

From: Kevin Green <Kevin.Green@WasteConnections.com>
Sent: Tuesday, March 3, 2026 7:38 PM
To: Amanda Sanders; Christina Ojeda
Cc: Sarah Phillips; Larry Israel; Gerardo Vergara; Terrence Mann; Victor Yip
Subject: Re: NOTICE TO COMPLY E56457
Attachments: NTC #56457.pdf

[EXTERNAL SENDER: Use caution with links/attachments]

Hi Amanda,

Attached please find the signed Notice to Comply E56457.

Sincerely,

Kevin



NOTICE TO COMPLY

Facility Name: Chiquita Canyon Landfill		Facility ID#: 119219	Sector: VB
Location Address: 29201 Henry Mayo Dr.	City: Castaic		Zip: 91384
Mailing Address: 29201 Henry Mayo Dr.	City: Castaic		Zip: 91384

This Notice to Comply is being issued to:

- Request additional information needed to determine compliance with clean air requirements.
 Correct a minor violation found during an inspection.

Failure to respond or take corrective action, or providing false statements in response to this Notice to Comply can lead to issuance of a Notice of Violation pursuant to the California Health and Safety Code. The facility cited above is subject to re-inspection at any time to ensure compliance.

YOU ARE HEREBY DIRECTED TO COMPLY WITH:

#	South Coast AQMD Rule / Cal H&S Code	Requirement	Compliance Due Date	Compliance Achieved Date
1	17 CCR Sec. 95464(b)(4)	Submit source test protocols for approval to conduct source tests on the HERO, Zeeco and Parnel Thermal Oxidizers to demonstrate the landfill gas control devices are meeting the requirements of sections 95464(b)(2)(A), or 95464(b)(3)(A), using the test methods identified in 95471(f). Submit an Expedited Evaluation Request Form for each protocol requesting an expedited review [Reference: HERO Application No. 661284; Parnel Application No. 663634; Zeeco Application No. 664969]	2/17/26	3/3/26 (extension received)
2				
3				

Served To: Kevin Green	Served By: Christina Ojeda		
Title: District Manager	Date Served: 2/10/26	Phone: 909-396-2475	Fax:
Email Address: Kevin.green@wasteconnections.com	Phone: 661-812-5846	Email Address: cojeda@aqmd.gov	Forms/ Applications/Info available at: www.aqmd.gov

Instructions:

- For each minor violation cited above, compliance shall be achieved by the compliance deadline specified for that particular violation.
- Within 5 working days of achieving compliance for each respective violation, the owner/responsible officer of the cited facility must complete and return a signed copy of this Notice to Comply to the South Coast Air Quality Management District at the address listed above.
- Please copy and return this Notice to Comply as many times as necessary to provide the required information. On each copy, include the date on which compliance was achieved. Date, sign, and send all completed copies to the attention of the inspector named above.

I hereby certify that the facility cited in this Notice to Comply has achieved compliance with the requirements listed above.

Kevin Green NAME OF OWNER/ RESPONSIBLE OFFICIAL	District Manager TITLE	 SIGNATURE	3/3/2026 DATE
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NOTICE#: E56457

FILE COPY (Blue)

FACILITY COPY (Gold)

INSPECTOR COPY (White)



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NOTICE#: E56457

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INSPECTOR COPY (White)

Archived: Friday, March 6, 2026 8:31:04 AM
From: [Roddy Rauls](#)
Mail received time: Tue, 3 Mar 2026 15:09:07
Sent: Tue, 3 Mar 2026 15:06:34
To: ['Source Testing'](#)
Cc: [Dylan Smith](#)
Subject: Waste Connections 2026 Chiquita Canyon Landfill Thermal Oxidizer HERO, Parnel, and Zeeco Compliance Test Plans
Importance: Normal
Sensitivity: None

Attachments: [st-222-xst-expedited-eval_HERO.pdf](#) [W002AS-065112-PP-1500.pdf](#) [st-222-xst-expedited-eval_Parnel.pdf](#) [W002AS-065112-PP-1499.pdf](#) [st-222-xst-expedited-eval_Zeeco.pdf](#) [W002AS-065112-PP-1498.pdf](#)

[EXTERNAL SENDER: Use caution with links/attachments]

To Whom it May Concern at SCAQMD,
Please find attached the subject test plans and Forms 222-XST for Expedited Review Request.

Roddy Rauls
Administrative Manager
Montrose Air Quality Services, LLC
Cabot, Arkansas 72023 | US Central Time
M: 714.936.3839 |
rraul@montrose-env.com | www.montrose-env.com

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South Coast Air Quality Management District
 21865 Copley Drive
 Diamond Bar, CA 91765
 (909) 396-2000
 (909) 396-2099 (fax)

Expedited Evaluation Request Form
Source Test Protocol/ Report/ CEMS/
LAP/ Product Certification
Form 222-XST

Section I - Facility Information	
1. Business Name:	<u>Chiquita Canyon Landfill, LLC</u> Facility ID: <u>119219</u>
Equipment/ Device:	<u>HERO Thermal Oxidizer</u>
2. The requested evaluation is for:	
a.	<input checked="" type="checkbox"/> Source Test Protocol
b.	<input type="checkbox"/> Source Test Report
c.	<input type="checkbox"/> CEMS Application (New)
d.	<input type="checkbox"/> CEMS Application (Modification)
e.	<input type="checkbox"/> LAP Approval Evaluation
f.	<input type="checkbox"/> Product Certification (i.e., Rules 1111, 1121, 1146.2, and 1174)
Expedited Evaluation will not be performed unless all remaining acknowledgements are checked-off:	
3.	<input checked="" type="checkbox"/> I hereby request an Expedited Source Evaluation for this document.
4.	<input checked="" type="checkbox"/> I understand that this request may incur additional fees after completion of evaluation as allowed by District Reg. III.
5.	<input checked="" type="checkbox"/> I understand this request cannot be cancelled once an evaluation has been initiated.
6.	<input checked="" type="checkbox"/> I understand this request for expedited review neither guarantees action by any specific date nor does it guarantee approval.

Section II - Certification		
I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS DOCUMENT IS TRUE AND CORRECT.		
SIGNATURE OF RESPONSIBLE OFFICER OF FIRM:		TITLE OF RESPONSIBLE OFFICER OF FIRM:
		District Manager
TYPE OR PRINT NAME OF RESPONSIBLE OFFICER OF FIRM:	TELEPHONE NUMBER:	DATE SIGNED:
Kevin Green	(661) 812-5846	2/18/2026

**SOURCE TEST PROTOCOL FOR
2026 CHIQUITA CANYON LANDFILL
ZEECO THERMAL OXIDIZER
SCAQMD FACILITY ID: 119219
SCAQMD A/N: 664969**

Prepared For:

SCS Field Services

3900 Kilroy Airport Way, Ste. 300
Long Beach, California 90806

For Submittal To:

South Coast Air Quality Management District

21865 Copley Drive
Diamond Bar, California 91765-4178

Prepared By:

Montrose Air Quality Services, LLC

1631 E. St. Andrew Pl.
Santa Ana, California 92705
(714) 279-6777

Pete San Juan

Proposed Test Date: **April 3, 2026**
Production Date: **March 3, 2026**
Document Number: **W002AS-065112-PP-1500**

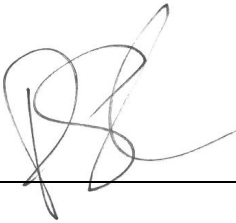


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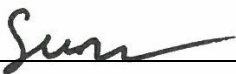
REVIEW AND CERTIFICATION

I certify that, to the best of my knowledge, the information contained in this document is complete and accurate and conforms to the requirements of the Montrose Quality Management System and ASTM D7036-04.

Signature:  _____ Date: 3/3/2026

Name: Pete San Juan Title: Client Project Manager

I have reviewed, technically and editorially, details and other appropriate written materials contained herein. I hereby certify that to the best of my knowledge the presented material is authentic and accurate and conforms to the requirements of the Montrose Quality Management System and ASTM D7036-04.

Signature:  _____ Date: 3/3/2026

Name: Surya Adhikari Title: Senior Reporting QC Specialist

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1.0 INTRODUCTION

Montrose Air Quality Services, LLC (MAQS) will conduct source emissions testing on landfill gas-fired Thermal Oxidizer (TOx) AN: 664969 at the Chiquita Canyon Landfill (SCAQMD Facility ID: 119219) located in Castaic, California. This test plan is designed to satisfy the requirements of Notice to Comply #E56457, issued by South Coast AQMD to Chiquita Canyon, LLC, which requested source test protocols in accordance with 17 CCR § 95464(b)(4). 17 CCR § 95464(b)(3)(A)(1) requires gas control devices to achieve a methane destruction efficiency of at least 99 percent by weight.

Dylan Smith will coordinate the testing for the facility and can be reached at (661) 257-3655. The MAQS project manager will be Mr. Pete San Juan and can be reached at (714) 279-6777. The project manager will be assisted by additional MAQS personnel as necessary to complete the project. A qualified individual as defined in ASTM D7036-04 will be on-site during all testing activities. MAQS qualifies as an independent testing laboratory under SCAQMD Rule 304 (no conflict of interest) and is certified by the SCAQMD to conduct testing for criteria pollutants according to District Methods.

Measurements of the TOx emissions and operating parameters will be conducted at the TOx exhaust and at the inlet (landfill gas) of the control device. The test is tentatively scheduled for April 2, 2026, pending the approval of this protocol.

Equipment and facility information is provided in Section 2.0. Source test information is detailed in Section 3.0. Emission point information is provided in Section 4.0. Supplemental information is contained in the Appendices.

2.0 FACILITY AND SOURCE INFORMATION

The mailing address for the facility and the physical location of the source is as follows:

Chiquita Canyon Landfill
29201 Henry Mayo Drive
Castaic, California 91384

The Thermal Oxidizer is Manufactured by ZEECO, Inc. It has a heat input capacity of 72 MMBtu/hr and a maximum inlet fuel flow rate of 4,728 scfm. The combustor uses approximately 87 standard cubic feet per hour of propane pilot assist gas. The reaction gas going into the unit is not expected to be greater than 30% methane. The TOx will be permitted to operate 24 hours per day, 7 days per week, and 52 weeks per year, except during periods of scheduled and unscheduled maintenance.

The exhaust stack is 9 feet in diameter and approximately 46 feet in height above grade. Stack measurements will be verified on the day of test prior to sampling.

3.0 TEST INFORMATION

The procedures that will be used for the inlet are summarized in Table 3-1. Table 3-2 presents the procedures that will be used for the exhaust stack. Testing will be conducted pending protocol approval. The daily estimated testing start time is 9:00 AM. Individual sampling run start times will depend on process operation, and set-up and sample recovery. Sampling and volume flow rate measurements will be 30 minutes in duration at a minimum and will be performed in triplicate at both the inlet and outlet locations. The test program will be conducted while the unit is fired at a maximum achievable flow rate during normal operating condition.

The field sampling procedures to be utilized during the test program are described below. The published reference methods provide greater detailed descriptions than in this section. The purpose of this section is to provide an overview of the sampling methods and any proposed variations. The sampling procedures proposed are based on SCAQMD and EPA Reference Methods.

**TABLE 3-1
 INLET TEST PROCEDURES
 TEST PROGRAM OVERVIEW
 CHIQUITA CANYON LANDFILL
 ZEECO THERMAL OXIDIZER**

Parameter	Sample Medium	Analytical Technique	Reference Method	Number of Replicates
Flow Rate ⁽¹⁾	On-Site Flow Meter or Pitot Tube	Flow Meter or differential pressure	Facility Meter or SCAQMD 2.1	3 / 30 Min
Moisture	Wet Bulb/Dry Bulb	Psychrometric Chart	SCAQMD 4.1	3 / 30 Min
N ₂ , O ₂ , and CO ₂	Tedlar Bag	GC/FID/TCD	ASTM D1945/ SCAQMD 10.1	3 / 30 Min
Methane	Tedlar Bag	GC/FID	EPA 18	3 / 30 Min
Btu/CF and F Factor	Tedlar Bag	GC/FID/TCD	ASTM D1945/3588	3 / 30 Min

(1) Fuel Meter calibration certificate will be included in the final report when fuel-based emissions are reported.

**TABLE 3-2
 EXHAUST TEST PROCEDURES
 TEST PROGRAM OVERVIEW
 CHIQUITA CANYON LANDFILL
 ZEECO THERMAL OXIDIZER**

Parameter	Sample Medium	Analytical Technique	Reference Method	Number of Replicates
Flow Rate	Pitot Tube	Differential Pressure	SCAQMD 2.1/EPA 19	3 / 30 Min
Moisture	Impinger Train	Gravimetric	SCAQMD 4.1	3 / 30 Min
Methane	Tedlar Bag	GC/FID	EPA 18	3 / 30 Min
N ₂ , O ₂ , and CO ₂	Tedlar Bag	GC/FID/TCD	EPA 3C/ SCAQMD10.1	3 / 30 Min

3.1 SCAQMD METHOD 1.1 – SAMPLING AND VELOCITY TRAVERSES FOR STATIONARY SOURCES

A preliminary source test site assessment will be performed prior to the source test in order to determine applicable sample point traverse locations. The stack diameter, and the distance from sample ports to disturbances, i.e. bends, flanges, etc., both upstream and downstream, will be measured. This information is utilized to determine the minimum number of sampling points per traverse, and the distance from the inner stack wall to each sample point location. Additionally, this method takes into account cyclonic flow patterns and in-situ stratified pollutant concentrations.

3.2 SCAQMD METHOD 2.1 – VELOCITY AND VOLUMETRIC FLOW RATE

The velocity of the gas stream is determined by using an "S" type or standard pitot tube, a low flow electronic manometer, and type "K" thermocouple with a digital temperature measuring device. The calibrated pitot tube is connected to the electronic Air Data Multimeter (ADM) manometer and leak checked. Due to anticipated high stack temperature (>1,400°F), an S-type pitot will be used at the exhaust in conjunction with ADM. A temperature and Delta P (ΔP) is obtained at each traverse point, and a duct static pressure is measured and recorded. The dry volumetric flow rate is determined from the gas velocity data, stack pressure, stack gas moisture content, stack gas molecular weight, and cross-sectional area of duct. A cyclonic flow test will also be conducted. Exhaust flow rate may also be calculated using EPA Method 19. It is expected that all mass emissions results will be based on the measured stack flow rates. The calculated stack flow rate may also be used for mass emission rate calculations in the instance the measured flow rate is questionable.

3.3 SCAQMD METHOD 3.1 – GAS ANALYSIS FOR DRY MOLECULAR WEIGHT AND EXCESS AIR

Integrated samples will be collected into Tedlar bags from the stack and analyzed for O₂, CO₂, and nitrogen (N₂). Exhaust N₂ data may also be calculated by the difference from the concentration of the other major exhaust gas components. Molecular weight of the stack gas is calculated from the percentages of carbon dioxide (CO₂), oxygen (O₂) and nitrogen. Inlet landfill gas will be analyzed by GC for N₂, O₂, and CO₂.

3.4 SCAQMD METHOD 4.1 – DETERMINATION OF MOISTURE CONTENT IN STACK GASES

Moisture content is determined by the Method 4.1 sampling system. Prior to sampling, a leak check of the sampling train is performed to ensure system integrity. Tare weights of the charged individual impingers are recorded prior to the start of the sampling run using a top loading digital balance capable of weighing to the nearest 0.1 gram or less. After sampling, the final weights of each impinger are determined and recorded. Percent moisture content is calculated from the weight of water collected and the dry gas volume sampled. If possible, inlet moisture will be measured using a wet bulb/dry bulb and calculated with a psychrometric chart.

Equations:

$$\text{Moisture (B}_{ws}) = \frac{V_{wstd}}{V_{mstd} + V_{wstd}} \times 100\%$$

Where:

$$V_{wstd} = \frac{0.0464 \text{ ft}^3}{\text{ml}} * \text{Volume H}_2\text{O Collected (ml)}$$

And:

$$V_{mstd} = Y \text{ Meter} * \frac{520^\circ\text{R}}{29.92 \text{ in Hg}} * \frac{\text{Vol Metered} * \text{Pressure Meter. inches Hg}}{\text{Temp. Meter} - ^\circ\text{R}}$$

3.5 EPA METHOD 18 – MEASUREMENT OF METHANE EMISSIONS BY GAS CHROMATOGRAPHY

The Method 18 sampling apparatus will be used to collect methane in five or ten liters Tedlar bags. Triplicate integrated samples will be collected simultaneously from a single point at the inlet and outlet of the thermal oxidizer to determine the Methane destruction efficiency (DRE) across the control device on a mass basis.

The apparatus consists of a stainless-steel probe connected by Teflon line to a Tedlar sample bag contained in an airtight canister. Evacuation of the air in the canister causes sample gas to be drawn into the bag. Only new Tedlar bags will be used, and bags will be purged before collection of the sample.

On completion of each run, the bag samples will be sealed and transported to the laboratory. The contents of each bag sample will be analyzed by gas chromatograph (GC) with a Flame Ionization Detector (FID) for the determination of methane content at the inlet and outlet, and emission rate will be calculated as follows:

Equation:

$$\text{lb/hr} = \text{PPMv} * \text{DSCFM} * \text{C.F.} * \text{M.W.}$$

Where:

PPMv = Parts Per Million (Volume)

DSCFM = Dry Standard Cubic Feet Per Minute

M.W. = Molecular Weight of Methane (16-lb/lb-mole)

C.F. = Conversion Factor = 1.583×10^{-7} @ 60°F;
= 1.558×10^{-7} @ 68°F

Enthalpy Analytical, Quantum Analytical, AtmAA, AAC or other approved laboratories will be used for the analysis. The following equation will be used to determine the Methane DRE.

$$\text{METHANE DRE} = \left(\frac{\text{Methane}_{in} - \text{Methane}_{out}}{\text{Methane}_{in}} \right) (100\%) \text{ based on mass emission rates}$$

3.6 EPA METHOD 19 – CALCULATION OF EXHAUST FLOW RATE FROM KNOWN F-FACTOR

Fuel meter readings will be recorded during the test. Landfill gas samples will be collected in a Tedlar bag and analyzed for fuel gas composition, F-Factor (dscf/MMBtu) and higher heating value (HHV) Btu/Scf by ASTM D1945/D3588. Lab result values may also be used for the calculation of volumetric flow rate using the EPA Method 19.

Equation:

$$Q_{sd} = \left(\frac{F_d \times \text{GCV} \times \text{FF}}{1 \times 10^6} \right) \left(\frac{20.9 - O_2}{20.9} \right)$$

4.0 EMISSION POINT INFORMATION

The emission point information is summarized in Table 4-1. Whenever unit is in operation, temperature shall be maintained at $\geq 1,400$.

**TABLE 4-1
ESTIMATED EMISSION POINT INFORMATION
CHIQUITA CANYON LANDFILL
ZEECO THERMAL OXIDIZER**

Source Location	Diameter	Downstream Distance	Upstream Distance	Temperature (°F)	Inlet Volumetric Gas Flow Rate (SCFM)
Exhaust Stack	9.0'	TBD	TBD	$\geq 1,400$	$\leq 4,728$

A sixteen-point traverse will be used for flow rates. Method 18 samples will be collected from a single point. Stack dimensions will be verified on-site prior to testing and will be included in the final report. Inlet dimensions will also be measured on-site and included in the final report.

