

ATTACHMENT C
Application for Title V Permit Modification

APPLICATION TO MODIFY TITLE V PERMIT

I. FACILITY IDENTIFICATION

1. Facility Name: Kiefer Landfill
2. Parent Company: Sacramento County Municipal Services Agency, Department of Waste Management and Recycling
(if different from Facility name)
3. Mailing Address: 9850 Goethe Road
Sacramento Ca, 95827
4. Facility Location: 12701 Kiefer Blvd. Sloughhouse, Ca 95683
5. Type of Organization:
 Corporation Sole Ownership Government Partnership Utility Company
6. Responsible Official: Paul Philleo Phone No.: 916-875-7011
Title: Director
7. Plant Site Contact: Tim Israel Phone No.: 916-876-9431
Title: Senior Engineer

II. TYPE OF PERMIT ACTION

	Current Permit Number	Permit Expiration Date
<input checked="" type="checkbox"/> Significant Permit Modification	TV2006-10-01	January 25, 2012
<input type="checkbox"/> Minor Permit Modification		
<input type="checkbox"/> Administrative Amendment		

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III. DESCRIPTION OF PERMIT ACTION

1. Does the permit action involve?: Temporary Source Voluntary Emissions Caps
 Acid Rain Source Alternative Operating Scenarios
 MACT Requirements
2. Provide a general description of the proposed permit modification. Reference any Authority to Construct that is requested to be incorporated. Attach any additional information that is relevant to the request.

Inclusion of the following:

New Equipment

Flare #2 ATC 21097

Street Sweeper 2 ATC 21893

Revised Permit Conditions;

IC Engines ATCs 20797-0801

Gas Dispensing System ATC 20266

Trommel Engine ATC 21262

Grinder Engine ATC 21792

Under penalty of perjury, I certify that based on information and belief formed after reasonable inquiry, the answers, statements and information contained in this application (and supplemental attachments thereto) are true, accurate and complete. This application consists of the application forms provided by the SMAQMD, information required pursuant to the List and Criteria and any supplemental information and/or attachments submitted with the application. I also certify that I am the responsible official as defined in SMAQMD Rule 207.



Signature of Responsible Official

10-20-09

Date

PAUL PAILLEGO

Print Name of Responsible Official