

THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS  
ACTION AGENDA SUMMARY

DEPT: ENVIRONMENTAL RESOURCES *KMW*

BOARD AGENDA # \*B-10

Urgent \_\_\_\_\_ Routine X

AGENDA DATE June 5, 2001

CEO Concurs with Recommendation YES *pht* NO \_\_\_\_\_  
(Information Attached)

4/5 Vote Required YES \_\_\_\_\_ NO ✓

SUBJECT:

AUTHORIZATION FOR THE CHIEF EXECUTIVE OFFICER, AS AGENT FOR STANISLAUS COUNTY, TO SIGN THE SOLID WASTE FACILITIES PERMIT REVISION APPLICATION FOR COVANTA, STANISLAUS INC. (THE WASTE-TO-ENERGY FACILITY)

STAFF  
RECOMMEN-  
DATIONS:

AUTHORIZE THE CHIEF EXECUTIVE OFFICER, AS AGENT FOR STANISLAUS COUNTY, TO SIGN THE SOLID WASTE FACILITIES PERMIT REVISION APPLICATION FOR COVANTA, STANISLAUS INC.

FISCAL  
IMPACT:

There is no fiscal impact related to the signing of this application.

BOARD ACTION

No. 2001-380

On motion of Supervisor Simon, Seconded by Supervisor Caruso  
and approved by the following vote,

Ayes: Supervisors: Mayfield, Blom, Simon, Caruso, and Chair Paul

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

1) X Approved as recommended

2) \_\_\_\_\_ Denied

3) \_\_\_\_\_ Approved as amended

Motion:

ATTEST: CHRISTINE FERRARO TALLMAN, Clerk

By: *Christine Ferraro* Deputy

File No.

**AUTHORIZATION FOR THE CHIEF EXECUTIVE OFFICER, AS AGENT FOR STANISLAUS COUNTY, TO SIGN THE SOLID WASTE FACILITIES PERMIT REVISION APPLICATION FOR COVANTA, STANISLAUS INC. (THE WASTE-TO-ENERGY FACILITY)**

Page 2

**DISCUSSION:** The waste-to-energy facility is operated by Covanta, Stanislaus Inc. (formerly known as Ogden Martin Systems of Stanislaus.) The company is in the process of applying for a revision of their solid waste facility permit which is issued by the California Integrated Waste Management Board. The application requires a signature of the land owner or agent, which in this case is Stanislaus County.

Covanta, Stanislaus Inc. is requesting approval from the Waste Management Board for the following: 1) To change the name on their permit from Ogden Martin Systems of Stanislaus to Covanta, Stanislaus Inc.; 2) To expand the current waste delivery hours, the ability for which has been made possible by the automated scale house attendant system recently installed by Public Works; and 3) To modify the waste holding pit turnover requirements for greater consistency with the requirements at other Covanta facilities.

Staff recommends that the Board authorize the Chief Executive Officer to sign the referenced solid waste facilities permit revision application included as Attachment "A". The County's signature acknowledges the submission of the application only. The decision to make changes in the permit and any associated requirements will be made by the Waste Management Board.

**POLICY**

**ISSUE:** The Board should decide whether to authorize the Chief Executive Officer to sign the solid waste facilities permit revision application. Signing the application is consistent with the Board priority of delivering excellent community service.

**STAFFING**

**IMPACT:** None.

**APPLICATION FOR SOLID WASTE FACILITY PERMIT/WASTE DISCHARGE REQUIREMENTS**

WMB E-1-77 (Rev. 6/96)