APPENDIX A GENERAL EMISSIONS CALCULATIONS

GENERAL EMISSIONS CALCULATIONS

I. Stack Gas Velocity

A. Stack gas molecular weight, lb/lb-mole

$$MW_{dry} = 0.44 * \% CO_2 + 0.32 * \% O_2 + 0.28 * \% N_2$$

$$MW_{wet} = MW_{dry} * (1 - B_{wo}) + 18 * B_{wo}$$

B. Absolute stack pressure, iwg

$$P_s = P_{bar} + \frac{P_{sg}}{13.6}$$

C. Stack gas velocity, ft/sec

$$V_s = 2.9 * C_p * \sqrt{\Delta P} * \sqrt{T_s} * \sqrt{\frac{29.92 * 28.95}{P_s * MW_{wet}}}$$

II. Moisture

A. Sample gas volume, dscf

$$V_{mstd} = 0.03342 * V_m * \left(P_{bar} + \frac{\Delta H}{13.6} \right) * \frac{T_{ref}}{T_m} * Y_d$$

B. Water vapor volume, scf

$$V_{wstd} = 0.0472 * V_{ic} * \frac{T_{ref}}{528^{\circ}R}$$

C. Moisture content, dimensionless

$$B_{wo} = \frac{V_{wstd}}{(V_{mstd} + V_{wstd})}$$

III. Stack Gas Volumetric Flow Rate

A. Actual stack gas volumetric flow rate, wacfm

$$Q = V_s * A_s * 60$$

B. Standard stack gas flow rate, dscfm

$$Q_{sd} = Q * (1 - B_{wo}) * \frac{T_{ref}}{T_s} * \frac{P_s}{29.92}$$

IV. Gaseous Mass Emission Rates, lb/hr

$$M = \frac{\text{ppm} * MW_i * Q_{sd} * 60}{SV * 10^6}$$

V. Gaseous Concentrations, corrected (Ccorr @ 3%O₂.)

$$C_{\text{corr @3\%O}_2} = \frac{\text{ppm} * (20.9-3.0)}{(20.9-\% \text{ O}_2)}$$

VI. Destruction Efficiency (DRE), %

$$DRE, \% = \left(\frac{M_{in} - M_{out}}{M_{in}} \right) (100\%) \quad \text{based on mass emission rates}$$

VII. Emission Rates, lb/MMBtu

$$\frac{\text{lb}}{\text{MMBtu}} = \frac{\text{ppm} * MW_i * F}{SV * 10^6} * \frac{20.9}{20.9 - \% \text{ O}_2}$$

$$\frac{\text{lb}}{\text{MMBtu}} = \frac{\text{lb/hr}}{\text{MMBTu/hr}}$$

VIII. Percent Isokinetic

$$I = \frac{17.32 * T_s (V_{mstd})}{(1 - B_{wo}) * V_s * P_s * Dn^2} * \frac{528^\circ R}{T_{ref}}$$

IX. Particulate Emissions

(a) Grain loading, gr/dscf
 $C = 0.01543 (M_n/V_m \text{ std})$

(b) Grain loading at 12% CO₂, gr/dscf
 $C_{12\% \text{ CO}_2} = C (12/\% \text{ CO}_2)$

(c) Mass emissions, lb/hr
 $M = C * Q_{sd} * (60 \text{ min/hr}) / (7000 \text{ gr/lb})$

(d) Particulate emission factor

$$\text{lb}/10^6 \text{ Btu} = Cx \frac{1 \text{ lb}}{7000 \text{ gr}} * F * \frac{20.9}{20.9 - \% \text{ O}_2}$$

Waste Connections – Chiquita Canyon Landfill
 2026 ZEECO Thermal Oxidizer Methane DRE Source Test Plan

Nomenclature:

A_s	=	stack area, ft ²
B_{wo}	=	flue gas moisture content, dimensionless
$C_{12\%CO_2}$	=	particulate grain loading, gr/dscf corrected to 12% CO ₂
C	=	particulate grain loading, gr/dscf
C_p	=	pitot calibration factor, dimensionless
D_n	=	nozzle diameter, inches
F	=	fuel F-Factor, dscf/MMBtu @ 0% O ₂
H	=	orifice differential pressure, iwg
I	=	% isokinetics
M_n	=	mass of collected particulate, mg
M_i	=	mass emission rate of specie i, lb/hr
MW	=	molecular weight of flue gas, lb/lb-mole
M_{wi}	=	molecular weight of specie i:
		SO ₂ : 64
		NO _x : 46
		CO: 28
		HC: 16
t	=	sample time, minutes
ΔP	=	average velocity head, iwg = $(\sqrt{\Delta P})^2$
P_{bar}	=	barometric pressure, inches Hg
P_s	=	stack absolute pressure, inches Hg
P_{sg}	=	stack static pressure, iwg
Q	=	wet stack flow rate at actual conditions, wacfm
Q_{sd}	=	dry standard stack flow rate, dscfm
SV	=	specific molar volume of an ideal gas at standard conditions, ft ³ /lb-mole
T_m	=	meter temperature, °R
T_{ref}	=	reference temperature, °R
T_s	=	stack temperature, °R
V_s	=	stack gas velocity, ft/sec
V_{lc}	=	volume of liquid collected in impingers, ml
V_m	=	uncorrected dry meter volume, dcf
V_{mstd}	=	dry meter volume at standard conditions, dscf
V_{wstd}	=	volume of water vapor at standard conditions, scf
Y_d	=	meter calibration coefficient

APPENDIX B QUALITY ASSURANCE

Appendix B.1

Quality Assurance Program Summary

QUALITY ASSURANCE PROGRAM SUMMARY

As part of Montrose Air Quality Services, LLC (Montrose) ASTM D7036-04 certification, Montrose is committed to providing emission related data which is complete, precise, accurate, representative, and comparable. Montrose quality assurance program and procedures are designed to ensure that the data meet or exceed the requirements of each test method for each of these items. The quality assurance program consists of the following items:

- Assignment of an Internal QA Officer
- Development and use of an internal QA Manual
- Personnel training
- Equipment maintenance and calibration
- Knowledge of current test methods
- Chain-of-custody
- QA reviews of test programs

Assignment of an Internal QA Officer: Montrose has assigned an internal QA Officer who is responsible for administering all aspects of the QA program.

Internal Quality Assurance Manual: Montrose has prepared a QA Manual according to the requirements of ASTM D7036-04 and guidelines issued by EPA. The manual documents and formalizes all of Montrose's QA efforts. The manual is revised upon periodic review and as Montrose adds capabilities. The QA manual provides details on the items provided in this summary.

Personnel Testing and Training: Personnel testing and training is essential to the production of high quality test results. Montrose training programs include:

- A requirement for all technical personnel to read and understand the test methods performed
- A requirement for all technical personnel to read and understand the Montrose QA manual
- In-house testing and training
- Quality Assurance meetings
- Third party testing where available
- Maintenance of training records.

Equipment Maintenance and Calibration: All laboratory and field equipment used as a part of Montrose's emission measurement programs is maintained according to manufacturer's recommendations. A summary of the major equipment maintenance schedules is summarized in Table 1. In addition to routine maintenance, calibrations are performed on all sampling equipment according to the procedures outlined in the applicable test method. The calibration intervals and techniques for major equipment components is summarized in Table 2. The calibration technique may vary to meet regulatory agency requirements.

Knowledge of Current Test Methods: Montrose maintains current copies of EPA, ARB, and SCAQMD Source Test Manuals and Rules and Regulations.

Chain-of-Custody: Montrose maintains chain-of-custody documentation on all data sheets and samples. Samples are stored in a locked area accessible only to Montrose source test personnel. Data sheets are kept in the custody of the originator, program manager, or in locked storage until return to Montrose office. Electronic field data is duplicated for backup on secure storage media. The original data sheets are used for report preparation and any additions are initialed and dated.

QA Reviews: Periodic field, laboratory, and report reviews are performed by the in-house QA coordinator. Periodically, test plans are reviewed to ensure proper test methods are selected and reports are reviewed to ensure that the methods were followed and any deviations from the methods are justified and documented.

ASTM D7036-04 Required Information

Uncertainty Statement

Montrose is qualified to conduct this test program and has established a quality management system that led to accreditation with ASTM Standard D7036-04 (Standard Practice for Competence of Air Emission Testing Bodies). Montrose participates in annual functional assessments for conformance with D7036-04 which are conducted by the American Association for Laboratory Accreditation (A2LA). All testing performed by Montrose is supervised on site by at least one Qualified Individual (QI) as defined in D7036-04 Section 8.3.2. Data quality objectives for estimating measurement uncertainty within the documented limits in the test methods are met by using approved test protocols for each project as defined in D7036-04 Sections 7.2.1 and 12.10. Additional quality assurance information is presented in the report appendices.

Performance Data

Performance data are available for review.

Qualified Personnel

A qualified individual (QI), defined by performance on a third party or internal test on the test methods, is present on each test event.

Plant Entry and Safety Requirements

Plant Entry

All test personnel are required to check in with the guard at the entrance gate or other designated area. Specific details are provided by the facility and project manager.

Safety Requirements

All personnel shall have the following personal protective equipment (PPE) and wear them where designated:

- Hard Hat
- Safety Glasses
- Steel Toe Boots
- Hearing Protection
- Gloves
- High Temperature Gloves (if required)
- Flame Resistant Clothing (if required)

The following safety measures are followed:

- Good housekeeping
- SDS for all on-site hazardous materials
- Confine selves to necessary areas (stack platform, mobile laboratory, CEMS data acquisition system, control room, administrative areas)
- Knowledge of evacuation procedures

Each facility will provide plant specific safety training.

**TABLE 1
 EQUIPMENT MAINTENANCE SCHEDULE**

Equipment	Acceptance Limits	Frequency of Service	Methods of Service
Pumps	<ol style="list-style-type: none"> 1. Absence of leaks 2. Ability to draw manufacturers required vacuum and flow 	As recommended by manufacturer	<ol style="list-style-type: none"> 1. Visual inspection 2. Clean 3. Replace parts 4. Leak check
Flow Meters	<ol style="list-style-type: none"> 1. Free mechanical movement 	As recommended by manufacturer	<ol style="list-style-type: none"> 1. Visual inspection 2. Clean 3. Calibrate
Sampling Instruments	<ol style="list-style-type: none"> 1. Absence of malfunction 2. Proper response to zero span gas 	As recommended by manufacturer	As recommended by manufacturer
Integrated Sampling Tanks	<ol style="list-style-type: none"> 1. Absence of leaks 	Depends on nature of use	<ol style="list-style-type: none"> 1. Steam clean 2. Leak check
Mobile Van Sampling System	<ol style="list-style-type: none"> 1. Absence of leaks 	Depends on nature of use	<ol style="list-style-type: none"> 1. Change filters 2. Change gas dryer 3. Leak check 4. Check for system contamination
Sampling Lines	<ol style="list-style-type: none"> 1. Sample degradation less than 2% 	After each test series	<ol style="list-style-type: none"> 1. Blow dry, inert gas through line until dry

**TABLE 2
 MAJOR SAMPLING EQUIPMENT CALIBRATION REQUIREMENTS**

Sampling Equipment	Calibration Frequency	Calibration Procedure	Acceptable Calibration Criteria
Continuous Analyzers	Before and After Each Test Day	3-point calibration error test	< 2% of analyzer range
Continuous Analyzers	Before and After Each Test Run	2-point sample system bias check	< 5% of analyzer range
Continuous Analyzers	After Each Test Run	2-point analyzer drift determination	< 3% of analyzer range
CEMS System	Beginning of Each Day	leak check	< 1 in. Hg decrease in 5 min. at > 20 in. Hg
Continuous Analyzers	Semi-Annually	3-point linearity	< 1% of analyzer range
NO _x Analyzer	Daily	NO ₂ -> NO converter efficiency	> 90%
Differential Pressure Gauges (except for manometers)	Semi-Annually	Correction factor based on 5-point comparison to standard	± 5%
Differential Pressure Gauges (except for manometers)	Bi-Monthly	3-point comparison to standard, no correction factor	± 5%
Barometer	Semi-Annually	Adjusted to mercury-in-glass or National Weather Service Station	± 0.1 inches Hg
Dry Gas Meter	Semi-Annually	Calibration check at 4 flow rates using a NIST traceable standard	± 2%
Dry Gas Meter	Bi-Monthly	Calibration check at 2 flow rates using a NIST traceable standard	± 2% of semi-annual factor
Dry Gas Meter Orifice	Annually	4-point calibration for ΔH@	--
Temperature Sensors	Semi-Annually	3-point calibration vs. NIST traceable standard	± 1.5%

Note: Calibration requirements that meet applicable regulatory agency requirements are used.

Appendix B.2

SCAQMD and STAC Certifications

Waste Connections – Chiquita Canyon Landfill
2026 ZEECO Thermal Oxidizer Methane DRE Source Test Plan



September 18, 2025

Mr. John Peterson
Montrose Air Quality Services, LLC
1631 E. Saint Andrew Place
Santa Ana, CA 92705

Subject: LAP Approval Notice
Reference # 96LA1220

Dear Mr. Peterson:

We have completed our review of Montrose Air Quality Services' renewal application under the South Coast AQMD Laboratory Approval Program (LAP). We are pleased to inform you that your firm is approved for the period beginning September 30, 2025, and ending September 30, 2026, for the following methods, subject to the requirements in the LAP Conditions For Approval Agreement and conditions listed in the attachment to this letter:

South Coast AQMD Methods 1-4
South Coast AQMD Methods 10.1 and 100.1
South Coast AQMD Methods 5.1, 5.2, 5.3, 6.1 (Sampling and Analysis)
South Coast AQMD Methods 25.1 and 25.3 (Sampling)
Rule 1121/ 1146.2 Protocol
Rule 1420/1420.1/1420.2 – (Lead) Source and Ambient Sampling
USEPA CTM-030 and ASTM D6522-00

Your LAP approval to perform nitrogen oxide emissions compliance testing for Rule 1121/ 1146.2 Protocols includes satellite facilities located at:

McKenna Boiler 1510 North Spring Street Los Angeles, CA 90012	Noritz America Corp. 11160 Grace Avenue Fountain Valley, CA 92708	Ajax Boiler, Inc. 2701 S. Harbor Blvd. Santa Ana, CA 92704
VA Laundry Bldg., Greater LA Healthcare Sys. 508 Constitution Avenue Los Angeles, CA 90049	So Cal Gas – Engr Analysis Ctr, Bldg H 8101 Rosemead Blvd Pico Rivera, CA 90660	

Thank you for participating in the LAP. Your cooperation helps us to achieve the goal of the LAP: to maintain high standards of quality in the sampling and analysis of source emissions. You may direct any questions or information to me by telephone at (909) 396-2476, or via e-mail at ceckerle@aqmd.gov.

Sincerely,

Colin Eckerle
Program Supervisor
Source Test Engineering

CE/ce
Attachment
250918 LapRenewal.doc



American Association for Laboratory Accreditation

Accredited Air Emission Testing Body

A2LA has accredited

MONTROSE AIR QUALITY SERVICES

In recognition of the successful completion of the joint A2LA and Source Evaluation Society (SES) evaluation process, this laboratory is accredited to perform testing activities in compliance with ASTM D7036:2004 - Standard Practice for Competence of Air Emission Testing Bodies.

Presented this 23rd day of January 2026.



Mr. Trace McInturff, Vice President, Accreditation Services
For the Accreditation Council
Certificate Number 3925.01
Valid to February 29, 2028

This accreditation program is not included under the A2LA ILAC Mutual Recognition Arrangement.

Appendix B.3

Statement of No Conflict of Interest

STATEMENT OF NO CONFLICT OF INTEREST AS AN INDEPENDENT TESTING LABORATORY

(To be completed by authorized source testing firm representative and included in source test report)

The following facility and equipment were tested by my source testing firm and are the subjects of this statement:

Facility ID:	119219
Date(s) Tested:	Test Plan
Facility Name:	Chiquita Canyon Landfill
Equipment Address:	29201 Henry Mayo Drive Castaic, California 91384
Equipment Tested:	ZEECO Thermal Oxidizer
Device ID, A/N, P/N:	A/N:664969

I state, as its legally authorized representative, that the source testing firm of:

Source Test Firm: Montrose Air Quality Services, LLC
Business Address: 1631 E. St. Andrew Pl.
Santa Ana, California 92705

is an "Independent Testing Laboratory" as defined in **District Rule 304(k)**:

For the purposes of this Rule, when an independent testing laboratory is used for the purposes of establishing compliance with District rules or to obtain a District permit to operate, it must meet all of the following criteria:

- (1) The testing laboratory shall have no financial interest in the company or facility being tested, or in the parent company, or any subsidiary thereof -*
- (2) The company or facility being tested, or parent company or any subsidiary thereof, shall have no financial interest in the testing laboratory;*
- (3) Any company or facility responsible for the emission of significant quantities of pollutants to the atmosphere, or parent company or any subsidiary thereof shall have no financial interest in the testing laboratory; and*
- (4) The testing laboratory shall not be in partnership with, own or be owned by, in part or in full, the contractor who has provided or installed equipment (basic or control), or monitoring systems, or is providing maintenance for installed equipment or monitoring systems, for the company being tested.*

Furthermore, I state that any contracts or agreements entered into by my source testing firm and the facility referenced above, or its designated contractor(s), either verbal or written, are not contingent upon the outcome of the source testing, or the source testing information provided to the SCAQMD.

Signature: _____

Date: 3/3/2026

Pete SanJuan

Client Project Manager

(714) 279-6777

3/3/2026

(Name)

(Title)

(Phone)

(Date)

APPENDIX C SITE SAFETY PLAN



SITE SAFETY PLAN BOOKLET

Project: _____

Customer: _____

Location: _____

Units: _____

Client Project Manager: _____

Site Safety Plan and JHA Purpose and Instructions

Purpose

Employee safety is the top priority of Montrose Environmental Group. All employees must be trained to assess and mitigate hazards. The District Manager and Project Manager are responsible to ensure all hazards have been properly identified and managed. All employees have Stop Work Authority in all situations where an employee feels they or their co-worker cannot perform a job safely or if there is a task for which they have not been adequately trained.

The Site Safety Plan (SSP) has been developed to help assist Montrose test crews with identifying physical and health hazards and determining how the hazards will be managed. Additionally, the SSP will help each crew manage the safety of the employees by providing emergency procedures and information. The booklet contains a several safety forms that may be required in the field.

