

## **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

## **CLOSED LANDFILL POSTCLOSURE DEVELOPMENT - BUILDING REGISTRATION**

## **REGISTRATION INSTRUCTIONS**

Upon project completion, developers shall reach out to San Mateo County Environmental Health Services - Local Enforcement Agency (LEA) staff to conduct a final construction inspection. Final inspection consists primarily of a walkthrough to assess visible components of the landfill gas mitigation system and a functional test of the methane detection system with application of calibration gas by a qualified contractor.

A condition of sign-off and approval from the LEA will be submission of a Closed Landfill Postclosure Development - Building Registration form to register in the County's Landfill Gas Monitoring program.

REGISTRANT STAT	rus			
☐ New Registration	☐ Change of Infor	mation (e.g. registrant, land owner	operator information has changed)	
REGISTRANT INFO	RMATION			
Name/Company:		Address:		
City:	Zip:	Email:		
Phone:		Cell Phone:		
LAND OWNER INFO	RMATION			
Name:		Address:		
City:	Zip:	Email:		
Phone:		Cell Phone:		
OPERATOR INFORMATION				
Name/Company:		Address:		
City:	Zip:	Email:		
Phone:		Cell Phone:		
BUILDING LOCATION	ON			
Project Name:				
Address:		City:	Zip:	
Phone:	Email:	APN:		



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SEND ANNUAL PERMIT BILL TO				
☐ Applicant Address	☐ Other (please specify below)			
☐ Land Owner Address				
☐ Operator Address				
CERTIFICATION FOR SIGNAT	URES			
for this project is true and correct. I development by the LEA to assess Chapter 3, Subchapter 5, Article 2, provide LEA staff with written notifi	he information on this application and all supporting documentation submitted hereby consent to all necessary inspections and conditions placed on this compliance standards as laid out in California Code of Regulations, Title 27, Closure Postclosure Maintenance. I understand that it is my responsibility to cation regarding changes in owner, operator, or billing contacts. Failure to do listed in this application held financially liable for permitting, inspection, and this agency.			
REGISTRANT				
Signature:				
Print Name:	Date:			
LAND OWNER				
Signature:				
Print Name:	Date:			
OFFICE USE ONLY				
SWIS Number:	Filing Fee:			
BLA:	Date:			