



## CLOSED LANDFILL POSTCLOSURE DEVELOPMENT APPLICATION

### APPLICATION INSTRUCTIONS

**Code Section:** Title 27, California Code of Regulations, Chapter 3, Subchapter 5, Article 2, Section 21100, "the regulations contained in this article apply to... (2) new postclosure activities that may jeopardize the integrity of previously closed disposal sites or pose a potential threat to public health and safety or the environment."

**A complete application package must include the following:**

1. Completed Application Form (attached).
2. Proof of compliance or completion of an environmental document (Environmental Impact Report negative declaration, etc.) or local planning department approval.
3. Description of the project which shall include but not limited to: compliance with Title 27, Section 21190, Postclosure Land Use and all the sections of the regulations pertaining to the specific project, i.e. grading plans, excavating plans, waste containment, piling design and layout, gas mitigation systems design, and post construction maintenance and monitoring activities. This information shall be consolidated into one document (Title 27 Compliance Document) for the development. An example document may be reviewed at the Environmental Health Services office.
4. Proof of a health and safety plan for the project.
5. An application review fee. For fee information, visit [smchealth.org/ehfees](http://smchealth.org/ehfees). The application review fee covers plan review and subsequent inspection of various landfill gas protection system components. A check made out to San Mateo County Environmental Health Services or [online payment](#) must be made.

**The completed application package must be mailed or emailed to:**

Environmental Health Services  
Attn: Allen Chiu, REHS  
2000 Alameda de las Pulgas, Suite #100  
San Mateo, CA 94403  
[achiu@smcgov.org](mailto:achiu@smcgov.org)

**A duplicate application package must be concurrently mailed or emailed to:**

California Regional Water Quality Control Board  
San Francisco Bay Region  
Attn: Keith Roberson  
1515 Clay Street, Suite #1400  
Oakland, CA 94612  
[kroberson@waterboards.ca.gov](mailto:kroberson@waterboards.ca.gov)



SAN MATEO COUNTY HEALTH

# ENVIRONMENTAL HEALTH SERVICES

Environmental Health Services

## Solid Waste Program

2000 Alameda de las Pulgas, Suite #100  
San Mateo, CA 94403  
Phone: (650) 372-6200 | Fax: (650) 627-8244  
smchealth.org/solidwaste

### APPLICANT INFORMATION

Name/Company: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### LAND OWNER INFORMATION

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### PROJECT LOCATION

Project Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ APN: \_\_\_\_\_

I declare under penalty of perjury the information on this application and all supporting documentation of this application package is true and correct. I hereby consent to all necessary inspections and conditions placed on the project by the LEA (San Mateo County Environmental Health Services) pursuant to code section 21190 and all other applicable code sections from Title 27, California Code of Regulations, Chapter 3, Subchapter 5, Article 2, Closure Postclosure Maintenance. I understand that submittal of incorrect information may result in rejection of this application.

### APPLICANT

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

### LAND OWNER

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

SWIS Number: \_\_\_\_\_ Filing Fee: \_\_\_\_\_

Record ID: \_\_\_\_\_ Date: \_\_\_\_\_