Instructions

The SSP consists of the following:

1. A Pre-Mobilization Test Plan – To be completed in it's entirety by the client project Manager prior to the test.
2. A Job Hazard Analysis is a standardized, two-page, fillable form that is used to evaluated the task/site's particular hazards and controls. The form also includes a daily toolbox topic and daily hazard review with sign off by the team. The client Project Manager is responsible to complete the JHA form through section 8. Upon arrival at the test site, the team will review the form for accuracy, making any corrections required and complete the remainder of the JHA. Section 9 will require at least three tasks, hazards and controls be identified for the project. Each team member has the option to discuss making changes or adding to the JHA and must sign on the Job Hazard Analysis form in agreement and sign in Section 10. The JHA is to be modified when conditions change. A toolbox meeting with a daily topic in addition to a review of the hazard analysis is required daily for the duration of the test. An additional sheet of paper with the toolbox topic and signatures can be added to the SSP packet.
3. Hazard Control Matrix - contains useful information on both engineering and administrative controls that a crew can use to reduce or eliminate the hazards they have observed plus applicable PPE that may be required.
4. Emergency Action Plan - The Job Supervisor/ Client Project Manager (CPM) will complete the Emergency Action Plan form and ensure that all employees are familiar with the facility emergency and evacuation procedures, assembly/ rally points, alert systems, and signals prior to work commencing. In the event of an emergency situation/ evacuation, the Job Supervisor/ CPM will maintain a roster and be responsible for accounting for all employees. The Job Supervisor/ CPM will ensure that this Emergency Action Plan Form is completed, communicated to all employees, signed, and posted.
5. Additional Forms, as applicable
 - a. MEWP Lift Inspection Form
 - b. Heat Stress Prevention Form Based on Heat Index
 - c. Extended Hours Form

Site Safety Plan and JHA Purpose and Instructions

The SSP is a living document. The Project Manager should continually update their SSPs as new information and conditions change or if new hazards are presented.

Each completed SSP should be maintained with the Test Plan in the office for a period of 3 years. There will be an audit process developed for the Site Safety Plans.

PRE-MOBILIZATION TEST INFORMATION

PROJECT NAME/LOCATION: _____ PROJECT #: _____

TEST DATE: _____ PROJECT MANAGER: _____

TEST SCOPE: _____

SITE CONTACT: Name: _____ Contact Phone: _____

Source Type: New Source: ____ Revisit: ____ Prj#/Date/Tech: _____

Coal Fired Electric Utility: ____ Ethanol Plant: ____ Chemical Mfg. of _____

Cement/Lime Kiln Plant: ____ Specialty Mfg. of: _____ Other: _____

Anticipated Effluent Composition – check all that apply and fill in expected concentration in ppm/%

CO NO_x SO₂ VOC other

If other, explain: _____

Flammable: _____ **Toxic:** _____ **Corrosive:** _____ **Dust:** _____

Engineering Controls to be Implemented:

Additional Safety Equipment Required:

Personal gas monitors: ____

Respiratory Protection:

Half Face ____ Full Face ____ HEPA Filters ____ Supplied Air: ____ (Safety Dept. Approval)

Approximate Flue Gas Temperatures, (F)

below 210 210 to 450 450 to 950 above 950 other

If other, explain: _____

Approximate Duct Pressure, (iwg):

below -3 -3 to +3 +3 to +7 above +7 other

If other, explain: _____

PRE-MOBILIZATION TEST INFORMATION

Sampling Location: Stack Port _____ Duct Port _____

Approximate Sampling Platform Height, (ft)

below 6 6 to 50 50 to 100 above 100 other

If other, explain: _____

Access and Protection:

Elevators: _____ Ladders: _____ MEWP Lift: _____ Scaffold: _____ Equipment Hoist: _____

Guardrails: _____ Toe plate: _____ Engineered Tie Off Points: _____ Heat Shield: _____

Other: _____

Describe how equipment will be mobilized to the sampling location:

Additional Information:

Effluent Chemical Regulatory Limits						
Gas Name	Chemical Formula	Cal OSHA PEL ¹ (ppm)	Cal OSHA STEL ² (ppm)	NIOSH REL TWA ³ (ppm)	Cal OSHA Ceiling (ppm)	IDLH ⁴ (ppm)
Carbon Monoxide	CO	25	200	35	200	1,200
Nitric Oxide	NO _x	25	ND ⁵	25	ND	100
Sulfur Dioxide	SO ₂	2	5	2	ND	100
Hydrogen Chloride	HCl	0.3	2	ND	2	50
Hydrogen Sulfide	H ₂ S	10	15	10 (10 min.) ^C	50	100

*California Occupational Safety and Health Administration (OSHA) Permissible Exposure Limit (PEL) based on an 8-hour shift;
 2: Cal OSHA Short-term Exposure Limit (STEL) based on a 15-minute period;
 3: National Institute for Occupational Safety and Health (NIOSH) Recommended Exposure Limit (REL) Time-weighted Average (TWA) based on an 8-hour shift;
 4: Immediately Dangerous to Life or Health (IDLH);
 5: Not Defined (ND);
 C: Ceiling Limit - Maximum allowable human exposure limit for an airborne or gaseous substance, which is not to be exceeded, even momentarily.*

Prepared by: _____

Date: _____

Reviewed by: _____

Date: _____

1.	Client	Contact Name	Date	
	Facility	SSP Writer	PM	
	Client Rep			

Job Preparation

Job Site Walk Through Completed Site Specific Training Complete
 Safe Work Permit Received from Client

If the heat index is expected to be above 91°, fill out the Heat Stress Prevention Form.

All hazards and mitigation steps must be documented. If this JHA does not cover all the hazards identified, use Section 9 to document that information.

2. Facility Information/Emergency Preparedness

If non-emergency medical attention is needed, call: AXIOM #: 877-502-9466.

Plant Emergency # _____ Certified First Aid Person: _____

EMS Location _____ Evacuation Routes _____ Rally Point _____

Severe Weather Shelter Location _____ Eye Wash & Safety Shower Location _____

Operational: Yes No

Source Information: (list type): _____

Stack Gas Temp. (°F) _____ Stack Gas Press. ("H₂O) _____ Stack Gas Components: _____

Stack Gas Inhalation Potential? Yes No If yes, see List of Hazard Chemicals.

3. Error Risk

Time Pressure	Remote Work Location	> 12 hr shift	Working > 8 consecutive days
Lack of procedures	Extreme temps, wind >30mph	Personal illness/fatigue	Vague work guidance
Monotonous Activity	First day back after time off	Multiple job locations	Other: _____

4. Physical Hazards	Hazard Controls
Dust Hazards	Dust Mask Goggles Other: _____
Thermal Burn	Hot Gloves Heat Shields Other Protective Clothing: _____
Electrical Hazards	Connections Protected from Elements External GFCI Other: _____
	XP Rating Requirement Intrinsically Safe Requirement
Inadequate Lighting	Install Temporary Lighting Headlamps
Slip and Trip	Housekeeping Barricade Area Other: _____
Hand Protection	Cut Resistant Gloves Pinch Pts. General Electrical Impact Resistant
	Other: _____

Potential Hazards for Consideration

Secondary Permits	Hot Work	Confined Space	Excavation	
Working from Heights See also Sect. 7	Falling objects	Fall protection	Drop zone protection	Platform load ratings
	Scaffold inspection	Ladder inspection	Barricades for equipment	
Electrical	Exposed wire/connector	Verify equipment grounding	Arc Flash	
Lifting	Crane lift plan	Rigging inspection	Tag lines used	Hoists in place
Respiratory See also Sect. 8	Unexpected exposure	Chemical	Dust (combustible)	PEL provided
	Cartridges or supplied air available	Gas detection equipment		

5. Required PPE

Hard Hats	Safety Glasses	Safety Toe Shoe/Boot	Hearing Protection	Safety Spotter
Hi-Vis Vests	Harness/Lanyard*	Goggles	Personal Monitor Type: _____	
Metatarsal Guards	Hot Gloves	Face Shield	Respirator Type: _____	
Nomex/FRC	Other PPE: _____			

Additional Work Place Hazards

6. **Critical Procedures** – check all that apply – *indicates additional form must be completed or collected from client

Heat Stress Prevention*	Confined Space*	MEWP*	Roof Work	Scaffold
Cold Weather Work	Hazardous Energy Control*	Exposure Monitoring	Other: _____	

7. **Working From Heights**

Fall Protection	Fixed Guardrails/Toe boards	Fall Prevention PPE	Warning Line System	
Falling Objects Protection	Barricading	Netting	House Keeping	Tethered Tools
Fall Hazard Communication	Adjacent/Overhead Workers	Contractor Contact	Client Contact	

8. **Other Considerations**

Environmental Hazards - Weather Forecast

Heat/Cold	Lightning	Rain	Snow	Ice	Tornado	Wind Speed
-----------	-----------	------	------	-----	---------	------------

Steps for Mitigation: _____

Electrical Safety Planning

Plant Hook up: 110V 220/240V 480V Generator Hard wired into panel

Electrical Classified Area: Yes No Trailer Grounded: Yes No Plug Type _____

Electrical Hook Up Responsibility: _____

List of Hazardous Chemicals

Acetone	Nitric Acid	Hydrogen Peroxide	Compressed Gases	Other Chemicals: _____ _____ _____
Hexane	Sulfuric Acid	Isopropyl Alcohol	Flammable Gas	
Toluene	Hydrochloric Acid	Liquid Nitrogen	Non-Flammable Gas	
H2S	Carbon Monoxide	_____	_____	

Steps for Mitigation: _____

Wildlife/Fauna in Area

Poison Ivy Poison Oak Insects: _____ Wildlife: _____

Personnel w/ known allergies to bees stings or other allergens? Yes _____ No _____

9. **Observed Hazards and Mitigation Steps**

Task	Potential Hazard(s)	Steps for Mitigation
•	1	1
	2	2
	3	3
•	1	1
	2	2
	3	3
•	1	1
	2	2
	3	3
•	1	1
	2	2
	3	3

EMERGENCY ACTION PLAN FORM

The Job Supervisor/ Client Project Manager (CPM) will ensure that all employees are familiar with the facility emergency and evacuation procedures, assembly/ rally points, alert systems, and signals prior to work commencing. In the event of an emergency situation/ evacuation, the Job Supervisor/ CPM will maintain a roster and be responsible for accounting for all employees. The Job Supervisor/ CPM will ensure that this Emergency Action Plan Form is completed, communicated to all employees, and posted.

- You must follow the client’s emergency action plan first, and notify your Supervisor immediately.
- If incident is life threatening, **CALL 911 IMMEDIATELY**
- If non-emergency medical attention is needed, call AXIOM Medical number: 877-502-9466.

1	MEG Job Supervisor/ CPM's Name:	
2	MEG Job Supervisor/ CPM's Telephone Number:	
3	MEG Job Safety Supervisor (if applicable):	
4	MEG Job Safety Supervisor's Telephone Number:	
5	Plant's Emergency Telephone Number:	
6	Local Hospital/ Clinic Telephone Number:	
7	Emergency Ops Radio Channel:	
8	Plant's #1 Contact Person's Name:	
9	Plant's #1 Contact Person's Telephone Number:	
10	Plant's #2 Contact Person's Name:	
11	Plant's #2 Contact Person's Telephone Number:	
12	Designated Assembly Point Location:	
13	Evacuation Routes:	
14	Severe Weather Shelter Location:	
15	Eye Wash and Safety Shower Location:	
16	The First Aid Kit is Located:	
17	The Fire Extinguisher is Located:	

EMERGENCY EVACUATION AND ASSEMBLY MAP

1	Facility Name:	
2	Facility Alarm (Circle):	YES or NO
3	Alarm Tones:	<i>FIRE:</i> _____; <i>CHEMICAL/ GAS:</i> _____; <i>SHELTER-IN-PLACE:</i> _____; <i>EVACUATE:</i> _____; <i>OTHER:</i> _____;
4	Designated Shelter(s) Description:	
5	Designated Assembly Point(s) Description:	



Draw the evacuation and assembly map here.

EMERGENCY ACTION PLAN FORM AND EVACUATION ASSEMBLY MAP REVIEW: Crew Names and Signatures

<i>Printed Name:</i>	<i>Signature:</i>	<i>Date:</i>	<i>Printed Name:</i>	<i>Signature:</i>	<i>Date:</i>

Daily MEWP Lift Inspection Form

All checks must be completed prior to each work shift, before operation of the MEWP lift. This checklist must be used at the beginning of each shift or following 6 to 8 hours of use.

MEWP Lift Model #:	Serial Number:
Make:	Rented or Owned:

- Check "Yes" if an item is adequate, operational, and safe.
- Check "No" to indicate that a repair or other corrective action is required prior to use.
- Check "N/A" to indicate "Not Applicable."

Items to be Inspected	Yes	No	N/A
1. All MEWP lift components are in working condition (i.e. no loose or missing parts, torn or loose hoses, etc.) – if something can be easily loosened by hand then it is not sufficient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Hydraulic fluid level is sufficient, with the platform fully lowered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Hydraulic system pressure (see manufacturer specs) is acceptable. If the pressure is low, determine cause and repair in accordance with accepted procedures as outlined in service manual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Tires and wheel lug nuts (for tightness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Hoses and cables (i.e. worn areas or chafing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Platform rails and safety gate (no damage present)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Pivot pins secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Welds are not cracked and structural members are not bent or broken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Warning and instructional labels are legible and secure, and load capacity is clearly marked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Manufacturer's Instruction Manual is present inside the bucket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Base controls (switches and push buttons) can be properly operated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Platform conditions are safe (i.e. not slippery)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Fire extinguisher is present, mounted and fully charged, located inside the bucket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Headlights, safety strobe light and back-up alarm are functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Workplace is free of hazards (overhead powerlines, obstructions, level surface, high winds, etc.) *Do not operate if winds are 20 mph, unless otherwise specified by manufacturer recommendations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Operator Name & Signature _____ Location _____ Date _____

Ground Control Name & Signature _____ Location _____ Date _____

Harness Inspections:

Printed Name _____ Signature _____ Date _____

Printed Name _____ Signature _____ Date _____

Printed Name _____ Signature _____ Date _____

Extended Hours Safety Audit

Project Number: _____ Date: _____ Time: _____

When a project is expected to extend past a 14-hour work day, this form must be completed to evaluate the condition of the crew, and the safety of the work environment.

Permission to proceed into extended work hours must come from a District Manager (DM) or Regional Vice President (RVP). Technical RVPs can authorize moving forward, if they are in the field or if they are managing the project.

1. Hold test crew meeting Test crew initials: _____

The test leader should look for signs of the following in their crews:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Irritability • Lack of motivation • Headaches • Giddiness | <ul style="list-style-type: none"> • Fatigue • Depression • Reduced alertness, lack of concentration and memory |
|--|--|

The test leader should assess the environmental and hazardous concerns:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Temperature and weather • Lighting • Working from Heights | <ul style="list-style-type: none"> • Hoisting • PPE (i.e. respirators, etc.) • Pollutant concentration in ambient air (SO₂, H₂S, ect.) |
|---|---|

2. Notify DM or RVP

The PM must contact either the DM or RVP to discuss the safety issues that may arise due to the extended work period. If the DM is the acting PM on the job site, they must contact the RVP. During this time, they can come to an agreement on how to proceed. Itemsto discuss include:

- | |
|--|
| <ul style="list-style-type: none"> • Reason for extended hours • Reason for delay <ul style="list-style-type: none"> ▪ Production limitations • Impending Weather |
|--|

3. Contact the client

The PM, DM or RVP must discuss with client any identified safety concerns, the client's needs and mutually agree on how to proceed. Discussion should also include the appropriate rest period needed before the next day's work shift can begin. The DM and/or a RVP must be informed on the final decision.

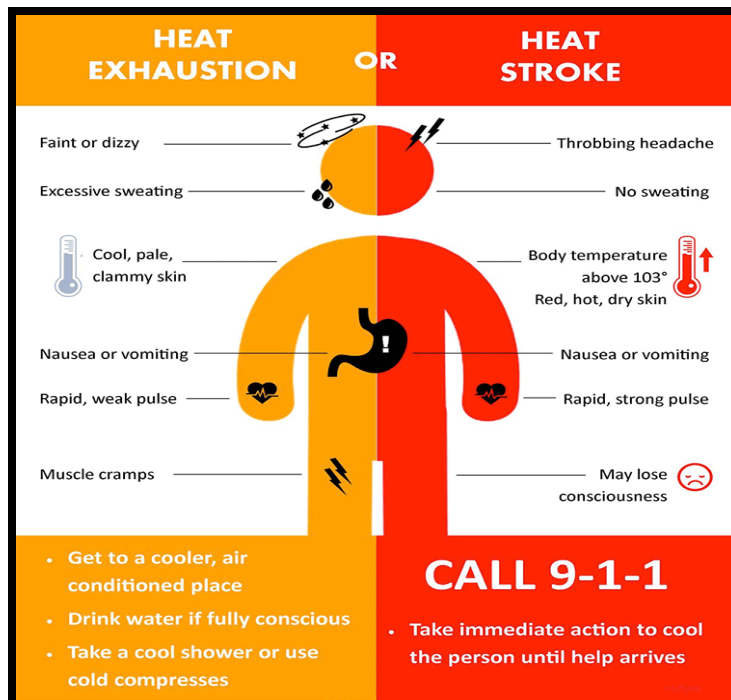
Final Outcome:	
Approver:	

Heat Stress Prevention Form

This form is to be used when the Expected Heat Index is above 91° F, and is to be kept with project documentation.

Project Manager (PM):	Expected High Temp:
Date(s):	Expected Heat Index:

1. Review the signs of Heat Exhaustion and Heat Stroke
2. If Heat Index is above 91° F:
 - Provide cold water and/or sports drinks to all field staff (avoid caffeinated drinks and energy drinks which can increase core temperature).
 - Bring no less than one gallon of water per employee
 - If employee(s) are dehydrated, on blood pressure medication or not acclimated to heat, ensure they are aware of the heightened risk for heat illness
 - Provide cool head bands/vests/etc.
 - Have ice available to employees
 - Implement work shift rotations and breaks, particularly for employees working in direct sunlight.
 - Provide as much shade at the jobsite as possible, including tarps, tents or other acceptable temporary structures.
 - PM should interview each field staff periodically to evaluate for signs of heat illness
3. If Heat Index is above 103° F:
 - Employees must stop for drinks and breaks every hour (about 4 cups/hour)
 - Employees are not permitted to work alone for more than one hour at a time without a break offering shade and drinks
 - Employees should wear cool bands and vests if working outside more than one hour at a time
 - PM should interview each field staff every 2 hours to evaluate for signs of heat illness



THIS IS THE LAST PAGE OF THIS DOCUMENT

If you have any questions, please contact one of the following individuals by email or phone.

Name: Mr. Pete San Juan
Title: Client Project Manager
Region: West
Email: PSanjuan@montrose-env.com
Phone: (714) 279-6777


Name: Mr. Matt McCune
Title: Principal
Region: West
Email: MMccune@montrose-env.com
Phone: (714) 279-6777



South Coast Air Quality Management District
 21865 Copley Drive
 Diamond Bar, CA 91765
 (909) 396-2000
 (909) 396-2099 (fax)

Expedited Evaluation Request Form
Source Test Protocol/ Report/ CEMS/
LAP/ Product Certification
Form 222-XST

Section I - Facility Information	
1. Business Name:	<u>Chiquita Canyon Landfill, LLC</u> Facility ID: <u>119219</u>
Equipment/ Device:	<u>Parnel Thermal Oxidizer</u>
2. The requested evaluation is for:	<ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Source Test Protocol b. <input type="checkbox"/> Source Test Report c. <input type="checkbox"/> CEMS Application (New) d. <input type="checkbox"/> CEMS Application (Modification) e. <input type="checkbox"/> LAP Approval Evaluation f. <input type="checkbox"/> Product Certification (i.e., Rules 1111, 1121, 1146.2, and 1174)
Expedited Evaluation will not be performed unless all remaining acknowledgements are checked-off:	
3.	<input checked="" type="checkbox"/> I hereby request an Expedited Source Evaluation for this document.
4.	<input checked="" type="checkbox"/> I understand that this request may incur additional fees after completion of evaluation as allowed by District Reg. III.
5.	<input checked="" type="checkbox"/> I understand this request cannot be cancelled once an evaluation has been initiated.
6.	<input checked="" type="checkbox"/> I understand this request for expedited review neither guarantees action by any specific date nor does it guarantee approval.

