

SAN DIEGO AIR POLLUTION CONTROL DISTRICT

SUPPLEMENTAL APPLICATION INFORMATION
FEE SCHEDULE 48A, B

San Diego APCD Use Only
Appl. No.:
ID No.:

LANDFILL GAS CONTROL SYSTEMS

1 **Company Name:** _____

2 **Equipment Address:** _____

3 **1. LANDFILL DESCRIPTION**

4 Landfill Owner: _____

5 Landfill Operator: _____

6 Operation Status: Accepting Waste Closed

7 Date waste was first accepted: _____ Closure date: _____

8 Describe the type of waste: _____

9 _____

10 Estimate the volume of landfilled waste: _____ cu. yds.

11 Type of cover used (i.e., clay, membrane, etc.): _____

12 Cover Depths: Max. _____ ft Min. _____ ft Avg. _____ ft

13 Has the landfill been tested pursuant to the requirements of AD 3323 (Calderon)? Yes No

14 Is the gas collection system being installed to satisfy requirements of AD 3525 (Calderon)? Yes No

15 What will be the end use of collected landfill gas? _____

16 _____

17 _____

Provide the results of any landfill gas testing and ambient monitoring including documentation of sampling and analysis methodology. Also attach a landfill site plan that clearly shows fill boundaries and estimated depths.

18 **2. LANDFILL GAS COLLECTION AND EMISSION CONTROL EQUIPMENT**

19 Number of gas collection wells: _____

20 Collection well materials of construction: _____

21 _____

22 _____

23 Well Depths: Max. _____ ft Min. _____ ft Avg. _____ ft

24 Will each well be equipped with a shutoff valve? Yes No

25 Describe the materials to be used as packing at the well head/landfill cover interface: _____

26 _____

27 Estimated volume of landfill gas to be collected each day: _____ cu. ft.

28 Describe the method of condensate and leachate collection and disposal: _____

29 _____

30 _____

31 Estimated landfill gas heat content: _____ BTU/SCF

32 Describe any safety or monitoring devices for ensuring the collection system integrity: _____

33 _____

34 _____

35 Describe the equipment that will condition or process collected landfill gas: (i.e., flare, engine, etc)

36 _____

37 _____

38 _____

39 Equip. Mfr.: _____ Model: _____ S/N: _____

40 Describe any backup landfill gas processing equipment: _____

41 _____

42 _____

Attach a drawing showing well locations, depths, transfer piping, and process equipment. Also provide a schematic of gas collection well construction and completions and a narrative about maintenance of the collection and processing equipment.

43 **Name of Preparer:** _____ **Title:** _____

44 **Phone No.:** (_____) _____ **Date:** _____

NOTE TO APPLICANT:

Before acting on an application for Authority to Construct or Permit to Operate, the District may require further information, plans, or specifications. Forms with insufficient information may be returned to the applicant for completion, which will cause a delay in application processing and may increase processing fees. The applicant should correspond with equipment and material manufacturers to obtain the information requested on this supplemental form.