

**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/WQID/Global ID NUMBER:  37-AA-0105	FILING FEE:  \$6,466.67	RECEIPT NUMBER:  005-0054600	DATE RECEIVED:  01-31-2025
DATE ACCEPTED:  02-28-2025	DATE REJECTED:  N/A	ACCEPTANCE DATE OF INCOMPLETE APPLICATION:  N/A	DATE DUE:  N/A

**Part 1. GENERAL INFORMATION**

A. ENFORCEMENT AGENCY: City of San Diego Local Enforcement Agency

B. COUNTY: San Diego

C. TYPE OF APPLICATION (Check one box only):

- 1 NEW SWFP and/or WDRS
- 2 CHANGE TO SWFP and/or WDRS  
REVISION       MODIFICATION       OTHER (As authorized by law)
- 3 WAIVER
- 4. PERMIT REVIEW
- 5. AMENDMENT OF APPLICATION
- 6. RFI/ROWD/JTD AMENDMENTS

**Part 2. FACILITY DESCRIPTION**

A. NAME OF FACILITY:  
EDCO Recovery and Transfer

B. LOCATION OF FACILITY:  
1. PHYSICAL ADDRESS OR LOCATION AND ZIP CODE:  
3660 Dalbergia Street San Diego CA 92136

2. LATITUDE AND LONGITUDE:  
Latitude 32.687058 Longitude -117.114933

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

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

- 1. DISPOSAL  
a. TYPE: \_\_\_\_\_
- 2. COMPOSTABLE MATERIALS HANDLING  
a. TYPE: Commingled Organic
- 3. TRANSFORMATION
- 4. TRANSFER/PROCESSING
- 5. C&D/INERT DEBRIS PROCESSING
- 6. IN-VESSEL DIGESTION
- 7. OTHER (describe): \_\_\_\_\_

D. IDENTIFICATION OF FACILITY IN CIWMP [CONFORMANCE FINDING]:

1 FACILITY IS IDENTIFIED IN (Check one):

<input type="checkbox"/> SITING ELEMENT	DATE OF DOCUMENT	_____	PAGE # _____
<input checked="" type="checkbox"/> NONDISPOSAL FACILITY ELEMENT	DATE OF DOCUMENT	09/01/2008	PAGE # 11

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

- 1. AGRICULTURAL
- 2. ASBESTOS    Friable    Non-friable
- 3. ASH
- 4. AUTO SHREDDER
- 5. COMPOSTABLE MATERIAL (describe): \_\_\_\_\_
- 6. CONSTRUCTION/DEMOLITION
- 7. CONTAMINATED SOILS
- 8. DEAD ANIMALS
- 9. INDUSTRIAL
- 10. INERT
- 11. LIQUIDS
- 12. MUNICIPAL SOLID WASTE (MSW)
- 13. SEWAGE SLUDGE
- 14. WASTE TIRES
- 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 Tons

b. AS-DESIGNED DAILY TONNAGE or CUBIC YARDS 1716 Tons

c. FACILITY SIZE (acres) 2.03

d. MAXIMUM TRAFFIC VOLUME PER DAY (vpd) 1506

e. DAYS AND HOURS OF OPERATION Mon - Sun 5:00am to 7:00pm  
Internal Processing: 12:00 AM to 11 :59 PM, Mon -Sun

**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 \_\_\_\_\_  
Revised TPR and New Appendix for SB1382.

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

a. TOTAL SITE CAPACITY (cu yds) 17,096

**4. 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: San Diego Water Authority 4677 Overland Avenue, San Diego CA 92123

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: \_\_\_\_\_

**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# MND SCH#2018091033

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 \_\_\_\_\_ 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>August 2024</u>	<input checked="" type="checkbox"/> ENVIRONMENTAL DOCUMENT(S):	
<input checked="" type="checkbox"/> LOCATION MAP	<u>See TPR</u>	<input type="checkbox"/> EIR	
<input checked="" type="checkbox"/> MITIGATION MONITORING & REPORTING PROGRAM	<u>Project Tracking System #515674</u>	<input checked="" type="checkbox"/> MND/ND	<u>Project No. 515674 SCH#2018091033</u>
<input checked="" type="checkbox"/> LIST OF PUBLIC HEARINGS AND OTHER MEETINGS OPEN TO THE PUBLIC	<u>San Diego City Council 12/03/2018</u> <u>San Diego Planning Commission PC-18-064 11/08/2018</u>	<input type="checkbox"/> EXEMPTION	
		<input type="checkbox"/> ADDENDUM	

B. ADDITIONAL REQUIRED DOCUMENTS FOR DISPOSAL FACILITIES 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"/> KNOWN OR REASONABLY FORSEEABLE CORRECTIVE ACTION COST ESTIMATES _____
<input type="checkbox"/> PRELIMINARY _____	<input type="checkbox"/> LANDFILL CAPACITY SURVEY RESULTS (see instruction) _____
<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

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OWNER(S) OF LAND (Name): Del Properties L.P.	SSN OR TAX ID # 30-0855069
ADDRESS, CITY, STATE, ZIP 6670 Federal Blvd Lemon Grove CA 91945	TELEPHONE #: _____ FAX #: _____
	E-MAIL ADDRESS: ssouth@edcodisposal.com
	CONTACT PERSON (Print Name): Steve South

**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):

EDCO Disposal Corporation

ADDRESS, CITY, STATE, ZIP

6670 Federal Blvd Lemon Grove CA 91945

SSN OR TAX ID #:

952-48-6063

TELEPHONE #:

(619) 287-7555

FAX #:

E-MAIL ADDRESS:

ssouth@edcodisposal.com

CONTACT PERSON (Print Name):

Steve South

ADDRESS WHERE LEGAL NOTICE MAY BE SERVED:

6670 Federal Blvd Lemon Grove CA 91945

**Part 9. SIGNATURE BLOCK**

**Owner:**

I certify under penalty of perjury that the information 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:

Steve South

TITLE: President

DATE:

JANUARY 22, 2025

**Lessee:**

I certify under penalty of perjury that the information 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:

Steve South

TITLE: President

DATE:

JANUARY 22, 2025

**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:

Steve South

TITLE: President

DATE:

JANUARY 22, 2025

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