Section II - Certification		
I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS DOCUMENT IS TRUE AND CORRECT.		
SIGNATURE OF RESPONSIBLE OFFICER OF FIRM:		TITLE OF RESPONSIBLE OFFICER OF FIRM:
		District Manager
TYPE OR PRINT NAME OF RESPONSIBLE OFFICER OF FIRM:	TELEPHONE NUMBER:	DATE SIGNED:
Kevin Green	(661) 812-5846	2/18/2026

**SOURCE TEST PROTOCOL FOR
2026 CHIQUITA CANYON LANDFILL
PARNEL THERMAL OXIDIZER
SCAQMD FACILITY ID: 119219
SCAQMD A/N: 663634**

Prepared For:

SCS Field Services

3900 Kilroy Airport Way, Ste. 300
Long Beach, California 90806

For Submittal To:

South Coast Air Quality Management District

21865 Copley Drive
Diamond Bar, California 91765-4178

Prepared By:

Montrose Air Quality Services, LLC

1631 E. St. Andrew Pl.
Santa Ana, California 92705
(714) 279-6777

Pete San Juan

Proposed Test Date: **April 3, 2026**
Production Date: **March 3, 2026**
Document Number: **W002AS-065112-PP-1499**

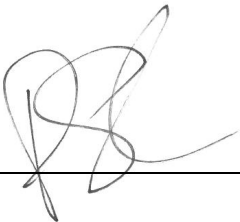


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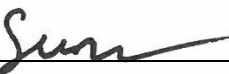
REVIEW AND CERTIFICATION

I certify that, to the best of my knowledge, the information contained in this document is complete and accurate and conforms to the requirements of the Montrose Quality Management System and ASTM D7036-04.

Signature:  _____ Date: 3/3/2026

Name: Pete San Juan Title: Client Project Manager

I have reviewed, technically and editorially, details and other appropriate written materials contained herein. I hereby certify that to the best of my knowledge the presented material is authentic and accurate and conforms to the requirements of the Montrose Quality Management System and ASTM D7036-04.

Signature:  _____ Date: 3/3/2026

Name: Surya Adhikari Title: Senior Reporting QC Specialist

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1.0 INTRODUCTION

Montrose Air Quality Services, LLC (MAQS) will conduct source emissions testing on landfill gas-fired Thermal Oxidizer (TOx) AN: 663634 at the Chiquita Canyon Landfill (SCAQMD Facility ID: 119219) located in Castaic, California. This test plan is designed to satisfy the requirements of Notice to Comply #E56457, issued by South Coast AQMD to Chiquita Canyon, LLC, which requested source test protocols in accordance with 17 CCR § 95464(b)(4). 17 CCR § 95464(b)(3)(A)(1) requires gas control devices to achieve a methane destruction efficiency of at least 99 percent by weight.

Dylan Smith will coordinate the testing for the facility and can be reached at (661) 257-3655. The MAQS project manager will be Mr. Pete San Juan and can be reached at (714) 279-6777. The project manager will be assisted by additional MAQS personnel as necessary to complete the project. A qualified individual as defined in ASTM D7036-04 will be on-site during all testing activities. MAQS qualifies as an independent testing laboratory under SCAQMD Rule 304 (no conflict of interest) and is certified by the SCAQMD to conduct testing for criteria pollutants according to District Methods.

Measurements of the TOx emissions and operating parameters will be conducted at the TOx exhaust and at the inlet (landfill gas) of the control device. The test is tentatively scheduled for April 1, 2026, pending the approval of this protocol.

Equipment and facility information is provided in Section 2.0. Source test information is detailed in Section 3.0. Emission point information is provided in Section 4.0. Supplemental information is contained in the Appendices.

2.0 FACILITY AND SOURCE INFORMATION

The mailing address for the facility and the physical location of the source is as follows:

Chiquita Canyon Landfill
29201 Henry Mayo Drive
Castaic, California 91384

The Thermal Oxidizer is described as a Vapor Combustor and is Manufactured by Parnel Biogas, Inc. It has a heat input capacity of 45.54 MMBtu/hr and a maximum inlet fuel flow rate of 2,500 scfm. The combustor uses approximately 30.5 standard cubic feet per hour of propane pilot assist gas. The reaction gas going into the unit is not expected to be greater than 30% methane. The combustor will be permitted to operate 24 hours per day, 7 days per week, and 52 weeks per year, except during periods of scheduled and unscheduled maintenance.

The exhaust stack is 10 feet in diameter and approximately 40 feet in height above grade. Stack measurements will be verified on the day of test prior to sampling.

3.0 TEST INFORMATION

The procedures that will be used for the inlet are summarized in Table 3-1. Table 3-2 presents the procedures that will be used for the exhaust stack. Testing will be conducted pending protocol approval. The daily estimated testing start time is 9:00 AM. Individual sampling run start times will depend on process operation, and set-up and sample recovery. Sampling and volume flow rate measurements will be 30 minutes in duration at a minimum and will be performed in triplicate at both the inlet and outlet locations. The test program will be conducted while the unit is fired at a maximum achievable flow rate during normal operating condition.

The field sampling procedures to be utilized during the test program are described below. The published reference methods provide greater detailed descriptions than in this section. The purpose of this section is to provide an overview of the sampling methods and any proposed variations. The sampling procedures proposed are based on SCAQMD and EPA Reference Methods.

**TABLE 3-1
 INLET TEST PROCEDURES
 TEST PROGRAM OVERVIEW
 CHIQUITA CANYON LANDFILL
 PARNEL THERMAL OXIDIZER**

Parameter	Sample Medium	Analytical Technique	Reference Method	Number of Replicates
Flow Rate ⁽¹⁾	On-Site Flow Meter or Pitot Tube	Flow Meter or differential pressure	Facility Meter or SCAQMD 2.1	3 / 30 Min
Moisture	Wet Bulb/Dry Bulb	Psychrometric Chart	SCAQMD 4.1	3 / 30 Min
N ₂ , O ₂ , and CO ₂	Tedlar Bag	GC/FID/TCD	ASTM D1945/ SCAQMD 10.1	3 / 30 Min
Methane	Tedlar Bag	GC/FID	EPA 18	3 / 30 Min
Btu/CF and F Factor	Tedlar Bag	GC/FID/TCD	ASTM D1945/3588	3 / 30 Min

(1) Fuel Meter calibration certificate will be included in the final report when fuel-based emissions are reported.

**TABLE 3-2
 EXHAUST TEST PROCEDURES
 TEST PROGRAM OVERVIEW
 CHIQUITA CANYON LANDFILL
 PARNEL THERMAL OXIDIZER**

Parameter	Sample Medium	Analytical Technique	Reference Method	Number of Replicates
Flow Rate	Pitot Tube	Differential Pressure	SCAQMD 2.1/EPA 19	3 / 30 Min
Moisture	Impinger Train	Gravimetric	SCAQMD 4.1	3 / 30 Min
Methane	Tedlar Bag	GC/FID	EPA 18	3 / 30 Min
N ₂ , O ₂ , and CO ₂	Tedlar Bag	GC/FID/TCD	EPA 3C	3 / 30 Min

3.1 SCAQMD METHOD 1.1 – SAMPLING AND VELOCITY TRAVERSES FOR STATIONARY SOURCES

A preliminary source test site assessment will be performed prior to the source test in order to determine applicable sample point traverse locations. The stack diameter, and the distance from sample ports to disturbances, i.e. bends, flanges, etc., both upstream and downstream, will be measured. This information is utilized to determine the minimum number of sampling points per traverse, and the distance from the inner stack wall to each sample point location. Additionally, this method takes into account cyclonic flow patterns and in-situ stratified pollutant concentrations.

3.2 SCAQMD METHOD 2.1 – VELOCITY AND VOLUMETRIC FLOW RATE

The velocity of the gas stream is determined by using an "S" type or standard pitot tube, a low flow electronic manometer, and type "K" thermocouple with a digital temperature measuring device. The calibrated pitot tube is connected to the electronic Air Data Multimeter (ADM) manometer and leak checked. Due to anticipated high stack temperature (>1,400°F), an S-type pitot will be used at the exhaust in conjunction with ADM. A temperature and Delta P (ΔP) is obtained at each traverse point, and a duct static pressure is measured and recorded. The dry volumetric flow rate is determined from the gas velocity data, stack pressure, stack gas moisture content, stack gas molecular weight, and cross-sectional area of duct. A cyclonic flow test will also be conducted. Exhaust flow rate may also be calculated using EPA Method 19. It is expected that all mass emissions results will be based on the measured stack flow rates. The calculated stack flow rate may also be used for mass emission rate calculations in the instance the measured flow rate is questionable.

3.3 SCAQMD METHOD 3.1 – GAS ANALYSIS FOR DRY MOLECULAR WEIGHT AND EXCESS AIR

Integrated samples will be collected into Tedlar bags from the stack and analyzed for O₂, CO₂, and nitrogen (N₂). Exhaust N₂ data may also be calculated by the difference from the concentration of the other major exhaust gas components. Molecular weight of the stack gas is calculated from the percentages of carbon dioxide (CO₂), oxygen (O₂) and nitrogen. Inlet landfill gas will be analyzed by GC for N₂, O₂, and CO₂.

3.4 SCAQMD METHOD 4.1 – DETERMINATION OF MOISTURE CONTENT IN STACK GASES

Moisture content is determined by the Method 4.1 sampling system. Prior to sampling, a leak check of the sampling train is performed to ensure system integrity. Tare weights of the charged individual impingers are recorded prior to the start of the sampling run using a top loading digital balance capable of weighing to the nearest 0.1 gram or less. After sampling, the final weights of each impinger are determined and recorded. Percent moisture content is calculated from the weight of water collected and the dry gas volume sampled. If possible, inlet moisture will be measured using a wet bulb/dry bulb and calculated with a psychrometric chart.

Equations:

$$\text{Moisture (B}_{ws}) = \frac{V_{wstd}}{V_{mstd} + V_{wstd}} \times 100\%$$

Where:

$$V_{wstd} = \frac{0.0464 \text{ ft}^3}{\text{ml}} * \text{Volume H}_2\text{O Collected (ml)}$$

And:

$$V_{mstd} = Y \text{ Meter} * \frac{520^\circ\text{R}}{29.92 \text{ in Hg}} * \frac{\text{Vol Metered} * \text{Pressure Meter. inches Hg}}{\text{Temp. Meter} - ^\circ\text{R}}$$

3.5 EPA METHOD 18 – MEASUREMENT OF METHANE EMISSIONS BY GAS CHROMATOGRAPHY

The Method 18 sampling apparatus will be used to collect methane in five or ten liters Tedlar bags. Triplicate integrated samples will be collected simultaneously from a single point at the inlet and outlet of the thermal oxidizer to determine the Methane destruction efficiency (DRE) across the control device on a mass basis.

The apparatus consists of a stainless-steel probe connected by Teflon line to a Tedlar sample bag contained in an airtight canister. Evacuation of the air in the canister causes sample gas to be drawn into the bag. Only new Tedlar bags will be used, and bags will be purged before collection of the sample.

On completion of each run, the bag samples will be sealed and transported to the laboratory. The contents of each bag sample will be analyzed by gas chromatograph (GC) with a Flame Ionization Detector (FID) for the determination of methane content at the inlet and outlet, and emission rate will be calculated as follows:

Equation:

$$\text{lb/hr} = \text{PPMv} * \text{DSCFM} * \text{C.F.} * \text{M.W.}$$

Where:

PPMv = Parts Per Million (Volume)

DSCFM = Dry Standard Cubic Feet Per Minute

M.W. = Molecular Weight of Methane (16-lb/lb-mole)

C.F. = Conversion Factor = 1.583×10^{-7} @ 60°F;
= 1.558×10^{-7} @ 68°F

Enthalpy Analytical, Quantum Analytical, AtmAA, AAC or other approved laboratories will be used for the analysis. The following equation will be used to determine the Methane DRE.

$$\text{METHANE DRE} = \left(\frac{\text{Methane}_{in} - \text{Methane}_{out}}{\text{Methane}_{in}} \right) (100\%) \text{ based on mass emission rates}$$

3.6 EPA METHOD 19 – CALCULATION OF EXHAUST FLOW RATE FROM KNOWN F-FACTOR

Fuel meter readings will be recorded during the test. Landfill gas samples will be collected in a Tedlar bag and analyzed for fuel gas composition, F-Factor (dscf/MMBtu) and higher heating value (HHV) Btu/Scf by ASTM D1945/D3588. Lab result values may also be used for the calculation of volumetric flow rate using the EPA Method 19.

Equation:

$$Q_{sd} = \left(\frac{F_d \times \text{GCV} \times \text{FF}}{1 \times 10^6} \right) \left(\frac{20.9 - O_2}{20.9} \right)$$

4.0 EMISSION POINT INFORMATION

The emission point information is summarized in Table 4-1. Whenever unit is in operation, temperature shall be maintained at $\geq 1,400$.

**TABLE 4-1
ESTIMATED EMISSION POINT INFORMATION
CHIQUITA CANYON LANDFILL
PARNEL THERMAL OXIDIZER**

Source Location	Diameter	Downstream Distance	Upstream Distance	Temperature (°F)	Inlet Volumetric Gas Flow Rate (SCFM)
Exhaust Stack	10'	TBD	TBD	$\geq 1,400$	$\leq 2,500$

A sixteen-point traverse will be used for flow rates. Method 18 samples will be collected from a single point. Stack dimensions will be verified on-site prior to testing and will be included in the final report. Inlet dimensions will also be measured on-site and included in the final report.

APPENDIX A GENERAL EMISSIONS CALCULATIONS

GENERAL EMISSIONS CALCULATIONS

I. Stack Gas Velocity

A. Stack gas molecular weight, lb/lb-mole

$$MW_{dry} = 0.44 * \% CO_2 + 0.32 * \% O_2 + 0.28 * \% N_2$$

$$MW_{wet} = MW_{dry} * (1 - B_{wo}) + 18 * B_{wo}$$

B. Absolute stack pressure, iwg

$$P_s = P_{bar} + \frac{P_{sg}}{13.6}$$

C. Stack gas velocity, ft/sec

$$V_s = 2.9 * C_p * \sqrt{\Delta P} * \sqrt{T_s} * \sqrt{\frac{29.92 * 28.95}{P_s * MW_{wet}}}$$

II. Moisture

A. Sample gas volume, dscf

$$V_{mstd} = 0.03342 * V_m * \left(P_{bar} + \frac{\Delta H}{13.6} \right) * \frac{T_{ref}}{T_m} * Y_d$$

B. Water vapor volume, scf

$$V_{wstd} = 0.0472 * V_{ic} * \frac{T_{ref}}{528^{\circ}R}$$

C. Moisture content, dimensionless

$$B_{wo} = \frac{V_{wstd}}{(V_{mstd} + V_{wstd})}$$

III. Stack Gas Volumetric Flow Rate

A. Actual stack gas volumetric flow rate, wacfm

$$Q = V_s * A_s * 60$$

B. Standard stack gas flow rate, dscfm

$$Q_{sd} = Q * (1 - B_{wo}) * \frac{T_{ref}}{T_s} * \frac{P_s}{29.92}$$

IV. Gaseous Mass Emission Rates, lb/hr

$$M = \frac{\text{ppm} * MW_i * Q_{sd} * 60}{SV * 10^6}$$

V. Gaseous Concentrations, corrected (Ccorr @ 3%O₂.)

$$C_{\text{corr @3\%O}_2} = \frac{\text{ppm} * (20.9-3.0)}{(20.9-\% \text{ O}_2)}$$

VI. Destruction Efficiency (DRE), %

$$DRE, \% = \left(\frac{M_{in} - M_{out}}{M_{in}} \right) (100\%) \quad \text{based on mass emission rates}$$

VII. Emission Rates, lb/MMBtu

$$\frac{\text{lb}}{\text{MMBtu}} = \frac{\text{ppm} * MW_i * F}{SV * 10^6} * \frac{20.9}{20.9 - \% \text{ O}_2}$$

$$\frac{\text{lb}}{\text{MMBtu}} = \frac{\text{lb/hr}}{\text{MMBTu/hr}}$$

VIII. Percent Isokinetic

$$I = \frac{17.32 * T_s (V_{mstd})}{(1 - B_{wo}) * V_s * P_s * Dn^2} * \frac{528^\circ R}{T_{ref}}$$

IX. Particulate Emissions

(a) Grain loading, gr/dscf
 $C = 0.01543 (M_n / V_{m \text{ std}})$

(b) Grain loading at 12% CO₂, gr/dscf
 $C_{12\% \text{ CO}_2} = C (12 / \% \text{ CO}_2)$

(c) Mass emissions, lb/hr
 $M = C * Q_{sd} * (60 \text{ min/hr}) / (7000 \text{ gr/lb})$

(d) Particulate emission factor

$$\text{lb}/10^6 \text{ Btu} = Cx \frac{1 \text{ lb}}{7000 \text{ gr}} * F * \frac{20.9}{20.9 - \% \text{ O}_2}$$

Waste Connections – Chiquita Canyon Landfill
 2026 PARNEL Thermal Oxidizer Methane DRE Source Test Plan

Nomenclature:

A_s	=	stack area, ft ²
B_{wo}	=	flue gas moisture content, dimensionless
$C_{12\%CO_2}$	=	particulate grain loading, gr/dscf corrected to 12% CO ₂
C	=	particulate grain loading, gr/dscf
C_p	=	pitot calibration factor, dimensionless
D_n	=	nozzle diameter, inches
F	=	fuel F-Factor, dscf/MMBtu @ 0% O ₂
H	=	orifice differential pressure, iwg
I	=	% isokinetics
M_n	=	mass of collected particulate, mg
M_i	=	mass emission rate of specie i, lb/hr
MW	=	molecular weight of flue gas, lb/lb-mole
M_{wi}	=	molecular weight of specie i:
		SO ₂ : 64
		NO _x : 46
		CO: 28
		HC: 16
t	=	sample time, minutes
ΔP	=	average velocity head, iwg = $(\sqrt{\Delta P})^2$
P_{bar}	=	barometric pressure, inches Hg
P_s	=	stack absolute pressure, inches Hg
P_{sg}	=	stack static pressure, iwg
Q	=	wet stack flow rate at actual conditions, wacfm
Q_{sd}	=	dry standard stack flow rate, dscfm
SV	=	specific molar volume of an ideal gas at standard conditions, ft ³ /lb-mole
T_m	=	meter temperature, °R
T_{ref}	=	reference temperature, °R
T_s	=	stack temperature, °R
V_s	=	stack gas velocity, ft/sec
V_{lc}	=	volume of liquid collected in impingers, ml
V_m	=	uncorrected dry meter volume, dcf
V_{mstd}	=	dry meter volume at standard conditions, dscf
V_{wstd}	=	volume of water vapor at standard conditions, scf
Y_d	=	meter calibration coefficient

APPENDIX B QUALITY ASSURANCE

Appendix B.1

Quality Assurance Program Summary

QUALITY ASSURANCE PROGRAM SUMMARY

As part of Montrose Air Quality Services, LLC (Montrose) ASTM D7036-04 certification, Montrose is committed to providing emission related data which is complete, precise, accurate, representative, and comparable. Montrose quality assurance program and procedures are designed to ensure that the data meet or exceed the requirements of each test method for each of these items. The quality assurance program consists of the following items:

- Assignment of an Internal QA Officer
- Development and use of an internal QA Manual
- Personnel training
- Equipment maintenance and calibration
- Knowledge of current test methods
- Chain-of-custody
- QA reviews of test programs

Assignment of an Internal QA Officer: Montrose has assigned an internal QA Officer who is responsible for administering all aspects of the QA program.

