

# SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT

## Title V Permit Summary

AQMD Facility ID:	50299	Company Name:	SAN BERNARDINO COUNTY SOLID WASTE SYSTEM DIV																																					
Equipment Location:	2390 N ALDER AVENUE, RIALTO, CA 92377			SIC Code: 4953																																				
Permit Revision #:	1	Revision Date:	TBD	Facility Permit Section(s) Affected: ALL																																				
Application #(s):	539571		Application Submittal Date(s):	06/15/2012																																				
AQMD Contact Person:	ATUL KANDHARI		Phone #:	(909) 396-2477																																				
			E-Mail Address:	akandhari@aqmd.gov																																				
Project Description: This is an existing facility, applying for Title V permit renewal, that operates municipal solid waste landfill. This facility is operating a landfill gas collection and flaring system, landfill condensate/leachate collection system, and a groundwater treatment system.																																								
Permit Type: <input type="checkbox"/> Initial Title V Permit <input type="checkbox"/> Significant Revision <input checked="" type="checkbox"/> Permit Renewal																																								
Permit Features: <input type="checkbox"/> Federally Enforceable Emission Cap For Exemption From Certain NESHAP Requirements <input type="checkbox"/> Permit Shield Applies <input type="checkbox"/> Permit Contains Conditions Allowing Emission Trading <input type="checkbox"/> Alternative Operating Scenario <input type="checkbox"/> Permit Streamlines Overlapping or Outdated Requirements <input type="checkbox"/> Other: _____ <input type="checkbox"/> Source Out of Compliance With Applicable Requirements and/or Operating Under a Variance																																								
Toxic Air Contaminant Emissions (TAC) - Annual Reported Emissions for Reporting Year: 2012																																								
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Health Risk From Toxic Air Contaminants: <input type="checkbox"/> Health Risk Reduction Plan in Force (AQMD Rule 1402) (date): _____ <input type="checkbox"/> Health Risk Assessment Required for this Permit Action (AQMD Rule 1401) <input checked="" type="checkbox"/> Facility is Subject to Review by the Air Toxics Information and Assessment Act (AB2588) <input type="checkbox"/> Facility Determined to be Exempt from AB2588 Requirements <input checked="" type="checkbox"/> AQMD is Tracking Status of Facility under AB2588 <input type="checkbox"/> Health Risk Assessment Submitted to AQMD and Is Being Reviewed <input type="checkbox"/> Final Facility Health Risk Approved (date) _____ Cancer Risk = <u>in one million</u> Acute Hazard Index = _____ Chronic Hazard Index = _____																																								
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