDELINE #
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Part 6. LIST OF ATTACHMENTS (Fill in the date for each document checked)

A. REQUIRED WITH ALL APPLICATION SUBMITTALS:

<input type="checkbox"/>	RFI/JTD		<input checked="" type="checkbox"/>	ENVIRONMENTAL DOCUMENT(S):	
<input checked="" type="checkbox"/>	LOCAL USE/PLANNING PERMITS	Conditional Use Permit ZA 98-0427	<input type="checkbox"/>	EIR	Certified January 2010
<input checked="" type="checkbox"/>	LOCATION MAP	See Section 6 Final EIR	<input type="checkbox"/>	MND/ND	
<input checked="" type="checkbox"/>	MITIGATION MONITORING IMPLEMENTATION SCHEDULE	See Section 6 Final EIR	<input type="checkbox"/>	EXEMPTION	
			<input type="checkbox"/>	ADDENDUM	

B. ADDITIONAL REQUIRED DOCUMENTS FOR LANDFILLS ONLY:

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

C. IF APPLICABLE:

<input type="checkbox"/>	REPORT OF WASTE DISCHARGE		<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 type="checkbox"/>	OTHER				

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 checked="" type="checkbox"/>	CORPORATION	<input type="checkbox"/>	GOVERNMENT AGENCY
OWNER(S) OF LAND (Name):						SSN OR TAX ID #	
Arakelian Enterprises, dba Athens Servies						95-4313271	
ADDRESS, CITY, STATE, ZIP						TELEPHONE #:	
14048 Valley Boulevard; City of Industry, CA. 91716						626.336.3636	
						FAX #:	
						626.330.0456	
						E-MAIL ADDRESS:	
						gloughnane@athensservices.com	
						CONTACT PERSON (Print Name):	
						Greg Loughnane, Executive VP	

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):

Arakelian Enterprises, dba Athens Servies

ADDRESS, CITY, STATE, ZIP

14048 Valley Boulevard; City of Industry, CA. 91716

SSN OR TAX ID #:

95-4313271

TELEPHONE #:

626.336.3636

FAX #:

626. 330.0456

E-MAIL ADDRESS:

gloughnane@athensservices.com

CONTACT PERSON (Print Name):

Greg Loughnane, Executive VP

ADDRESS WHERE LEGAL NOTICE MAY BE SERVED: 14048 Valley Boulevard; City of Industry, CA. 91716

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):

PRINTED NAME:

Michael Arakelian

TITLE: Owner

DATE: April 2, 2010

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:

Greg Loughnane

TITLE: Executive VP

DATE: April 2, 2010

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