Internal Quality Assurance Manual: Montrose has prepared a QA Manual according to the requirements of ASTM D7036-04 and guidelines issued by EPA. The manual documents and formalizes all of Montrose's QA efforts. The manual is revised upon periodic review and as Montrose adds capabilities. The QA manual provides details on the items provided in this summary.

Personnel Testing and Training: Personnel testing and training is essential to the production of high quality test results. Montrose training programs include:

- A requirement for all technical personnel to read and understand the test methods performed
- A requirement for all technical personnel to read and understand the Montrose QA manual
- In-house testing and training
- Quality Assurance meetings
- Third party testing where available
- Maintenance of training records.

Equipment Maintenance and Calibration: All laboratory and field equipment used as a part of Montrose's emission measurement programs is maintained according to manufacturer's recommendations. A summary of the major equipment maintenance schedules is summarized in Table 1. In addition to routine maintenance, calibrations are performed on all sampling equipment according to the procedures outlined in the applicable test method. The calibration intervals and techniques for major equipment components is summarized in Table 2. The calibration technique may vary to meet regulatory agency requirements.

Knowledge of Current Test Methods: Montrose maintains current copies of EPA, ARB, and SCAQMD Source Test Manuals and Rules and Regulations.

Chain-of-Custody: Montrose maintains chain-of-custody documentation on all data sheets and samples. Samples are stored in a locked area accessible only to Montrose source test personnel. Data sheets are kept in the custody of the originator, program manager, or in locked storage until return to Montrose office. Electronic field data is duplicated for backup on secure storage media. The original data sheets are used for report preparation and any additions are initialed and dated.

QA Reviews: Periodic field, laboratory, and report reviews are performed by the in-house QA coordinator. Periodically, test plans are reviewed to ensure proper test methods are selected and reports are reviewed to ensure that the methods were followed and any deviations from the methods are justified and documented.

ASTM D7036-04 Required Information

Uncertainty Statement

Montrose is qualified to conduct this test program and has established a quality management system that led to accreditation with ASTM Standard D7036-04 (Standard Practice for Competence of Air Emission Testing Bodies). Montrose participates in annual functional assessments for conformance with D7036-04 which are conducted by the American Association for Laboratory Accreditation (A2LA). All testing performed by Montrose is supervised on site by at least one Qualified Individual (QI) as defined in D7036-04 Section 8.3.2. Data quality objectives for estimating measurement uncertainty within the documented limits in the test methods are met by using approved test protocols for each project as defined in D7036-04 Sections 7.2.1 and 12.10. Additional quality assurance information is presented in the report appendices.

Performance Data

Performance data are available for review.

Qualified Personnel

A qualified individual (QI), defined by performance on a third party or internal test on the test methods, is present on each test event.

Plant Entry and Safety Requirements

Plant Entry

All test personnel are required to check in with the guard at the entrance gate or other designated area. Specific details are provided by the facility and project manager.

Safety Requirements

All personnel shall have the following personal protective equipment (PPE) and wear them where designated:

- Hard Hat
- Safety Glasses
- Steel Toe Boots
- Hearing Protection
- Gloves
- High Temperature Gloves (if required)
- Flame Resistant Clothing (if required)

The following safety measures are followed:

- Good housekeeping
- SDS for all on-site hazardous materials
- Confine selves to necessary areas (stack platform, mobile laboratory, CEMS data acquisition system, control room, administrative areas)
- Knowledge of evacuation procedures

Each facility will provide plant specific safety training.

**TABLE 1
 EQUIPMENT MAINTENANCE SCHEDULE**

Equipment	Acceptance Limits	Frequency of Service	Methods of Service
Pumps	1. Absence of leaks 2. Ability to draw manufacturers required vacuum and flow	As recommended by manufacturer	1. Visual inspection 2. Clean 3. Replace parts 4. Leak check
Flow Meters	1. Free mechanical movement	As recommended by manufacturer	1. Visual inspection 2. Clean 3. Calibrate
Sampling Instruments	1. Absence of malfunction 2. Proper response to zero span gas	As recommended by manufacturer	As recommended by manufacturer
Integrated Sampling Tanks	1. Absence of leaks	Depends on nature of use	1. Steam clean 2. Leak check
Mobile Van Sampling System	1. Absence of leaks	Depends on nature of use	1. Change filters 2. Change gas dryer 3. Leak check 4. Check for system contamination
Sampling Lines	1. Sample degradation less than 2%	After each test series	1. Blow dry, inert gas through line until dry

**TABLE 2
 MAJOR SAMPLING EQUIPMENT CALIBRATION REQUIREMENTS**

Sampling Equipment	Calibration Frequency	Calibration Procedure	Acceptable Calibration Criteria
Continuous Analyzers	Before and After Each Test Day	3-point calibration error test	< 2% of analyzer range
Continuous Analyzers	Before and After Each Test Run	2-point sample system bias check	< 5% of analyzer range
Continuous Analyzers	After Each Test Run	2-point analyzer drift determination	< 3% of analyzer range
CEMS System	Beginning of Each Day	leak check	< 1 in. Hg decrease in 5 min. at > 20 in. Hg
Continuous Analyzers	Semi-Annually	3-point linearity	< 1% of analyzer range
NO _x Analyzer	Daily	NO ₂ -> NO converter efficiency	> 90%
Differential Pressure Gauges (except for manometers)	Semi-Annually	Correction factor based on 5-point comparison to standard	± 5%
Differential Pressure Gauges (except for manometers)	Bi-Monthly	3-point comparison to standard, no correction factor	± 5%
Barometer	Semi-Annually	Adjusted to mercury-in-glass or National Weather Service Station	± 0.1 inches Hg
Dry Gas Meter	Semi-Annually	Calibration check at 4 flow rates using a NIST traceable standard	± 2%
Dry Gas Meter	Bi-Monthly	Calibration check at 2 flow rates using a NIST traceable standard	± 2% of semi-annual factor
Dry Gas Meter Orifice	Annually	4-point calibration for ΔH@	--
Temperature Sensors	Semi-Annually	3-point calibration vs. NIST traceable standard	± 1.5%

Note: Calibration requirements that meet applicable regulatory agency requirements are used.

Appendix B.2

SCAQMD and STAC Certifications

Waste Connections – Chiquita Canyon Landfill
2026 PARNEL Thermal Oxidizer Methane DRE Source Test Plan



September 18, 2025

Mr. John Peterson
Montrose Air Quality Services, LLC
1631 E. Saint Andrew Place
Santa Ana, CA 92705

Subject: LAP Approval Notice
Reference # 96LA1220

Dear Mr. Peterson:

We have completed our review of Montrose Air Quality Services' renewal application under the South Coast AQMD Laboratory Approval Program (LAP). We are pleased to inform you that your firm is approved for the period beginning September 30, 2025, and ending September 30, 2026, for the following methods, subject to the requirements in the LAP Conditions For Approval Agreement and conditions listed in the attachment to this letter:

South Coast AQMD Methods 1-4
South Coast AQMD Methods 10.1 and 100.1
South Coast AQMD Methods 5.1, 5.2, 5.3, 6.1 (Sampling and Analysis)
South Coast AQMD Methods 25.1 and 25.3 (Sampling)
Rule 1121/ 1146.2 Protocol
Rule 1420/1420.1/1420.2 – (Lead) Source and Ambient Sampling
USEPA CTM-030 and ASTM D6522-00

Your LAP approval to perform nitrogen oxide emissions compliance testing for Rule 1121/ 1146.2 Protocols includes satellite facilities located at:

McKenna Boiler 1510 North Spring Street Los Angeles, CA 90012	Noritz America Corp. 11160 Grace Avenue Fountain Valley, CA 92708	Ajax Boiler, Inc. 2701 S. Harbor Blvd. Santa Ana, CA 92704
VA Laundry Bldg., Greater LA Healthcare Sys. 508 Constitution Avenue Los Angeles, CA 90049	So Cal Gas – Engr Analysis Ctr, Bldg H 8101 Rosemead Blvd Pico Rivera, CA 90660	

Thank you for participating in the LAP. Your cooperation helps us to achieve the goal of the LAP: to maintain high standards of quality in the sampling and analysis of source emissions. You may direct any questions or information to me by telephone at (909) 396-2476, or via e-mail at ceckerle@aqmd.gov.

Sincerely,

Colin Eckerle
Program Supervisor
Source Test Engineering

CE/ce
Attachment
250918 LapRenewal.doc



American Association for Laboratory Accreditation

Accredited Air Emission Testing Body

A2LA has accredited

MONTROSE AIR QUALITY SERVICES

In recognition of the successful completion of the joint A2LA and Source Evaluation Society (SES) evaluation process, this laboratory is accredited to perform testing activities in compliance with ASTM D7036:2004 - Standard Practice for Competence of Air Emission Testing Bodies.



Presented this 23rd day of January 2026.

Mr. Trace McInturff, Vice President, Accreditation Services
For the Accreditation Council
Certificate Number 3925.01
Valid to February 29, 2028

This accreditation program is not included under the A2LA ILAC Mutual Recognition Arrangement.

Appendix B.3

Statement of No Conflict of Interest

STATEMENT OF NO CONFLICT OF INTEREST AS AN INDEPENDENT TESTING LABORATORY

(To be completed by authorized source testing firm representative and included in source test report)

The following facility and equipment were tested by my source testing firm and are the subjects of this statement:

Facility ID:	119219
Date(s) Tested:	Test Plan
Facility Name:	Chiquita Canyon Landfill
Equipment Address:	29201 Henry Mayo Drive Castaic, California 91384
Equipment Tested:	Parnel Thermal Oxidizer
Device ID, A/N, P/N:	A/N:663634

I state, as its legally authorized representative, that the source testing firm of:

Source Test Firm: Montrose Air Quality Services, LLC
Business Address: 1631 E. St. Andrew Pl.
Santa Ana, California 92705

is an "Independent Testing Laboratory" as defined in **District Rule 304(k)**:

For the purposes of this Rule, when an independent testing laboratory is used for the purposes of establishing compliance with District rules or to obtain a District permit to operate, it must meet all of the following criteria:

- (1) *The testing laboratory shall have no financial interest in the company or facility being tested, or in the parent company, or any subsidiary thereof -*
- (2) *The company or facility being tested, or parent company or any subsidiary thereof, shall have no financial interest in the testing laboratory;*
- (3) *Any company or facility responsible for the emission of significant quantities of pollutants to the atmosphere, or parent company or any subsidiary thereof shall have no financial interest in the testing laboratory; and*
- (4) *The testing laboratory shall not be in partnership with, own or be owned by, in part or in full, the contractor who has provided or installed equipment (basic or control), or monitoring systems, or is providing maintenance for installed equipment or monitoring systems, for the company being tested.*

Furthermore, I state that any contracts or agreements entered into by my source testing firm and the facility referenced above, or its designated contractor(s), either verbal or written, are not contingent upon the outcome of the source testing, or the source testing information provided to the SCAQMD.

Signature: _____

Date: 3/3/2026

Pete SanJuan

Client Project Manager

(714) 279-6777

3/3/2026

(Name)

(Title)

(Phone)

(Date)

APPENDIX C SITE SAFETY PLAN



SITE SAFETY PLAN BOOKLET

Project: _____

Customer: _____

Location: _____

Units: _____

Client Project Manager: _____

Site Safety Plan and JHA Purpose and Instructions

Purpose

Employee safety is the top priority of Montrose Environmental Group. All employees must be trained to assess and mitigate hazards. The District Manager and Project Manager are responsible to ensure all hazards have been properly identified and managed. All employees have Stop Work Authority in all situations where an employee feels they or their co-worker cannot perform a job safely or if there is a task for which they have not been adequately trained.

The Site Safety Plan (SSP) has been developed to help assist Montrose test crews with identifying physical and health hazards and determining how the hazards will be managed. Additionally, the SSP will help each crew manage the safety of the employees by providing emergency procedures and information. The booklet contains a several safety forms that may be required in the field.

Instructions

The SSP consists of the following:

1. A Pre-Mobilization Test Plan – To be completed in it's entirety by the client project Manager prior to the test.
2. A Job Hazard Analysis is a standardized, two-page, fillable form that is used to evaluated the task/site's particular hazards and controls. The form also includes a daily toolbox topic and daily hazard review with sign off by the team. The client Project Manager is responsible to complete the JHA form through section 8. Upon arrival at the test site, the team will review the form for accuracy, making any corrections required and complete the remainder of the JHA. Section 9 will require at least three tasks, hazards and controls be identified for the project. Each team member has the option to discuss making changes or adding to the JHA and must sign on the Job Hazard Analysis form in agreement and sign in Section 10. The JHA is to be modified when conditions change. A toolbox meeting with a daily topic in addition to a review of the hazard analysis is required daily for the duration of the test. An additional sheet of paper with the toolbox topic and signatures can be added to the SSP packet.
3. Hazard Control Matrix - contains useful information on both engineering and administrative controls that a crew can use to reduce or eliminate the hazards they have observed plus applicable PPE that may be required.
4. Emergency Action Plan - The Job Supervisor/ Client Project Manager (CPM) will complete the Emergency Action Plan form and ensure that all employees are familiar with the facility emergency and evacuation procedures, assembly/ rally points, alert systems, and signals prior to work commencing. In the event of an emergency situation/ evacuation, the Job Supervisor/ CPM will maintain a roster and be responsible for accounting for all employees. The Job Supervisor/ CPM will ensure that this Emergency Action Plan Form is completed, communicated to all employees, signed, and posted.
5. Additional Forms, as applicable
 - a. MEWP Lift Inspection Form
 - b. Heat Stress Prevention Form Based on Heat Index
 - c. Extended Hours Form

Site Safety Plan and JHA Purpose and Instructions

The SSP is a living document. The Project Manager should continually update their SSPs as new information and conditions change or if new hazards are presented.

Each completed SSP should be maintained with the Test Plan in the office for a period of 3 years. There will be an audit process developed for the Site Safety Plans.

PRE-MOBILIZATION TEST INFORMATION

PROJECT NAME/LOCATION: _____ PROJECT #: _____

TEST DATE: _____ PROJECT MANAGER: _____

TEST SCOPE: _____

SITE CONTACT: Name: _____ Contact Phone: _____

Source Type: New Source: ____ Revisit: ____ Prj#/Date/Tech: _____

Coal Fired Electric Utility: ____ Ethanol Plant: ____ Chemical Mfg. of _____

Cement/Lime Kiln Plant: ____ Specialty Mfg. of: _____ Other: _____

Anticipated Effluent Composition – check all that apply and fill in expected concentration in ppm/%

CO NO_x SO₂ VOC other

If other, explain: _____

Flammable: _____ **Toxic:** _____ **Corrosive:** _____ **Dust:** _____

Engineering Controls to be Implemented:

Additional Safety Equipment Required:

Personal gas monitors: ____

Respiratory Protection:

Half Face ____ Full Face ____ HEPA Filters ____ Supplied Air: ____ (Safety Dept. Approval)

Approximate Flue Gas Temperatures, (F)

below 210 210 to 450 450 to 950 above 950 other

If other, explain: _____

Approximate Duct Pressure, (iwg):

below -3 -3 to +3 +3 to +7 above +7 other

If other, explain: _____

PRE-MOBILIZATION TEST INFORMATION

Sampling Location: Stack Port _____ Duct Port _____

Approximate Sampling Platform Height, (ft)

below 6 6 to 50 50 to 100 above 100 other

If other, explain: _____

Access and Protection:

Elevators: _____ Ladders: _____ MEWP Lift: _____ Scaffold: _____ Equipment Hoist: _____

Guardrails: _____ Toe plate: _____ Engineered Tie Off Points: _____ Heat Shield: _____

Other: _____

Describe how equipment will be mobilized to the sampling location:

Additional Information:

Effluent Chemical Regulatory Limits						
Gas Name	Chemical Formula	Cal OSHA PEL ¹ (ppm)	Cal OSHA STEL ² (ppm)	NIOSH REL TWA ³ (ppm)	Cal OSHA Ceiling (ppm)	IDLH ⁴ (ppm)
Carbon Monoxide	CO	25	200	35	200	1,200
Nitric Oxide	NO _x	25	ND ⁵	25	ND	100
Sulfur Dioxide	SO ₂	2	5	2	ND	100
Hydrogen Chloride	HCl	0.3	2	ND	2	50
Hydrogen Sulfide	H ₂ S	10	15	10 (10 min.) ^C	50	100

*California Occupational Safety and Health Administration (OSHA) Permissible Exposure Limit (PEL) based on an 8-hour shift;
 2: Cal OSHA Short-term Exposure Limit (STEL) based on a 15-minute period;
 3: National Institute for Occupational Safety and Health (NIOSH) Recommended Exposure Limit (REL) Time-weighted Average (TWA) based on an 8-hour shift;
 4: Immediately Dangerous to Life or Health (IDLH);
 5: Not Defined (ND);
 C: Ceiling Limit - Maximum allowable human exposure limit for an airborne or gaseous substance, which is not to be exceeded, even momentarily.*

Prepared by: _____

Date: _____

Reviewed by: _____

Date: _____

1.	Client	Contact Name	Date	
	Facility	SSP Writer	PM	
	Client Rep			

Job Preparation

Job Site Walk Through Completed Site Specific Training Complete
 Safe Work Permit Received from Client

If the heat index is expected to be above 91°, fill out the Heat Stress Prevention Form.

All hazards and mitigation steps must be documented. If this JHA does not cover all the hazards identified, use Section 9 to document that information.

2. Facility Information/Emergency Preparedness

If non-emergency medical attention is needed, call: AXIOM #: 877-502-9466.

Plant Emergency # _____ Certified First Aid Person: _____

EMS Location _____ Evacuation Routes _____ Rally Point _____

Severe Weather Shelter Location _____ Eye Wash & Safety Shower Location _____

Operational: Yes No

Source Information: (list type): _____

Stack Gas Temp. (°F) _____ Stack Gas Press. ("H₂O) _____ Stack Gas Components: _____

Stack Gas Inhalation Potential? Yes No If yes, see List of Hazard Chemicals.

