

**County of Santa Clara**  
**Department of Environmental Health**  
**Hazardous Materials Compliance Division**  
**Solid Waste Program**  
 1555 Berger Drive, Suite 300  
 San Jose, CA 95112-2716  
 (408) 918-3400; Fax (408) 280-6479  
 www.SCCWaste.org



**SWP Use Only**

Received By: \_\_\_\_\_; Date: \_\_\_\_\_  
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 Invoice or  
 Receipt No.: \_\_\_\_\_; SR: \_\_\_\_\_; PE: \_\_\_\_\_

**CLOSED LANDFILL – PROJECT APPLICATION**

*For Use Within all Cities, except for the City of San Jose*

**I. General Information**

This document must be completed by any person who plans to redevelop or re-use any closed landfill site or portion of the site. This includes properties within 1,000 feet of the closed landfill boundary. Projects must obtain clearance from DEH in advance of the work being performed. The project review process will include a submittal to CalRecycle for final concurrence. The submittal of final design plans that address landfill gas migration, irrigation, drainage, and final cover modifications shall be provided. Plans must be stamped by an appropriately licensed engineer in the State of California. It must be demonstrated to the DEH that all hazards associated with the project have been properly mitigated. Post Closure Land Uses (PCLU) are to be approved prior to implementation. Updated PCLUs must meet the standards in the California Code of Regulations Section 21190. Updated Post Closure Maintenance Plans may be required prior to project approval.

**II. Project Location Information**

Facility Name: \_\_\_\_\_ Bldg. No.: \_\_\_\_\_  
 Site Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Project Contact Name: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_ ext. \_\_\_\_\_  
 eMail: \_\_\_\_\_ SWIS ID No.: \_\_\_\_\_ Parcel No. (APN): \_\_\_\_\_

**III. Plan Check Contact Information** *[Plan check letter will be sent to this contact]*

Same as II, above

Business Name: \_\_\_\_\_ Lic. No.: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Project Contact Name: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_ ext. \_\_\_\_\_  
 Cell Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ eMail: \_\_\_\_\_

**IV. Scope of Work** *[Briefly describe the project]*

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