Scott Alvord, City of Roseville, Chair



Shanti Landon, Placer County Bonnie Gore, Placer County Bill Halldin, City of Rocklin Dan Karleskint, City of Lincoln Ken Grehm, Executive Director

SOIL ACCEPTANCE APPLICATION

<u>Attention:</u> The Solid Waste Facility Permit for the Western Regional Sanitary Landfill (WRSL) prohibits the acceptance of contaminated soils. This application is intended to assist us in determining if your soil can be accepted and under what conditions.

Please **EMAIL** Completed Application to: <u>info@wpwma.ca.gov</u>

| Business Name: | | | Phone: | | |
|---|------------|--|------------------------------|------------------|--|
| Address: | | | | | |
| City: | ST: | | Zip: | | |
| Contact Name: | tact Name: | | Phone: | | |
| | | | | | |
| Project Location: | | | | | |
| Address: | | Assessor's Parcel No | | No. of Acres: | |
| City: | ST: | | | | |
| What is the current use of the Project Site? | | | | | |
| What was the historic use of the Project Site? | | | | | |
| | | | re been any pesticides | | |
| | | or herbicides applied onsite? □ YES □ NO | | | |
| Has any hazardous material been Has a | | | any environmental assessment | | |
| | | | erformed onsite? ☐ YES ☐ NO | | |
| Describe the project. What is the origin of the soil? | | | | | |
| | | | | | |
| Requested Dates for delivery of soil | | | | | |
| (i.e., not your entire project): Start Date: | | | Finish Date: | | |
| lours Soil will be hauled: | | Numl | Number of Loads per Day: | | |
| Proposed Yards/Tons per Load: | | Quar | Quantity (yards or tons): | | |
| If material is rocky, does the maximum size rock exceed 8 | 8 inches? | □ YES □ | □NO | | |
| Describe the Soil: | | | | | |
| | | | | | |
| Type (Clay, Loam, Sand, etc.): | | l Moist | Moisture Content: | | |

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| Groundwater Sampling: ☐ YES ☐ | NO | Soil Sampling: | ☐ YES ☐ NO | | |
|--|--|------------------------|-------------------------|--|--|
| Air Monitoring: ☐ YES ☐ | NO | Phase 1 Assessme | ent: □ YES □ NO | | |
| Will the Contractor | provide any of the following | ng to facilitate accep | stance of this soil? | | |
| Flagger: ☐ YES ☐ NO | Grading equipment To form stockpile: □ YE | S 🗆 NO W | /ater Truck: ☐ YES ☐ NO | | |
| Applicant must schedule deliveries with WPWMA Engineering Staff at the email address below to avoid rejection at the scalehouse. Scalehouse attendants have the final approval of material acceptability based on their independent judgement of the actual delivered material. I have read and understood that I must schedule delivery and delivery may be limited to meet daily facility tonnage limits, I understand material delivery is subject to scalehouse attendant review, and certify this information is true and correct to my knowledge. | | | | | |
| Please PRINT your name | | | | | |
| The second secon | | | | | |
| | | | | | |
| | | | | | |
| Signature | | Date | | | |
| | | | | | |
| Please EMAIL Completed Application to: info@wpwma.ca.gov | | | | | |
| For lateral III. Oak | | | | | |
| For Internal Use Only Desktop Review By: | | | | | |
| History/Description ok: | ☐ YES ☐ NO | | | | |
| Lab Results ok: | ☐ YES ☐ NO ☐ N/A | | | | |
| Delivery Instructions: | | | | | |
| | | | | | |
| Predetermined Daily Delivery Limit (tons): | | | | | |