3. Error Risk

Time Pressure	Remote Work Location	> 12 hr shift	Working > 8 consecutive days
Lack of procedures	Extreme temps, wind >30mph	Personal illness/fatigue	Vague work guidance
Monotonous Activity	First day back after time off	Multiple job locations	Other: _____

4. Physical Hazards	Hazard Controls
Dust Hazards	Dust Mask Goggles Other: _____
Thermal Burn	Hot Gloves Heat Shields Other Protective Clothing: _____
Electrical Hazards	Connections Protected from Elements External GFCI Other: _____
	XP Rating Requirement Intrinsically Safe Requirement
Inadequate Lighting	Install Temporary Lighting Headlamps
Slip and Trip	Housekeeping Barricade Area Other: _____
Hand Protection	Cut Resistant Gloves Pinch Pts. General Electrical Impact Resistant
	Other: _____

Potential Hazards for Consideration

Secondary Permits	Hot Work Confined Space Excavation
Working from Heights See also Sect. 7	Falling objects Fall protection Drop zone protection Platform load ratings
	Scaffold inspection Ladder inspection Barricades for equipment
Electrical	Exposed wire/connector Verify equipment grounding Arc Flash
Lifting	Crane lift plan Rigging inspection Tag lines used Hoists in place
Respiratory See also Sect. 8	Unexpected exposure Chemical Dust (combustible) PEL provided
	Cartridges or supplied air available Gas detection equipment

5. Required PPE

Hard Hats	Safety Glasses	Safety Toe Shoe/Boot	Hearing Protection	Safety Spotter
Hi-Vis Vests	Harness/Lanyard*	Goggles	Personal Monitor Type: _____	
Metatarsal Guards	Hot Gloves	Face Shield	Respirator Type: _____	
Nomex/FRC	Other PPE: _____			

Additional Work Place Hazards

6. **Critical Procedures** – check all that apply – *indicates additional form must be completed or collected from client

Heat Stress Prevention*	Confined Space*	MEWP*	Roof Work	Scaffold
Cold Weather Work	Hazardous Energy Control*	Exposure Monitoring	Other: _____	

7. **Working From Heights**

Fall Protection	Fixed Guardrails/Toe boards	Fall Prevention PPE	Warning Line System	
Falling Objects Protection	Barricading	Netting	House Keeping	Tethered Tools
Fall Hazard Communication	Adjacent/Overhead Workers	Contractor Contact	Client Contact	

8. **Other Considerations**

Environmental Hazards - Weather Forecast

Heat/Cold	Lightning	Rain	Snow	Ice	Tornado	Wind Speed
-----------	-----------	------	------	-----	---------	------------

Steps for Mitigation: _____

Electrical Safety Planning

Plant Hook up: 110V 220/240V 480V Generator Hard wired into panel

Electrical Classified Area: Yes No Trailer Grounded: Yes No Plug Type _____

Electrical Hook Up Responsibility: _____

List of Hazardous Chemicals				Other Chemicals:
Acetone	Nitric Acid	Hydrogen Peroxide	Compressed Gases	_____
Hexane	Sulfuric Acid	Isopropyl Alcohol	Flammable Gas	_____
Toluene	Hydrochloric Acid	Liquid Nitrogen	Non-Flammable Gas	_____
H2S	Carbon Monoxide	_____	_____	_____

Steps for Mitigation: _____

Wildlife/Fauna in Area

Poison Ivy Poison Oak Insects: _____ Wildlife: _____

Personnel w/ known allergies to bees stings or other allergens? Yes _____ No _____

9. **Observed Hazards and Mitigation Steps**

Task	Potential Hazard(s)	Steps for Mitigation
•	1	1
	2	2
	3	3
•	1	1
	2	2
	3	3
•	1	1
	2	2
	3	3
•	1	1
	2	2
	3	3

EMERGENCY ACTION PLAN FORM

The Job Supervisor/ Client Project Manager (CPM) will ensure that all employees are familiar with the facility emergency and evacuation procedures, assembly/ rally points, alert systems, and signals prior to work commencing. In the event of an emergency situation/ evacuation, the Job Supervisor/ CPM will maintain a roster and be responsible for accounting for all employees. The Job Supervisor/ CPM will ensure that this Emergency Action Plan Form is completed, communicated to all employees, and posted.

•You must follow the client’s emergency action plan first, and notify your Supervisor immediately.

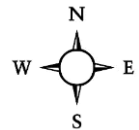
•If incident is life threatening, **CALL 911 IMMEDIATELY**

•If non-emergency medical attention is needed, call AXIOM Medical number: 877-502-9466.

1	MEG Job Supervisor/ CPM's Name:	
2	MEG Job Supervisor/ CPM's Telephone Number:	
3	MEG Job Safety Supervisor (if applicable):	
4	MEG Job Safety Supervisor's Telephone Number:	
5	Plant's Emergency Telephone Number:	
6	Local Hospital/ Clinic Telephone Number:	
7	Emergency Ops Radio Channel:	
8	Plant's #1 Contact Person's Name:	
9	Plant's #1 Contact Person's Telephone Number:	
10	Plant's #2 Contact Person's Name:	
11	Plant's #2 Contact Person's Telephone Number:	
12	Designated Assembly Point Location:	
13	Evacuation Routes:	
14	Severe Weather Shelter Location:	
15	Eye Wash and Safety Shower Location:	
16	The First Aid Kit is Located:	
17	The Fire Extinguisher is Located:	

EMERGENCY EVACUATION AND ASSEMBLY MAP

1	Facility Name:	
2	Facility Alarm (Circle):	YES or NO
3	Alarm Tones:	<i>FIRE:</i> _____; <i>CHEMICAL/ GAS:</i> _____; <i>SHELTER-IN-PLACE:</i> _____; <i>EVACUATE:</i> _____; <i>OTHER:</i> _____;
4	Designated Shelter(s) Description:	
5	Designated Assembly Point(s) Description:	



Draw the evacuation and assembly map here.

EMERGENCY ACTION PLAN FORM AND EVACUATION ASSEMBLY MAP REVIEW: Crew Names and Signatures

<i>Printed Name:</i>	<i>Signature:</i>	<i>Date:</i>	<i>Printed Name:</i>	<i>Signature:</i>	<i>Date:</i>

Daily MEWP Lift Inspection Form

All checks must be completed prior to each work shift, before operation of the MEWP lift. This checklist must be used at the beginning of each shift or following 6 to 8 hours of use.

MEWP Lift Model #:	Serial Number:
Make:	Rented or Owned:

- Check "Yes" if an item is adequate, operational, and safe.
- Check "No" to indicate that a repair or other corrective action is required prior to use.
- Check "N/A" to indicate "Not Applicable."

Items to be Inspected	Yes	No	N/A
1. All MEWP lift components are in working condition (i.e. no loose or missing parts, torn or loose hoses, etc.) – if something can be easily loosened by hand then it is not sufficient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Hydraulic fluid level is sufficient, with the platform fully lowered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Hydraulic system pressure (see manufacturer specs) is acceptable. If the pressure is low, determine cause and repair in accordance with accepted procedures as outlined in service manual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Tires and wheel lug nuts (for tightness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Hoses and cables (i.e. worn areas or chafing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Platform rails and safety gate (no damage present)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Pivot pins secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Welds are not cracked and structural members are not bent or broken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Warning and instructional labels are legible and secure, and load capacity is clearly marked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Manufacturer's Instruction Manual is present inside the bucket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Base controls (switches and push buttons) can be properly operated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Platform conditions are safe (i.e. not slippery)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Fire extinguisher is present, mounted and fully charged, located inside the bucket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Headlights, safety strobe light and back-up alarm are functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Workplace is free of hazards (overhead powerlines, obstructions, level surface, high winds, etc.) *Do not operate if winds are 20 mph, unless otherwise specified by manufacturer recommendations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Operator Name & Signature _____ Location _____ Date _____

Ground Control Name & Signature _____ Location _____ Date _____

Harness Inspections:

Printed Name _____ Signature _____ Date _____

Printed Name _____ Signature _____ Date _____

Printed Name _____ Signature _____ Date _____

Extended Hours Safety Audit

Project Number: _____ Date: _____ Time: _____

When a project is expected to extend past a 14-hour work day, this form must be completed to evaluate the condition of the crew, and the safety of the work environment.

Permission to proceed into extended work hours must come from a District Manager (DM) or Regional Vice President (RVP). Technical RVPs can authorize moving forward, if they are in the field or if they are managing the project.

1. Hold test crew meeting Test crew initials: _____

The test leader should look for signs of the following in their crews:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Irritability • Lack of motivation • Headaches • Giddiness | <ul style="list-style-type: none"> • Fatigue • Depression • Reduced alertness, lack of concentration and memory |
|--|--|

The test leader should assess the environmental and hazardous concerns:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Temperature and weather • Lighting • Working from Heights | <ul style="list-style-type: none"> • Hoisting • PPE (i.e. respirators, etc.) • Pollutant concentration in ambient air (SO₂, H₂S, ect.) |
|---|---|

2. Notify DM or RVP

The PM must contact either the DM or RVP to discuss the safety issues that may arise due to the extended work period. If the DM is the acting PM on the job site, they must contact the RVP. During this time, they can come to an agreement on how to proceed. Itemsto discuss include:

- | |
|--|
| <ul style="list-style-type: none"> • Reason for extended hours • Reason for delay <ul style="list-style-type: none"> ▪ Production limitations • Impending Weather |
|--|

3. Contact the client

The PM, DM or RVP must discuss with client any identified safety concerns, the client's needs and mutually agree on how to proceed. Discussion should also include the appropriate rest period needed before the next day's work shift can begin. The DM and/or a RVP must be informed on the final decision.

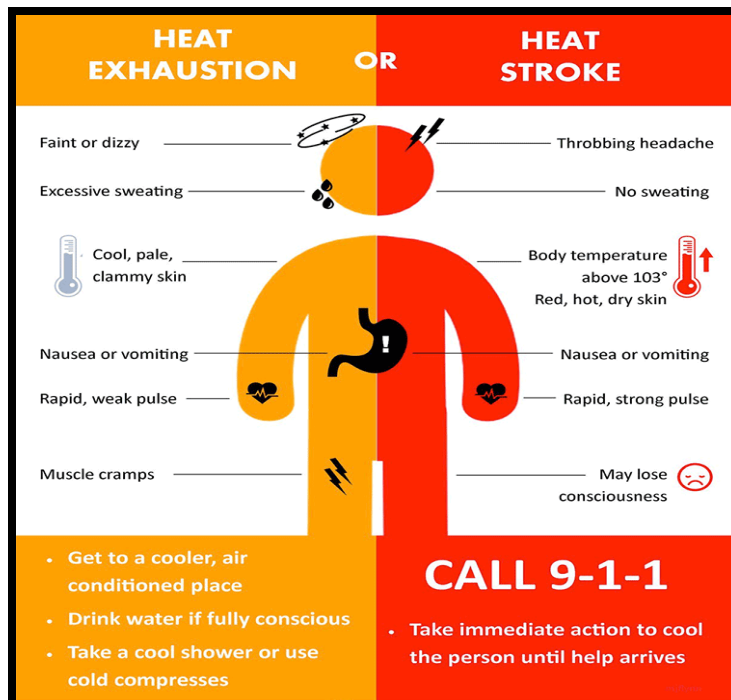
Final Outcome:	
Approver:	

Heat Stress Prevention Form

This form is to be used when the Expected Heat Index is above 91° F, and is to be kept with project documentation.

Project Manager (PM):	Expected High Temp:
Date(s):	Expected Heat Index:

1. Review the signs of Heat Exhaustion and Heat Stroke
2. If Heat Index is above 91° F:
 - Provide cold water and/or sports drinks to all field staff (avoid caffeinated drinks and energy drinks which can increase core temperature).
 - Bring no less than one gallon of water per employee
 - If employee(s) are dehydrated, on blood pressure medication or not acclimated to heat, ensure they are aware of the heightened risk for heat illness
 - Provide cool head bands/vests/etc.
 - Have ice available to employees
 - Implement work shift rotations and breaks, particularly for employees working in direct sunlight.
 - Provide as much shade at the jobsite as possible, including tarps, tents or other acceptable temporary structures.
 - PM should interview each field staff periodically to evaluate for signs of heat illness
3. If Heat Index is above 103° F:
 - Employees must stop for drinks and breaks every hour (about 4 cups/hour)
 - Employees are not permitted to work alone for more than one hour at a time without a break offering shade and drinks
 - Employees should wear cool bands and vests if working outside more than one hour at a time
 - PM should interview each field staff every 2 hours to evaluate for signs of heat illness



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If you have any questions, please contact one of the following individuals by email or phone.

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Title: Client Project Manager
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South Coast Air Quality Management District
 21865 Copley Drive
 Diamond Bar, CA 91765
 (909) 396-2000
 (909) 396-2099 (fax)

Expedited Evaluation Request Form
Source Test Protocol/ Report/ CEMS/
LAP/ Product Certification
Form 222-XST

Section I - Facility Information	
1. Business Name:	<u>Chiquita Canyon Landfill, LLC</u> Facility ID: <u>119219</u>
Equipment/ Device:	<u>Zeeco Thermal Oxidizer</u>
2. The requested evaluation is for:	<ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Source Test Protocol b. <input type="checkbox"/> Source Test Report c. <input type="checkbox"/> CEMS Application (New) d. <input type="checkbox"/> CEMS Application (Modification) e. <input type="checkbox"/> LAP Approval Evaluation f. <input type="checkbox"/> Product Certification (i.e., Rules 1111, 1121, 1146.2, and 1174)
Expedited Evaluation will not be performed unless all remaining acknowledgements are checked-off:	
3.	<input checked="" type="checkbox"/> I hereby request an Expedited Source Evaluation for this document.
4.	<input checked="" type="checkbox"/> I understand that this request may incur additional fees after completion of evaluation as allowed by District Reg. III.
5.	<input checked="" type="checkbox"/> I understand this request cannot be cancelled once an evaluation has been initiated.
6.	<input checked="" type="checkbox"/> I understand this request for expedited review neither guarantees action by any specific date nor does it guarantee approval.

Section II - Certification		
I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND INFORMATION SUBMITTED WITH THIS DOCUMENT IS TRUE AND CORRECT.		
SIGNATURE OF RESPONSIBLE OFFICER OF FIRM:		TITLE OF RESPONSIBLE OFFICER OF FIRM:
		District Manager
TYPE OR PRINT NAME OF RESPONSIBLE OFFICER OF FIRM:	TELEPHONE NUMBER:	DATE SIGNED:
Kevin Green	(661) 812-5846	2/18/2026

**SOURCE TEST PROTOCOL FOR
2026 CHIQUITA CANYON LANDFILL
HERO THERMAL OXIDIZER
SCAQMD FACILITY ID: 119219
SCAQMD A/N: 661284**

Prepared For:

SCS Field Services

3900 Kilroy Airport Way, Ste. 300
Long Beach, California 90806

For Submittal To:

South Coast Air Quality Management District

21865 Copley Drive
Diamond Bar, California 91765-4178

Prepared By:

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1631 E. St. Andrew Pl.
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Pete San Juan

Proposed Test Date: **April 3, 2026**
Production Date: **March 3, 2026**
Document Number: **W002AS-065112-PP-1498**

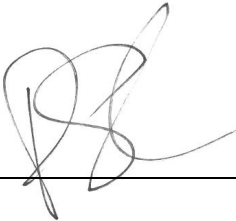


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REVIEW AND CERTIFICATION

I certify that, to the best of my knowledge, the information contained in this document is complete and accurate and conforms to the requirements of the Montrose Quality Management System and ASTM D7036-04.

Signature:  _____ Date: 3/3/2026

Name: Pete San Juan Title: Client Project Manager

I have reviewed, technically and editorially, details and other appropriate written materials contained herein. I hereby certify that to the best of my knowledge the presented material is authentic and accurate and conforms to the requirements of the Montrose Quality Management System and ASTM D7036-04.

Signature:  _____ Date: 3/3/2026

Name: Surya Adhikari Title: Senior Reporting QC Specialist

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1.0 INTRODUCTION

Montrose Air Quality Services, LLC (MAQS) will conduct source emissions testing on landfill gas-fired Thermal Oxidizer (TOx) AN: 661284 at the Chiquita Canyon Landfill (SCAQMD Facility ID: 119219) located in Castaic, California. This test plan is designed to satisfy the requirements of Notice to Comply #E56457, issued by South Coast AQMD to Chiquita Canyon, LLC, which requested source test protocols in accordance with 17 CCR § 95464(b)(4). 17 CCR § 95464(b)(3)(A)(1) requires gas control devices to achieve a methane destruction efficiency of at least 99 percent by weight.

Dylan Smith will coordinate the testing for the facility and can be reached at (661) 257-3655. The MAQS project manager will be Mr. Pete San Juan and can be reached at (714) 279-6777. The project manager will be assisted by additional MAQS personnel as necessary to complete the project. A qualified individual as defined in ASTM D7036-04 will be on-site during all testing activities. MAQS qualifies as an independent testing laboratory under SCAQMD Rule 304 (no conflict of interest) and is certified by the SCAQMD to conduct testing for criteria pollutants according to District Methods.

Measurements of the TOx emissions and operating parameters will be conducted at the TOx exhaust and at the inlet (landfill gas) of the control device. The test is tentatively scheduled for April 3, 2026, pending the approval of this protocol.

Equipment and facility information is provided in Section 2.0. Source test information is detailed in Section 3.0. Emission point information is provided in Section 4.0. Supplemental information is contained in the Appendices.

2.0 FACILITY AND SOURCE INFORMATION

The mailing address for the facility and the physical location of the source is as follows:

Chiquita Canyon Landfill
29201 Henry Mayo Drive
Castaic, California 91384

The Thermal Oxidizer is described as a Vapor Combustor and is Manufactured by Clean Cap Tech. It has a heat input capacity of 45 MMBtu/hr and a maximum inlet fuel flow rate of 3,300 scfm. The combustor uses approximately 50 standard cubic feet per hour of propane pilot assist gas. The reaction gas going into the unit is not expected to be greater than 22.46% methane. The TOx will be permitted to operate 24 hours per day, 7 days per week, and 52 weeks per year, except during periods of scheduled and unscheduled maintenance.

The proposed vapor combustor will also combust vapor vented from the liquid storage tanks in the LFG condensate and leachate collection/storage system and LFG condensate and leachate treatment system.

The exhaust stack is 8 feet in diameter and approximately 46 feet in height above grade. Stack measurements will be verified on the day of test prior to sampling.

3.0 TEST INFORMATION

The procedures that will be used for the inlet are summarized in Table 3-1. Table 3-2 presents the procedures that will be used for the exhaust stack. Testing will be conducted pending protocol approval. The daily estimated testing start time is 9:00 AM. Individual sampling run start times will depend on process operation, and set-up and sample recovery. Sampling and volume flow rate measurements will be 30 minutes in duration at a minimum and will be performed in triplicate at both the inlet and outlet locations. The test program will be conducted while the unit is fired at a maximum achievable flow rate during normal operating condition.

The field sampling procedures to be utilized during the test program are described below. The published reference methods provide greater detailed descriptions than in this section. The purpose of this section is to provide an overview of the sampling methods and any proposed variations. The sampling procedures proposed are based on SCAQMD and EPA Reference Methods.

**TABLE 3-1
 INLET TEST PROCEDURES
 TEST PROGRAM OVERVIEW
 CHIQUITA CANYON LANDFILL
 HERO THERMAL OXIDIZER**

Parameter	Sample Medium	Analytical Technique	Reference Method	Number of Replicates
Flow Rate ⁽¹⁾	On-Site Flow Meter or Pitot Tube	Flow Meter or differential pressure	Facility Meter or SCAQMD 2.1	3 / 30 Min
Moisture	Wet Bulb/Dry Bulb	Psychrometric Chart	SCAQMD 4.1	3 / 30 Min
N ₂ , O ₂ , and CO ₂	Tedlar Bag	GC/FID/TCD	ASTM D1945/ SCAQMD 10.1	3 / 30 Min
Methane	Tedlar Bag	GC/FID	EPA 18	3 / 30 Min
Btu/CF and F Factor	Tedlar Bag	GC/FID/TCD	ASTM D1945/3588	3 / 30 Min

(1) Fuel Meter calibration certificate will be included in the final report when fuel-based emissions are reported.