AUTHORITY AGENCY: <u>CALIFORNIA INTEGRATED WASTE MANAGEMENT BOARD</u> COUNTY: <u>STANISLAUS</u> TYPE OF APPLICATION: <input type="checkbox"/> 1. NEW SWFP AND/OR WDRS <input type="checkbox"/> 4. REVIEW <input checked="" 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 checked="" type="checkbox"/> 6. RFI/ROWD/JTD AMENDMENTS <input checked="" type="checkbox"/> 7. CHANGE OF OWNER/OPERATOR OR ADDRESS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">FOR OFFICIAL USE ONLY</th> </tr> <tr> <td style="width:60%;">SWIS NUMBER</td> <td>DATE RECEIVED: _____</td> </tr> <tr> <td></td> <td>DATE ACCEPTED: _____</td> </tr> <tr> <td></td> <td>DATE REJECTED: _____</td> </tr> <tr> <td></td> <td>FILING FEE: _____</td> </tr> <tr> <td></td> <td>RECEIPT NUMBER: _____</td> </tr> <tr> <td></td> <td>DATE ACCEPTANCE OF INCOMPLETE APPLICATION: _____</td> </tr> </table>	FOR OFFICIAL USE ONLY		SWIS NUMBER	DATE RECEIVED: _____		DATE ACCEPTED: _____		DATE REJECTED: _____		FILING FEE: _____		RECEIPT NUMBER: _____		DATE ACCEPTANCE OF INCOMPLETE APPLICATION: _____
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NOTE: This form has been developed for multiple uses. It is the transmittal sheet for documents required to be submitted to the appropriate agency. See instructions for completing this application.

I. GENERAL DESCRIPTION OF FACILITY	A. NAME OF FACILITY: <u>COVANTA, STANISLAUS INC.</u> B. LOCATION OF FACILITY: (Give address or location, also include legal description by section, township, range, base, and meridian if surveyed or projected.) <u>4040 FINK ROAD, CROWS LANDING CA 95313</u> C. TYPE OF OPERATION: (Check applicable boxes.) <input type="checkbox"/> DISPOSAL TYPE: _____ <input checked="" type="checkbox"/> TRANSFORMATION TYPE: _____ <input type="checkbox"/> SEWAGE TREATMENT <input type="checkbox"/> COMPOSTING TYPE: _____ <input type="checkbox"/> TRANSFER OR PROCESSING STATION TYPE: _____ <input type="checkbox"/> INDUSTRY (discharge to sewer) <input type="checkbox"/> OTHER (describe): _____ D. COSWMP/CIWMP REFERENCES: DATE OF DOCUMENT: _____ PAGES: _____ E. TYPE OF WASTES TO BE RECEIVED: (Check applicable boxes.) <input type="checkbox"/> AGRICULTURAL <input type="checkbox"/> DEAD ANIMALS <input type="checkbox"/> SLUDGE <input type="checkbox"/> ASBESTOS <input type="checkbox"/> FRIABLE - ASBESTOS <input type="checkbox"/> TIRES <input type="checkbox"/> ASH <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> WOOD MILL <input type="checkbox"/> AUTO SHREDDER <input type="checkbox"/> LIQUIDS <input type="checkbox"/> OTHER: (describe) _____ <input type="checkbox"/> CONSTRUCTION/DEMOLITION <input checked="" type="checkbox"/> MIXED MUNICIPAL
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II. FACILITY INFORMATION	A. PROPOSED CHANGE (Check applicable boxes) <input type="checkbox"/> DESIGN (describe) _____ <input checked="" type="checkbox"/> OPERATION (describe) <u>SEE APRIL 13, 2001 LETTER</u> <input checked="" type="checkbox"/> OTHER (describe) _____ B. FACILITY INFORMATION: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>PEAK DAILY LOADING (TPD): <u>1700</u></td> <td>AVERAGE ANNUAL LOADING (TPY): <u>321200</u></td> <td>SITE CAPACITY (yds): <u>N/A</u></td> <td>FACILITY SIZE (acres): <u>16.5</u></td> </tr> <tr> <td>DISPOSAL AREA: <u>N/A</u></td> <td>TOTAL WASTE IN PLACE (yds): <u>N/A</u></td> <td>AREA IN WHICH SOIL WILL BE DISTURBED (acres): <u>N/A</u></td> <td>DESIGN AIR SPACE CAPACITY: <u>N/A</u></td> </tr> <tr> <td colspan="4">EXPECTED CLOSURE DATE: <u>N/A</u></td> </tr> </table> C. PRESENT OR PROPOSED: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>DAILY FLOW (in MGD): <u>N/A</u></td> <td>MAXIMUM: <u>N/A</u></td> <td>AVERAGE: <u>N/A</u></td> <td>DESIGN FLOW (in MGD): <u>N/A</u></td> </tr> </table>	PEAK DAILY LOADING (TPD): <u>1700</u>	AVERAGE ANNUAL LOADING (TPY): <u>321200</u>	SITE CAPACITY (yds): <u>N/A</u>	FACILITY SIZE (acres): <u>16.5</u>	DISPOSAL AREA: <u>N/A</u>	TOTAL WASTE IN PLACE (yds): <u>N/A</u>	AREA IN WHICH SOIL WILL BE DISTURBED (acres): <u>N/A</u>	DESIGN AIR SPACE CAPACITY: <u>N/A</u>	EXPECTED CLOSURE DATE: <u>N/A</u>				DAILY FLOW (in MGD): <u>N/A</u>	MAXIMUM: <u>N/A</u>	AVERAGE: <u>N/A</u>	DESIGN FLOW (in MGD): <u>N/A</u>
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III SOURCE OF WATER SUPPLY (check all appropriate)	
MUNICIPAL OR UTILITY SERVICE: NAME OF WATER SURVEYOR: _____	B. INDIVIDUAL (wells) C. SURFACE SUPPLY: NAME OF STREAM, LAKE, ETC _____ TYPE OF WATER RIGHTS: <input type="checkbox"/> RIPARIAN <input type="checkbox"/> APPROPRIATION

