

August 19, 2020
File No. 01204123.20 Task 3

South Coast Air Quality Management District
21865 East Copley Drive
Diamond Bar, CA 91765

Subject: Semi-Annual Title V Monitoring Report, January 1 through June 30, 2020; Chiquita Canyon Landfill (Facility ID# 119219); Castaic, California

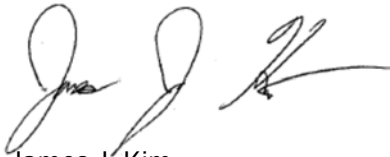
To Whom it May Concern;

On behalf of Chiquita Canyon Landfill, SCS Engineers (SCS) hereby provides the South Coast Air Quality Management District (SCAQMD) with one (1) copy of the following report:

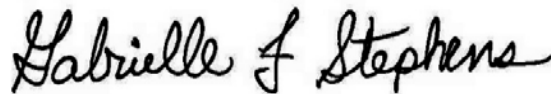
- Semi-Annual Title V Monitoring Report for Chiquita Canyon Landfill, for the reporting period of January 1 through June 30, 2020

If you have any questions, please contact Gabrielle Stephens of SCS at (562) 637-4544.

Sincerely,



James J. Kim
Project Professional
SCS Engineers



Gabrielle F. Stephens
Project Manager
SCS Engineers

JJK/GFS, PSS

cc: Steve Cassulo, Cornelius Fong, Director of Air Division, US EPA Region 9



Form 500-SAM

Title V - Semi-Annual Monitoring Report

Section I - Operator Information

1. Facility Name (Business Name of Operator That Appears On Permit): Chiquita Canyon Landfill

2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): 119219

3. This report is based on the applicable rules, permit terms and requirements as specified in Sections A through K and Appendices A and B inclusive, and any compliance plans, variances, and alternative operating conditions in effect during the permit term of the Title V Facility Permit to Operate issued on: 08/28/2019
(mo/day/year)

4. This report is due: 08/31/2020 and covers the period from: 01/01/2020 to: 06/30/2020
(mo/day/year) (mo/day/year) (mo/day/year)

5. This report supersedes a semi-annual monitoring report previously submitted on: _____
(mo/day/year)

Section II - Reference Summary of Deviations, Emergencies & Breakdowns Reported

1. Indicate the status of Deviations, Emergencies & Breakdowns during this reporting period*:
- a. This facility has not experienced any deviations, emergencies or breakdowns.
 - b. This facility has experienced one or more deviations, emergencies or breakdowns as indicated in the table below*:

Type of Incident Indicate Deviation (D), Breakdown (B), or Emergency (E)			Notification Number	Was Form 500-N previously submitted for the non-compliance? (Attach additional sheets as necessary)	
<input type="radio"/> D	<input type="radio"/> B	<input type="radio"/> E		<input type="radio"/> Yes, on: _____ (mo/day/year)	<input type="radio"/> No, Form 500-N is attached to this report
<input type="radio"/> D	<input type="radio"/> B	<input type="radio"/> E		<input type="radio"/> Yes, on: _____ (mo/day/year)	<input type="radio"/> No, Form 500-N is attached to this report
<input type="radio"/> D	<input type="radio"/> B	<input type="radio"/> E		<input type="radio"/> Yes, on: _____ (mo/day/year)	<input type="radio"/> No, Form 500-N is attached to this report
<input type="radio"/> D	<input type="radio"/> B	<input type="radio"/> E		<input type="radio"/> Yes, on: _____ (mo/day/year)	<input type="radio"/> No, Form 500-N is attached to this report
<input type="radio"/> D	<input type="radio"/> B	<input type="radio"/> E		<input type="radio"/> Yes, on: _____ (mo/day/year)	<input type="radio"/> No, Form 500-N is attached to this report
<input type="radio"/> D	<input type="radio"/> B	<input type="radio"/> E		<input type="radio"/> Yes, on: _____ (mo/day/year)	<input type="radio"/> No, Form 500-N is attached to this report

* For each deviation, emergency or breakdown that occurs, in most cases, your facility should have already verbally reported the incident. A notification number is assigned when the incident is verbally reported or Form 500-N is submitted. You will need this number to avoid submitting a duplicate Form 500-N with this report



Section III - Semi-Annual Monitoring Report



1. Was all monitoring as required by the permit conducted?

- a. Yes
- b. No

If No, Please Explain:

Section IV - Responsible Official Signature Statement

I certify under penalty of law that I am the responsible official for this facility as defined in AQMD Regulation XXX and that based on information and belief formed after reasonable inquiry, the statements and information in this document and in all attached application forms and other materials are true, accurate, and complete.

1. Signature of Responsible Official: 	2. Title of Responsible Official: District Manager
3. Print Name: Steve Cassulo	4. Date: 
5. Phone #: (661) 257-3655	6. Fax #: (661) 257-5730
7. Address of Responsible Official: 29201 Henry Mayo Drive <hr/> Street # City Castaic CA 91384 <hr/> State Zip	

Mail Original to: SCAQMD- Compliance & Enforcement
 P.O. Box 4941
 Diamond Bar, CA 91765