SOLID WASTE FACILITY PERMIT					Facility Number:		
1. Name and Street Address of Fac	ress of Facility: 2. Name and Mailing		Address of Operator:		3. Name and Mailing Address of Owner:		
4. Specifications:							
a. Permitted Operations:		☐ Transformation Facility					
	MRF)		Other:				
☐ Composting Facility (MSW/green material/C&G)							
b. Permitted Hours of Operation: Receipt of Refuse/Waste:							
Ancillary Operations/Facility Operating Hours:							
c. Permitted Maximum Tonnage:Tons per Day							
d. Permitted Traffic Volume:Vehicles per Day							
e. Key Design Parameters (Detailed parameters are shown on site plans bearing EA and CalRecycle validations):							
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	Total	D	isposal	Transfer/Processing		Composting	Transformation
Permitted Area (in acres)							
Design Capacity (cu.yds)							
Max. Elevation (Ft. MSL)							
Max. Depth (Ft. MSL)							
Estimated Closure Year							
Upon a significant change in design or operation from that described herein, this permit is subject to revocation or suspension. The attached permit findings and conditions are integral parts of this permit and supersede the conditions of any previously issued solid waste facility permit.							
5. Approval:			6. Enforcement Agency Name and Address:				
Approving Officer Signature (Name and Title)							
7. Date Received by CalRecycle:			8. CalRecycle Concurrence Date:				
9. Permit Issued Date: 10. Per		10. Permit Review	ermit Review Due Date:		11. Owner/Operator Transfer Date:		