**TABLE 3-2
 EXHAUST TEST PROCEDURES
 TEST PROGRAM OVERVIEW
 CHIQUITA CANYON LANDFILL
 HERO THERMAL OXIDIZER**

Parameter	Sample Medium	Analytical Technique	Reference Method	Number of Replicates
Flow Rate	Pitot Tube	Differential Pressure	SCAQMD 2.1/EPA 19	3 / 30 Min
Moisture	Impinger Train	Gravimetric	SCAQMD 4.1	3 / 30 Min
Methane	Tedlar Bag	GC/FID	EPA 18	3 / 30 Min
N ₂ , O ₂ , and CO ₂	Tedlar Bag	GC/FID/TCD	EPA 3C/ SCAQMD10.1	3 / 30 Min

3.1 SCAQMD METHOD 1.1 – SAMPLING AND VELOCITY TRAVERSES FOR STATIONARY SOURCES

A preliminary source test site assessment will be performed prior to the source test in order to determine applicable sample point traverse locations. The stack diameter, and the distance from sample ports to disturbances, i.e. bends, flanges, etc., both upstream and downstream, will be measured. This information is utilized to determine the minimum number of sampling points per traverse, and the distance from the inner stack wall to each sample point location. Additionally, this method takes into account cyclonic flow patterns and in-situ stratified pollutant concentrations.

3.2 SCAQMD METHOD 2.1 – VELOCITY AND VOLUMETRIC FLOW RATE

The velocity of the gas stream is determined by using an "S" type or standard pitot tube, a low flow electronic manometer, and type "K" thermocouple with a digital temperature measuring device. The calibrated pitot tube is connected to the electronic Air Data Multimeter (ADM) manometer and leak checked. Due to anticipated high stack temperature (>1,400°F), an S-type pitot will be used at the exhaust in conjunction with ADM. A temperature and Delta P (ΔP) is obtained at each traverse point, and a duct static pressure is measured and recorded. The dry volumetric flow rate is determined from the gas velocity data, stack pressure, stack gas moisture content, stack gas molecular weight, and cross-sectional area of duct. A cyclonic flow test will also be conducted. Exhaust flow rate may also be calculated using EPA Method 19. It is expected that all mass emissions results will be based on the measured stack flow rates. The calculated stack flow rate may also be used for mass emission rate calculations in the instance the measured flow rate is questionable.

3.3 SCAQMD METHOD 3.1 – GAS ANALYSIS FOR DRY MOLECULAR WEIGHT AND EXCESS AIR

Integrated samples will be collected into Tedlar bags from the stack and analyzed for O₂, CO₂, and nitrogen (N₂). Exhaust N₂ data may also be calculated by the difference from the concentration of the other major exhaust gas components. Molecular weight of the stack gas is calculated from the percentages of carbon dioxide (CO₂), oxygen (O₂) and nitrogen. Inlet landfill gas will be analyzed by GC for N₂, O₂, and CO₂.

3.4 SCAQMD METHOD 4.1 – DETERMINATION OF MOISTURE CONTENT IN STACK GASES

Moisture content is determined by the Method 4.1 sampling system. Prior to sampling, a leak check of the sampling train is performed to ensure system integrity. Tare weights of the charged individual impingers are recorded prior to the start of the sampling run using a top loading digital balance capable of weighing to the nearest 0.1 gram or less. After sampling, the final weights of each impinger are determined and recorded. Percent moisture content is calculated from the weight of water collected and the dry gas volume sampled. If possible, inlet moisture will be measured using a wet bulb/dry bulb and calculated with a psychrometric chart.

Equations:

$$\text{Moisture (B}_{ws}) = \frac{V_{wstd}}{V_{mstd} + V_{wstd}} \times 100\%$$

Where:

$$V_{wstd} = \frac{0.0464 \text{ ft}^3}{\text{ml}} * \text{Volume H}_2\text{O Collected (ml)}$$

And:

$$V_{mstd} = Y \text{ Meter} * \frac{520^\circ\text{R}}{29.92 \text{ in Hg}} * \frac{\text{Vol Metered} * \text{Pressure Meter. inches Hg}}{\text{Temp. Meter} - ^\circ\text{R}}$$

3.5 EPA METHOD 18 – MEASUREMENT OF METHANE EMISSIONS BY GAS CHROMATOGRAPHY

The Method 18 sampling apparatus will be used to collect methane in five or ten liters Tedlar bags. Triplicate integrated samples will be collected simultaneously from a single point at the inlet and outlet of the thermal oxidizer to determine the Methane destruction efficiency (DRE) across the control device on a mass basis.

The apparatus consists of a stainless-steel probe connected by Teflon line to a Tedlar sample bag contained in an airtight canister. Evacuation of the air in the canister causes sample gas to be drawn into the bag. Only new Tedlar bags will be used, and bags will be purged before collection of the sample.

On completion of each run, the bag samples will be sealed and transported to the laboratory. The contents of each bag sample will be analyzed by gas chromatograph (GC) with a Flame Ionization Detector (FID) for the determination of methane content at the inlet and outlet, and emission rate will be calculated as follows:

Equation:

$$\text{lb/hr} = \text{PPMv} * \text{DSCFM} * \text{C.F.} * \text{M.W.}$$

Where:

PPMv = Parts Per Million (Volume)

DSCFM = Dry Standard Cubic Feet Per Minute

M.W. = Molecular Weight of Methane (16-lb/lb-mole)

C.F. = Conversion Factor = 1.583×10^{-7} @ 60°F;
= 1.558×10^{-7} @ 68°F

Enthalpy Analytical, Quantum Analytical, AtmAA, AAC or other approved laboratories will be used for the analysis. The following equation will be used to determine the Methane DRE.

$$\text{METHANE DRE} = \left(\frac{\text{Methane}_{in} - \text{Methane}_{out}}{\text{Methane}_{in}} \right) (100\%) \text{ based on mass emission rates}$$

3.6 EPA METHOD 19 – CALCULATION OF EXHAUST FLOW RATE FROM KNOWN F-FACTOR

Fuel meter readings will be recorded during the test. Landfill gas samples will be collected in a Tedlar bag and analyzed for fuel gas composition, F-Factor (dscf/MMBtu) and higher heating value (HHV) Btu/Scf by ASTM D1945/D3588. Lab result values may also be used for the calculation of volumetric flow rate using the EPA Method 19.

Equation:

$$Q_{sd} = \left(\frac{F_d \times \text{GCV} \times \text{FF}}{1 \times 10^6} \right) \left(\frac{20.9 - O_2}{20.9} \right)$$

4.0 EMISSION POINT INFORMATION

The emission point information is summarized in Table 4-1. Whenever unit is in operation, temperature shall be maintained at $\geq 1,400$.

**TABLE 4-1
ESTIMATED EMISSION POINT INFORMATION
CHIQUITA CANYON LANDFILL
HERO THERMAL OXIDIZER**

Source Location	Diameter	Downstream Distance	Upstream Distance	Temperature (°F)	Inlet Volumetric Gas Flow Rate (SCFM)
Exhaust Stack	8.0'	TBD	TBD	$\geq 1,400$	<3300

A sixteen-point traverse will be used for flow rates. Method 18 samples will be collected from a single point. Stack dimensions will be verified on-site prior to testing and will be included in the final report. Inlet dimensions will also be measured on-site and included in the final report.

APPENDIX A GENERAL EMISSIONS CALCULATIONS

GENERAL EMISSIONS CALCULATIONS

I. Stack Gas Velocity

A. Stack gas molecular weight, lb/lb-mole

$$MW_{dry} = 0.44 * \% CO_2 + 0.32 * \% O_2 + 0.28 * \% N_2$$

$$MW_{wet} = MW_{dry} * (1 - B_{wo}) + 18 * B_{wo}$$

B. Absolute stack pressure, iwg

$$P_s = P_{bar} + \frac{P_{sg}}{13.6}$$

C. Stack gas velocity, ft/sec

$$V_s = 2.9 * C_p * \sqrt{\Delta P} * \sqrt{T_s} * \sqrt{\frac{29.92 * 28.95}{P_s * MW_{wet}}}$$

II. Moisture

A. Sample gas volume, dscf

$$V_{mstd} = 0.03342 * V_m * \left(P_{bar} + \frac{\Delta H}{13.6} \right) * \frac{T_{ref}}{T_m} * Y_d$$

B. Water vapor volume, scf

$$V_{wstd} = 0.0472 * V_{ic} * \frac{T_{ref}}{528^{\circ}R}$$

C. Moisture content, dimensionless

$$B_{wo} = \frac{V_{wstd}}{(V_{mstd} + V_{wstd})}$$

III. Stack Gas Volumetric Flow Rate

A. Actual stack gas volumetric flow rate, wacfm

$$Q = V_s * A_s * 60$$

B. Standard stack gas flow rate, dscfm

$$Q_{sd} = Q * (1 - B_{wo}) * \frac{T_{ref}}{T_s} * \frac{P_s}{29.92}$$

Waste Connections – Chiquita Canyon Landfill
 2026 HERO Thermal Oxidizer Methane DRE Source Test Plan

IV. Gaseous Mass Emission Rates, lb/hr

$$M = \frac{\text{ppm} * MW_i * Q_{sd} * 60}{SV * 10^6}$$

V. Gaseous Concentrations, corrected (Ccorr @ 3%O₂.)

$$C_{\text{corr @3\%O}_2} = \frac{\text{ppm} * (20.9-3.0)}{(20.9-\% \text{ O}_2)}$$

VI. Destruction Efficiency (DRE), %

$$DRE, \% = \left(\frac{M_{in} - M_{out}}{M_{in}} \right) (100\%) \quad \text{based on mass emission rates}$$

VII. Emission Rates, lb/MMBtu

$$\frac{\text{lb}}{\text{MMBtu}} = \frac{\text{ppm} * MW_i * F}{SV * 10^6} * \frac{20.9}{20.9 - \% \text{ O}_2}$$

$$\frac{\text{lb}}{\text{MMBtu}} = \frac{\text{lb/hr}}{\text{MMBTu/hr}}$$

VIII. Percent Isokinetic

$$I = \frac{17.32 * T_s (V_{mstd})}{(1 - B_{wo}) * V_s * P_s * Dn^2} * \frac{528^\circ R}{T_{ref}}$$

IX. Particulate Emissions

(a) Grain loading, gr/dscf
 $C = 0.01543 (M_n/V_m \text{ std})$

(b) Grain loading at 12% CO₂, gr/dscf
 $C_{12\% \text{ CO}_2} = C (12/\% \text{ CO}_2)$

(c) Mass emissions, lb/hr
 $M = C * Q_{sd} * (60 \text{ min/hr}) / (7000 \text{ gr/lb})$

(d) Particulate emission factor

$$\text{lb}/10^6 \text{ Btu} = Cx \frac{1 \text{ lb}}{7000 \text{ gr}} * F * \frac{20.9}{20.9 - \% \text{ O}_2}$$

Waste Connections – Chiquita Canyon Landfill
 2026 HERO Thermal Oxidizer Methane DRE Source Test Plan

Nomenclature:

A_s	=	stack area, ft ²
B_{wo}	=	flue gas moisture content, dimensionless
$C_{12\%CO_2}$	=	particulate grain loading, gr/dscf corrected to 12% CO ₂
C	=	particulate grain loading, gr/dscf
C_p	=	pitot calibration factor, dimensionless
D_n	=	nozzle diameter, inches
F	=	fuel F-Factor, dscf/MMBtu @ 0% O ₂
H	=	orifice differential pressure, iwg
I	=	% isokinetics
M_n	=	mass of collected particulate, mg
M_i	=	mass emission rate of specie i, lb/hr
MW	=	molecular weight of flue gas, lb/lb-mole
M_{wi}	=	molecular weight of specie i:
		SO ₂ : 64
		NO _x : 46
		CO: 28
		HC: 16
t	=	sample time, minutes
ΔP	=	average velocity head, iwg = $(\sqrt{\Delta P})^2$
P_{bar}	=	barometric pressure, inches Hg
P_s	=	stack absolute pressure, inches Hg
P_{sg}	=	stack static pressure, iwg
Q	=	wet stack flow rate at actual conditions, wacfm
Q_{sd}	=	dry standard stack flow rate, dscfm
SV	=	specific molar volume of an ideal gas at standard conditions, ft ³ /lb-mole
T_m	=	meter temperature, °R
T_{ref}	=	reference temperature, °R
T_s	=	stack temperature, °R
V_s	=	stack gas velocity, ft/sec
V_{lc}	=	volume of liquid collected in impingers, ml
V_m	=	uncorrected dry meter volume, dcf
V_{mstd}	=	dry meter volume at standard conditions, dscf
V_{wstd}	=	volume of water vapor at standard conditions, scf
Y_d	=	meter calibration coefficient

APPENDIX B QUALITY ASSURANCE

Appendix B.1

Quality Assurance Program Summary

QUALITY ASSURANCE PROGRAM SUMMARY

As part of Montrose Air Quality Services, LLC (Montrose) ASTM D7036-04 certification, Montrose is committed to providing emission related data which is complete, precise, accurate, representative, and comparable. Montrose quality assurance program and procedures are designed to ensure that the data meet or exceed the requirements of each test method for each of these items. The quality assurance program consists of the following items:

- Assignment of an Internal QA Officer
- Development and use of an internal QA Manual
- Personnel training
- Equipment maintenance and calibration
- Knowledge of current test methods
- Chain-of-custody
- QA reviews of test programs

Assignment of an Internal QA Officer: Montrose has assigned an internal QA Officer who is responsible for administering all aspects of the QA program.

Internal Quality Assurance Manual: Montrose has prepared a QA Manual according to the requirements of ASTM D7036-04 and guidelines issued by EPA. The manual documents and formalizes all of Montrose's QA efforts. The manual is revised upon periodic review and as Montrose adds capabilities. The QA manual provides details on the items provided in this summary.

Personnel Testing and Training: Personnel testing and training is essential to the production of high quality test results. Montrose training programs include:

- A requirement for all technical personnel to read and understand the test methods performed
- A requirement for all technical personnel to read and understand the Montrose QA manual
- In-house testing and training
- Quality Assurance meetings
- Third party testing where available
- Maintenance of training records.

Equipment Maintenance and Calibration: All laboratory and field equipment used as a part of Montrose's emission measurement programs is maintained according to manufacturer's recommendations. A summary of the major equipment maintenance schedules is summarized in Table 1. In addition to routine maintenance, calibrations are performed on all sampling equipment according to the procedures outlined in the applicable test method. The calibration intervals and techniques for major equipment components is summarized in Table 2. The calibration technique may vary to meet regulatory agency requirements.

Knowledge of Current Test Methods: Montrose maintains current copies of EPA, ARB, and SCAQMD Source Test Manuals and Rules and Regulations.

Chain-of-Custody: Montrose maintains chain-of-custody documentation on all data sheets and samples. Samples are stored in a locked area accessible only to Montrose source test personnel. Data sheets are kept in the custody of the originator, program manager, or in locked storage until return to Montrose office. Electronic field data is duplicated for backup on secure storage media. The original data sheets are used for report preparation and any additions are initialed and dated.

QA Reviews: Periodic field, laboratory, and report reviews are performed by the in-house QA coordinator. Periodically, test plans are reviewed to ensure proper test methods are selected and reports are reviewed to ensure that the methods were followed and any deviations from the methods are justified and documented.

ASTM D7036-04 Required Information

Uncertainty Statement

Montrose is qualified to conduct this test program and has established a quality management system that led to accreditation with ASTM Standard D7036-04 (Standard Practice for Competence of Air Emission Testing Bodies). Montrose participates in annual functional assessments for conformance with D7036-04 which are conducted by the American Association for Laboratory Accreditation (A2LA). All testing performed by Montrose is supervised on site by at least one Qualified Individual (QI) as defined in D7036-04 Section 8.3.2. Data quality objectives for estimating measurement uncertainty within the documented limits in the test methods are met by using approved test protocols for each project as defined in D7036-04 Sections 7.2.1 and 12.10. Additional quality assurance information is presented in the report appendices.

Performance Data

Performance data are available for review.

Qualified Personnel

A qualified individual (QI), defined by performance on a third party or internal test on the test methods, is present on each test event.

Plant Entry and Safety Requirements

Plant Entry

All test personnel are required to check in with the guard at the entrance gate or other designated area. Specific details are provided by the facility and project manager.

Safety Requirements

All personnel shall have the following personal protective equipment (PPE) and wear them where designated:

- Hard Hat
- Safety Glasses
- Steel Toe Boots
- Hearing Protection
- Gloves
- High Temperature Gloves (if required)
- Flame Resistant Clothing (if required)

The following safety measures are followed:

- Good housekeeping
- SDS for all on-site hazardous materials
- Confine selves to necessary areas (stack platform, mobile laboratory, CEMS data acquisition system, control room, administrative areas)
- Knowledge of evacuation procedures

Each facility will provide plant specific safety training.

**TABLE 1
 EQUIPMENT MAINTENANCE SCHEDULE**

Equipment	Acceptance Limits	Frequency of Service	Methods of Service
Pumps	<ol style="list-style-type: none"> 1. Absence of leaks 2. Ability to draw manufacturers required vacuum and flow 	As recommended by manufacturer	<ol style="list-style-type: none"> 1. Visual inspection 2. Clean 3. Replace parts 4. Leak check
Flow Meters	<ol style="list-style-type: none"> 1. Free mechanical movement 	As recommended by manufacturer	<ol style="list-style-type: none"> 1. Visual inspection 2. Clean 3. Calibrate
Sampling Instruments	<ol style="list-style-type: none"> 1. Absence of malfunction 2. Proper response to zero span gas 	As recommended by manufacturer	As recommended by manufacturer
Integrated Sampling Tanks	<ol style="list-style-type: none"> 1. Absence of leaks 	Depends on nature of use	<ol style="list-style-type: none"> 1. Steam clean 2. Leak check
Mobile Van Sampling System	<ol style="list-style-type: none"> 1. Absence of leaks 	Depends on nature of use	<ol style="list-style-type: none"> 1. Change filters 2. Change gas dryer 3. Leak check 4. Check for system contamination
Sampling Lines	<ol style="list-style-type: none"> 1. Sample degradation less than 2% 	After each test series	<ol style="list-style-type: none"> 1. Blow dry, inert gas through line until dry

**TABLE 2
 MAJOR SAMPLING EQUIPMENT CALIBRATION REQUIREMENTS**

Sampling Equipment	Calibration Frequency	Calibration Procedure	Acceptable Calibration Criteria
Continuous Analyzers	Before and After Each Test Day	3-point calibration error test	< 2% of analyzer range
Continuous Analyzers	Before and After Each Test Run	2-point sample system bias check	< 5% of analyzer range
Continuous Analyzers	After Each Test Run	2-point analyzer drift determination	< 3% of analyzer range
CEMS System	Beginning of Each Day	leak check	< 1 in. Hg decrease in 5 min. at > 20 in. Hg
Continuous Analyzers	Semi-Annually	3-point linearity	< 1% of analyzer range
NO _x Analyzer	Daily	NO ₂ -> NO converter efficiency	> 90%
Differential Pressure Gauges (except for manometers)	Semi-Annually	Correction factor based on 5-point comparison to standard	± 5%
Differential Pressure Gauges (except for manometers)	Bi-Monthly	3-point comparison to standard, no correction factor	± 5%
Barometer	Semi-Annually	Adjusted to mercury-in-glass or National Weather Service Station	± 0.1 inches Hg
Dry Gas Meter	Semi-Annually	Calibration check at 4 flow rates using a NIST traceable standard	± 2%
Dry Gas Meter	Bi-Monthly	Calibration check at 2 flow rates using a NIST traceable standard	± 2% of semi-annual factor
Dry Gas Meter Orifice	Annually	4-point calibration for ΔH@	--
Temperature Sensors	Semi-Annually	3-point calibration vs. NIST traceable standard	± 1.5%

Note: Calibration requirements that meet applicable regulatory agency requirements are used.

