State of California - CIWMB Form 83 (rev. 12/96) — California Integrated Waste Management Board

Registration Permit Application

Facility Name: **California Waste Solutions 10th Street Recycling Facility**

Address/Location: **1820 10th Street**
Oakland, CA 94607

Phone Number: **(510) 832-8111**

Facility Operator: **California Waste Solutions, Inc.**	Land Owner: **California Waste Solutions, Inc.**
Mailing Address: **1820 10th Street, Oakland, CA 94607**	Mailing Address: **1820 10th Street, Oakland, CA 94607**
Address Where Process May be Served: **1820 10th Street, Oakland, CA 94607**	Address Where Process May be Served: **1820 10th Street, Oakland, CA 94607**
Phone Number: **(510) 832-8111**	Phone Number: **(510) 832-8111**

Facility Information:

Section Authorizing Eligibility: **14CCR 17403.6 Medium Volume Transfer/Processing Facilities**

Volume and Type of Waste/Materials(s) Handled: **Source-separated recyclables**

Site Capacity: **up to 100 Tons/Day**
Peak Loading: **up to 100 Tons /Day**
Annual Loading: **36,200 Tons/Year**

Days and Hours of Operation: **Monday through Sunday, 6:00 AM to 9:00 PM; closed New Year's Day, Thanksgiving, and Christmas Day.**

Facility Size: **2.11 Acres**
Operating Area: **2.11 Acres**

Traffic:
Incoming Waste Material: **40 Vehicles Per Day**
Outgoing Waste Material: **15 Vehicles Per Day**

One of the Following Statements Must be Checked:

[ ] The facility is identified and described in or conforms with the County Solid Waste Management Plan, or otherwise complies with Public Resources Code 50000; and the facility is consistent with the city or county General Plan.

[X] The facility is identified in either the countywide siting element, the nondisposal facility element, or in the source reduction and recycling element for the jurisdictions in which it is located ;or that the facility is not required to be identified in any of these elements pursuant to section 50001 of the Public Resources Code.

I hereby acknowledge that I have read this application, and certify under penalty of perjury that the information provided is true and accurate. In operating the facility, I agree to comply with the conditions of the permit, and with federal, state, and local enactments.

Signature of Land Owner: _____ Date: 9/25/2018

Signature of Operator: _____ Date: 9/25/2018

This application must be accompanied by a ✓ General Description ✓ Site Plan, and ✓ Location Map.

Enforcement Agency Name and Address:	FOR ENFORCEMENT AGENCY USE ONLY
Alameda County Department of Environmental Health **1131 Harbor Bay Parkway** **Alameda, CA 94502**	Date received: 09-25-18 Date approved: 09-26-18 Date rejected: Filing Fee: SWIS #: 01-AA-0324