IV ENVIRONMENTAL IMPACT REPORT (EIR)

HAS AN EIR BEEN PREPARED FOR THIS PROJECT?  YES  NO  
 IF "YES", PLEASE ENCLOSE A COPY  YES  NO  
 IF "NO", WILL AN EIR BE PREPARED?  YES  NO  
 WILL A NEGATIVE DECLARATION (ND) BE PREPARED?  YES  NO  
 IF "YES", PLEASE ANSWER THE FOLLOWING:

WHO WILL PREPARE THE ND?

APPROXIMATE DATE OF COMPLETION:

TYPE OF BUSINESS OPERATING FACILITY:  
 SOLE PROPRIETORSHIP  PARTNERSHIP  CORPORATION  GOVERNMENT AGENCY

V. OPERATOR INFORMATION For land disposal, if operator is different from land owner, attach lease or franchise agreement.	OWNER OF LAND (Name): STANISLAUS COUNTY	ADDRESS: 1010 TENTH ST PINE, MODOesto CA 953	TELEPHONE #: 209	SSN OR TAX ID #
	FACILITY OPERATOR (Name): COVANTA, STANISLAUS, CA.	ADDRESS: 4040 FINK ROAD, CROWS LANDING CA 95313	TELEPHONE #: 209 837-4423	
	ADDRESS WHERE LEGAL NOTICE MAY BE SERVED: 4040 FINK ROAD, CROWS LANDING CA 95313			

I hereby acknowledge that I have read this application and the Report of Facility Information, if applicable, JTD or ROWD and certify that the information given is true and accurate to the best of my knowledge and belief. In operating the solid waste facility, I agree to comply with the conditions of the permit and with federal, state, and local enactment's.

SIGNATURE (LAND OWNER OR AGENT): <i>Reagan M. Wilson</i>	SIGNATURE (FACILITY OPERATOR OR AGENT): <i>James P. Healey</i>
TYPED NAME: REAGAN M. WILSON	TYPED NAME: JIM P. HEALEY
TITLE: CEO	TITLE: Facility Manager
DATE: 6/6/01	DATE: 4-13-2001

LIST OF ATTACHMENTS (CHECK IF APPLICABLE):

- REPORT OF FACILITY INFORMATION *Transfer/Process Report*
- REPORT OF WASTE DISCHARGE
- JTD (RDS/ROWD)
- CONTRACT AGREEMENTS
- DEPARTMENT OF HEALTH SERVICES PERMIT
- LOCAL USE/PLANNING PERMITS
- CERTIFIED ENVIRONMENTAL REVIEW REPORTS (CEQA)
- INFORMATION ON THE STATUS OF THE APPLICANT'S COMPLIANCE WITH CEQA REQUIREMENTS REGARDING THE PROPOSED PROJECT.
- EVIDENCE THAT THERE HAS BEEN COMPLIANCE WITH CEQA PRC, DIVISION 13, 2100 et. sec
- OPERATING LIABILITY FINANCIAL MECHANISM
- PRELIMINARY CLOSURE/POSTCLOSURE MAINTENANCE PLAN
- FINAL CLOSURE/POSTCLOSURE MAINTENANCE PLAN
- FINANCIAL RESPONSIBILITY DOCUMENTATION
- OTHER REGULATORY AGENCY PERMITS
- OTHER \_\_\_\_\_