

STATE OF CALIFORNIA  
DEPARTMENT OF RESOURCES RECYCLING AND RECOVERY  
REGIONAL WATER QUALITY CONTROL BOARD

**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>			#1N0208240	<b>RECEIVED</b> DATE RECEIVED: 2020 By: <i>[Signature]</i>
SWIS/WDID/Global ID NUMBER: 56-AA-0005	FILING FEE: \$10,000.00	RECEIPT NUMBER: RP0102821		
DATE ACCEPTED: JAN 29 2021	DATE REJECTED:	ACCEPTANCE DATE OF INCOMPLETE APPLICATION:	DATE DUE:	

**Part 1. GENERAL INFORMATION**

A. ENFORCEMENT AGENCY: Ventura County Environmental Health Division	B. COUNTY: Ventura
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:  
Toland Road Landfill

B. LOCATION OF FACILITY:

1. PHYSICAL ADDRESS OR LOCATION AND ZIP CODE:  
3500 Toland Road, Santa Paula, CA 93060

2. LATITUDE AND LONGITUDE:  
34°24'06" : 18°00' 49"

3. LEGAL DESCRIPTION OF PERMITTED BOUNDARY BY SECTION, TOWNSHIP, RANGE, BASE, AND MERIDIAN, IF SURVEYED:  
See Solid Waste Facility Permit

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

<input checked="" type="checkbox"/> 1. DISPOSAL a. TYPE: <u>Class III 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	<u>11/01/2000</u>	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    Friable <input checked="" type="checkbox"/> Non-friable	<input checked="" type="checkbox"/> 7. CONTAMINATED SOILS	<input checked="" type="checkbox"/> 12. MUNICIPAL SOLID WASTE (MSW)
<input 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): _____	<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 1500 tpd

b. AS-DESIGNED DAILY TONNAGE or CUBIC YARDS 1500 tpd

c. FACILITY SIZE (acres) 216.5

d. MAXIMUM TRAFFIC VOLUME PER DAY (vpd) 210 vpd

e. DAYS AND HOURS OF OPERATION See JTD

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

a. MAXIMUM DAILY TONNAGE OR CUBIC YARDS 2864 tpd

b. AS-DESIGNED DAILY TONNAGE or CUBIC YARDS 2964 tpd

c. FACILITY SIZE (acres) 216.5

d. MAXIMUM TRAFFIC VOLUME PER DAY (vpd) 210 vpd

e. DAYS AND HOURS OF OPERATION See JTD

f. OTHER \_\_\_\_\_

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

a. TOTAL SITE CAPACITY (cu yds) 30,000,000 cu yds.

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

a. AVERAGE DAILY TONNAGE (TPD) 1900 tpd (projected) 1394 tpd (current)

b. SITE CAPACITY CURRENTLY PERMITTED (Airspace) (cu yds) 30,000,000 cu. yds.

c. SITE CAPACITY PROPOSED (Airspace) (cu yds) 30,000,000 cu. yds.

d. SITE CAPACITY USED TO DATE (Airspace) (cu yds) 14,753,161 cu. yds.

e. SITE CAPACITY REMAINING (Airspace) (cu yds) 8,298,614 cu yds.

f. DATE OF CAPACITY INFORMATION (Date) (See instructions): 06/11/2020

g. LAST PHYSICAL SITE SURVEY (Date) 06/11/2020

h. ESTIMATED CLOSURE DATE (month and year) April 2033

i. DISPOSAL FOOTPRINT (acres) 91.4

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) 1283  
5:1

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: \_\_\_\_\_
- B. INDIVIDUAL (wells): Toland Road Deep Well
- 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:

1. ENVIRONMENTAL DOCUMENT WAS PREPARED:
- ENVIRONMENTAL IMPACT REPORT (EIR) SCH# 95031009
  - NEGATIVE DECLARATION (ND)/MITIGATED NEGATIVE DECLARATION (MND) SCH# \_\_\_\_\_
  - ADDENDUM TO (Identify environmental document) Toland Optimization Plan Draft SEIR SCH# 2018011026
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:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> RFI/JTD <u>12/31/2020</u>                                | <input checked="" type="checkbox"/> ENVIRONMENTAL DOCUMENT(S): |
| <input checked="" type="checkbox"/> LOCATION MAP <u>12/31/2020</u>                           | <input checked="" type="checkbox"/> EIR <u>02/01/1996</u>      |
| <input type="checkbox"/> MITIGATION MONITORING & REPORTING PROGRAM _____                     | <input type="checkbox"/> MND/ND _____                          |
| <input type="checkbox"/> LIST OF PUBLIC HEARINGS AND OTHER MEETINGS OPEN TO THE PUBLIC _____ | <input type="checkbox"/> EXEMPTION _____                       |
|  | <input checked="" type="checkbox"/> ADDENDUM <u>10/22/2020</u> |

B. ADDITIONAL REQUIRED DOCUMENTS FOR DISPOSAL FACILITIES ONLY:

- |   |  |
|---|--|
| <input type="checkbox"/> OPERATING LIABILITY FINANCIAL MECHANISM _____    | <input checked="" type="checkbox"/> FINANCIAL RESPONSIBILITY DOCUMENTATION <u>05/21/2020</u>                       |
| <input checked="" type="checkbox"/> CLOSURE/POST CLOSURE MAINTENANCE PLAN | <input checked="" type="checkbox"/> KNOWN OR REASONABLY FORSEEABLE CORRECTIVE ACTION COST ESTIMA <u>12/31/2020</u> |
| <input checked="" type="checkbox"/> PRELIMINARY <u>12/31/2020</u>         | <input checked="" type="checkbox"/> LANDFILL CAPACITY SURVEY RESULTS (see instructi <u>06/11/2020</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):

Ventura Regional Sanitation District

SSN OR TAX ID #

952-67-9561

ADDRESS, CITY, STATE, ZIP

1001 Partridge Drive, Suite 150, Ventura, CA 93003

TELEPHONE #:

(805) 658-4678

FAX #:

E-MAIL ADDRESS:

**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):

Ventura Regional Sanitation District

**SSN OR TAX ID #:**

952-67-9561

**ADDRESS, CITY, STATE, ZIP**

1001 Partridge Drive, Suite 150, Ventura, CA 93003

**TELEPHONE #:**

(805) 658-4678

**FAX #:**

**E-MAIL ADDRESS:**

edwardpettit@vrsd.com

**CONTACT PERSON (Print Name):**

Edward Pettit

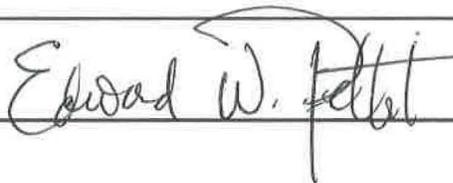
**ADDRESS WHERE LEGAL NOTICE MAY BE SERVED:**

**Part 9. SIGNATURE BLOCK**

**Owner:** Ventura Regional Sanitation District

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 believe 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 it should the operator fail to meet applicable requirements.

**SIGNATURE (LAND OWNER OR AGENT):**



**PRINTED NAME:**

Edward Pettit

**TITLE:** Regulatory Compliance Officer

**DATE:** 12/31/2020

**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 believe that the operator intends to operate a solid waste facility at the site specified above pursuant to this application.

**SIGNATURE (LESSEE):**

**PRINTED NAME:**

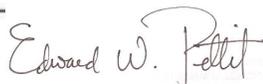
**TITLE:**

**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:**

Edward W. Pettit

**TITLE:** Regulatory Compliance Officer

**DATE:** 2/4/21