Appendix B.2

SCAQMD and STAC Certifications

Waste Connections – Chiquita Canyon Landfill
2026 HERO Thermal Oxidizer Methane DRE Source Test Plan



September 18, 2025

Mr. John Peterson
Montrose Air Quality Services, LLC
1631 E. Saint Andrew Place
Santa Ana, CA 92705

Subject: LAP Approval Notice
Reference # 96LA1220

Dear Mr. Peterson:

We have completed our review of Montrose Air Quality Services' renewal application under the South Coast AQMD Laboratory Approval Program (LAP). We are pleased to inform you that your firm is approved for the period beginning September 30, 2025, and ending September 30, 2026, for the following methods, subject to the requirements in the LAP Conditions For Approval Agreement and conditions listed in the attachment to this letter:

South Coast AQMD Methods 1-4
South Coast AQMD Methods 10.1 and 100.1
South Coast AQMD Methods 5.1, 5.2, 5.3, 6.1 (Sampling and Analysis)
South Coast AQMD Methods 25.1 and 25.3 (Sampling)
Rule 1121/ 1146.2 Protocol
Rule 1420/1420.1/1420.2 – (Lead) Source and Ambient Sampling
USEPA CTM-030 and ASTM D6522-00

Your LAP approval to perform nitrogen oxide emissions compliance testing for Rule 1121/ 1146.2 Protocols includes satellite facilities located at:

McKenna Boiler 1510 North Spring Street Los Angeles, CA 90012	Noritz America Corp. 11160 Grace Avenue Fountain Valley, CA 92708	Ajax Boiler, Inc. 2701 S. Harbor Blvd. Santa Ana, CA 92704
VA Laundry Bldg., Greater LA Healthcare Sys. 508 Constitution Avenue Los Angeles, CA 90049	So Cal Gas – Engr Analysis Ctr, Bldg H 8101 Rosemead Blvd Pico Rivera, CA 90660	

Thank you for participating in the LAP. Your cooperation helps us to achieve the goal of the LAP: to maintain high standards of quality in the sampling and analysis of source emissions. You may direct any questions or information to me by telephone at (909) 396-2476, or via e-mail at ceckerle@aqmd.gov.

Sincerely,

Colin Eckerle
Program Supervisor
Source Test Engineering

CE/ce
Attachment
250918 LapRenewal.doc



American Association for Laboratory Accreditation

Accredited Air Emission Testing Body

A2LA has accredited

MONTROSE AIR QUALITY SERVICES

In recognition of the successful completion of the joint A2LA and Source Evaluation Society (SES) evaluation process, this laboratory is accredited to perform testing activities in compliance with ASTM D7036:2004 - Standard Practice for Competence of Air Emission Testing Bodies.

Presented this 23rd day of January 2026.



Mr. Trace McInturff, Vice President, Accreditation Services
For the Accreditation Council
Certificate Number 3925.01
Valid to February 29, 2028

This accreditation program is not included under the A2LA ILAC Mutual Recognition Arrangement.

Appendix B.3

Statement of No Conflict of Interest

STATEMENT OF NO CONFLICT OF INTEREST AS AN INDEPENDENT TESTING LABORATORY

(To be completed by authorized source testing firm representative and included in source test report)

The following facility and equipment were tested by my source testing firm and are the subjects of this statement:

Facility ID:	119219
Date(s) Tested:	Test Plan
Facility Name:	Chiquita Canyon Landfill
Equipment Address:	29201 Henry Mayo Drive Castaic, California 91384
Equipment Tested:	HERO Thermal Oxidizer
Device ID, A/N, P/N:	A/N:661284

I state, as its legally authorized representative, that the source testing firm of:

Source Test Firm: Montrose Air Quality Services, LLC
Business Address: 1631 E. St. Andrew Pl.
Santa Ana, California 92705

is an "Independent Testing Laboratory" as defined in **District Rule 304(k)**:

For the purposes of this Rule, when an independent testing laboratory is used for the purposes of establishing compliance with District rules or to obtain a District permit to operate, it must meet all of the following criteria:

- (1) *The testing laboratory shall have no financial interest in the company or facility being tested, or in the parent company, or any subsidiary thereof -*
- (2) *The company or facility being tested, or parent company or any subsidiary thereof, shall have no financial interest in the testing laboratory;*
- (3) *Any company or facility responsible for the emission of significant quantities of pollutants to the atmosphere, or parent company or any subsidiary thereof shall have no financial interest in the testing laboratory; and*
- (4) *The testing laboratory shall not be in partnership with, own or be owned by, in part or in full, the contractor who has provided or installed equipment (basic or control), or monitoring systems, or is providing maintenance for installed equipment or monitoring systems, for the company being tested.*

Furthermore, I state that any contracts or agreements entered into by my source testing firm and the facility referenced above, or its designated contractor(s), either verbal or written, are not contingent upon the outcome of the source testing, or the source testing information provided to the SCAQMD.

Signature:  **Date:** 3/3/2026
Pete San Juan **Client Project Manager** **(714) 279-6777** **3/3/2026**
 (Name) (Title) (Phone) (Date)

APPENDIX C SITE SAFETY PLAN



SITE SAFETY PLAN BOOKLET

Project: _____

Customer: _____

Location: _____

Units: _____

Client Project Manager: _____

Site Safety Plan and JHA Purpose and Instructions

Purpose

Employee safety is the top priority of Montrose Environmental Group. All employees must be trained to assess and mitigate hazards. The District Manager and Project Manager are responsible to ensure all hazards have been properly identified and managed. All employees have Stop Work Authority in all situations where an employee feels they or their co-worker cannot perform a job safely or if there is a task for which they have not been adequately trained.

The Site Safety Plan (SSP) has been developed to help assist Montrose test crews with identifying physical and health hazards and determining how the hazards will be managed. Additionally, the SSP will help each crew manage the safety of the employees by providing emergency procedures and information. The booklet contains a several safety forms that may be required in the field.

Instructions

The SSP consists of the following:

1. A Pre-Mobilization Test Plan – To be completed in it's entirety by the client project Manager prior to the test.
2. A Job Hazard Analysis is a standardized, two-page, fillable form that is used to evaluated the task/site's particular hazards and controls. The form also includes a daily toolbox topic and daily hazard review with sign off by the team. The client Project Manager is responsible to complete the JHA form through section 8. Upon arrival at the test site, the team will review the form for accuracy, making any corrections required and complete the remainder of the JHA. Section 9 will require at least three tasks, hazards and controls be identified for the project. Each team member has the option to discuss making changes or adding to the JHA and must sign on the Job Hazard Analysis form in agreement and sign in Section 10. The JHA is to be modified when conditions change. A toolbox meeting with a daily topic in addition to a review of the hazard analysis is required daily for the duration of the test. An additional sheet of paper with the toolbox topic and signatures can be added to the SSP packet.
3. Hazard Control Matrix - contains useful information on both engineering and administrative controls that a crew can use to reduce or eliminate the hazards they have observed plus applicable PPE that may be required.
4. Emergency Action Plan - The Job Supervisor/ Client Project Manager (CPM) will complete the Emergency Action Plan form and ensure that all employees are familiar with the facility emergency and evacuation procedures, assembly/ rally points, alert systems, and signals prior to work commencing. In the event of an emergency situation/ evacuation, the Job Supervisor/ CPM will maintain a roster and be responsible for accounting for all employees. The Job Supervisor/ CPM will ensure that this Emergency Action Plan Form is completed, communicated to all employees, signed, and posted.
5. Additional Forms, as applicable
 - a. MEWP Lift Inspection Form
 - b. Heat Stress Prevention Form Based on Heat Index
 - c. Extended Hours Form

Site Safety Plan and JHA Purpose and Instructions

The SSP is a living document. The Project Manager should continually update their SSPs as new information and conditions change or if new hazards are presented.

Each completed SSP should be maintained with the Test Plan in the office for a period of 3 years. There will be an audit process developed for the Site Safety Plans.

PRE-MOBILIZATION TEST INFORMATION

PROJECT NAME/LOCATION: _____ PROJECT #: _____

TEST DATE: _____ PROJECT MANAGER: _____

TEST SCOPE: _____

SITE CONTACT: Name: _____ Contact Phone: _____

Source Type: New Source: ____ Revisit: ____ Prj#/Date/Tech: _____

Coal Fired Electric Utility: ____ Ethanol Plant: ____ Chemical Mfg. of _____

Cement/Lime Kiln Plant: ____ Specialty Mfg. of: _____ Other: _____

Anticipated Effluent Composition – check all that apply and fill in expected concentration in ppm/%

CO NO_x SO₂ VOC other

If other, explain: _____

Flammable: _____ **Toxic:** _____ **Corrosive:** _____ **Dust:** _____

Engineering Controls to be Implemented:

Additional Safety Equipment Required:

Personal gas monitors: ____

Respiratory Protection:

Half Face ____ Full Face ____ HEPA Filters ____ Supplied Air: ____ (Safety Dept. Approval)

Approximate Flue Gas Temperatures, (F)

below 210 210 to 450 450 to 950 above 950 other

If other, explain: _____

Approximate Duct Pressure, (iwg):

below -3 -3 to +3 +3 to +7 above +7 other

If other, explain: _____

PRE-MOBILIZATION TEST INFORMATION

Sampling Location: Stack Port _____ Duct Port _____

Approximate Sampling Platform Height, (ft)

below 6 6 to 50 50 to 100 above 100 other

If other, explain: _____

Access and Protection:

Elevators: _____ Ladders: _____ MEWP Lift: _____ Scaffold: _____ Equipment Hoist: _____

Guardrails: _____ Toe plate: _____ Engineered Tie Off Points: _____ Heat Shield: _____

Other: _____

Describe how equipment will be mobilized to the sampling location:

Additional Information:

Effluent Chemical Regulatory Limits						
Gas Name	Chemical Formula	Cal OSHA PEL ¹ (ppm)	Cal OSHA STEL ² (ppm)	NIOSH REL TWA ³ (ppm)	Cal OSHA Ceiling (ppm)	IDLH ⁴ (ppm)
Carbon Monoxide	CO	25	200	35	200	1,200
Nitric Oxide	NO _x	25	ND ⁵	25	ND	100
Sulfur Dioxide	SO ₂	2	5	2	ND	100
Hydrogen Chloride	HCl	0.3	2	ND	2	50
Hydrogen Sulfide	H ₂ S	10	15	10 (10 min.) ^C	50	100

*California Occupational Safety and Health Administration (OSHA) Permissible Exposure Limit (PEL) based on an 8-hour shift;
 2: Cal OSHA Short-term Exposure Limit (STEL) based on a 15-minute period;
 3: National Institute for Occupational Safety and Health (NIOSH) Recommended Exposure Limit (REL) Time-weighted Average (TWA) based on an 8-hour shift;
 4: Immediately Dangerous to Life or Health (IDLH);
 5: Not Defined (ND);
 C: Ceiling Limit - Maximum allowable human exposure limit for an airborne or gaseous substance, which is not to be exceeded, even momentarily.*

Prepared by: _____

Date: _____

Reviewed by: _____

Date: _____

1.	Client	Contact Name	Date	
	Facility	SSP Writer	PM	
	Client Rep			

Job Preparation

Job Site Walk Through Completed Site Specific Training Complete

Safe Work Permit Received from Client

If the heat index is expected to be above 91°, fill out the Heat Stress Prevention Form.

All hazards and mitigation steps must be documented. If this JHA does not cover all the hazards identified, use Section 9 to document that information.

2. Facility Information/Emergency Preparedness

If non-emergency medical attention is needed, call: AXIOM #: 877-502-9466.

Plant Emergency # _____ Certified First Aid Person: _____

EMS Location Evacuation Routes Rally Point

Severe Weather Shelter Location Eye Wash & Safety Shower Location

Operational: Yes No

Source Information: (list type): _____

Stack Gas Temp. (°F) _____ Stack Gas Press. ("H₂O) _____ Stack Gas Components: _____

Stack Gas Inhalation Potential? Yes No If yes, see List of Hazard Chemicals.

3. Error Risk

Time Pressure	Remote Work Location	> 12 hr shift	Working > 8 consecutive days
Lack of procedures	Extreme temps, wind >30mph	Personal illness/fatigue	Vague work guidance
Monotonous Activity	First day back after time off	Multiple job locations	Other:

4. Physical Hazards	Hazard Controls
Dust Hazards	Dust Mask Goggles Other: _____
Thermal Burn	Hot Gloves Heat Shields Other Protective Clothing: _____
Electrical Hazards	Connections Protected from Elements External GFCI Other: _____
	XP Rating Requirement Intrinsically Safe Requirement
Inadequate Lighting	Install Temporary Lighting Headlamps
Slip and Trip	Housekeeping Barricade Area Other: _____
Hand Protection	Cut Resistant Gloves Pinch Pts. General Electrical Impact Resistant
	Other: _____

Potential Hazards for Consideration

Secondary Permits	Hot Work Confined Space Excavation
Working from Heights See also Sect. 7	Falling objects Fall protection Drop zone protection Platform load ratings
	Scaffold inspection Ladder inspection Barricades for equipment
Electrical	Exposed wire/connector Verify equipment grounding Arc Flash
Lifting	Crane lift plan Rigging inspection Tag lines used Hoists in place
Respiratory See also Sect. 8	Unexpected exposure Chemical Dust (combustible) PEL provided
	Cartridges or supplied air available Gas detection equipment

5. Required PPE

Hard Hats	Safety Glasses	Safety Toe Shoe/Boot	Hearing Protection	Safety Spotter
Hi-Vis Vests	Harness/Lanyard*	Goggles	Personal Monitor Type: _____	
Metatarsal Guards	Hot Gloves	Face Shield	Respirator Type: _____	
Nomex/FRC	Other PPE:			

Additional Work Place Hazards

6. **Critical Procedures** – check all that apply – *indicates additional form must be completed or collected from client

Heat Stress Prevention*	Confined Space*	MEWP*	Roof Work	Scaffold
Cold Weather Work	Hazardous Energy Control*	Exposure Monitoring	Other: _____	

7. **Working From Heights**

Fall Protection	Fixed Guardrails/Toe boards	Fall Prevention PPE	Warning Line System	
Falling Objects Protection	Barricading	Netting	House Keeping	Tethered Tools
Fall Hazard Communication	Adjacent/Overhead Workers	Contractor Contact	Client Contact	

8. **Other Considerations**

Environmental Hazards - Weather Forecast

Heat/Cold	Lightning	Rain	Snow	Ice	Tornado	Wind Speed
-----------	-----------	------	------	-----	---------	------------

Steps for Mitigation: _____

Electrical Safety Planning

Plant Hook up: 110V 220/240V 480V Generator Hard wired into panel

Electrical Classified Area: Yes No Trailer Grounded: Yes No Plug Type _____

Electrical Hook Up Responsibility: _____

List of Hazardous Chemicals				Other Chemicals:
Acetone	Nitric Acid	Hydrogen Peroxide	Compressed Gases	_____
Hexane	Sulfuric Acid	Isopropyl Alcohol	Flammable Gas	_____
Toluene	Hydrochloric Acid	Liquid Nitrogen	Non-Flammable Gas	_____
H2S	Carbon Monoxide	_____	_____	_____

Steps for Mitigation: _____

Wildlife/Fauna in Area

Poison Ivy Poison Oak Insects: _____ Wildlife: _____

Personnel w/ known allergies to bees stings or other allergens? Yes _____ No _____

9. **Observed Hazards and Mitigation Steps**

Task	Potential Hazard(s)	Steps for Mitigation
•	1	1
	2	2
	3	3
•	1	1
	2	2
	3	3
•	1	1
	2	2
	3	3
•	1	1
	2	2
	3	3

EMERGENCY ACTION PLAN FORM

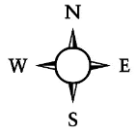
The Job Supervisor/ Client Project Manager (CPM) will ensure that all employees are familiar with the facility emergency and evacuation procedures, assembly/ rally points, alert systems, and signals prior to work commencing. In the event of an emergency situation/ evacuation, the Job Supervisor/ CPM will maintain a roster and be responsible for accounting for all employees. The Job Supervisor/ CPM will ensure that this Emergency Action Plan Form is completed, communicated to all employees, and posted.

- You must follow the client’s emergency action plan first, and notify your Supervisor immediately.
- If incident is life threatening, **CALL 911 IMMEDIATELY**
- If non-emergency medical attention is needed, call AXIOM Medical number: 877-502-9466.

1	MEG Job Supervisor/ CPM's Name:	
2	MEG Job Supervisor/ CPM's Telephone Number:	
3	MEG Job Safety Supervisor (if applicable):	
4	MEG Job Safety Supervisor's Telephone Number:	
5	Plant's Emergency Telephone Number:	
6	Local Hospital/ Clinic Telephone Number:	
7	Emergency Ops Radio Channel:	
8	Plant's #1 Contact Person's Name:	
9	Plant's #1 Contact Person's Telephone Number:	
10	Plant's #2 Contact Person's Name:	
11	Plant's #2 Contact Person's Telephone Number:	
12	Designated Assembly Point Location:	
13	Evacuation Routes:	
14	Severe Weather Shelter Location:	
15	Eye Wash and Safety Shower Location:	
16	The First Aid Kit is Located:	
17	The Fire Extinguisher is Located:	

EMERGENCY EVACUATION AND ASSEMBLY MAP

1	Facility Name:	
2	Facility Alarm (Circle):	YES or NO
3	Alarm Tones:	<i>FIRE:</i> _____; <i>CHEMICAL/ GAS:</i> _____; <i>SHELTER-IN-PLACE:</i> _____; <i>EVACUATE:</i> _____; <i>OTHER:</i> _____;
4	Designated Shelter(s) Description:	
5	Designated Assembly Point(s) Description:	



Draw the evacuation and assembly map here.

EMERGENCY ACTION PLAN FORM AND EVACUATION ASSEMBLY MAP REVIEW: Crew Names and Signatures

<i>Printed Name:</i>	<i>Signature:</i>	<i>Date:</i>	<i>Printed Name:</i>	<i>Signature:</i>	<i>Date:</i>

Daily MEWP Lift Inspection Form

All checks must be completed prior to each work shift, before operation of the MEWP lift. This checklist must be used at the beginning of each shift or following 6 to 8 hours of use.

MEWP Lift Model #:	Serial Number:
Make:	Rented or Owned:

- Check "Yes" if an item is adequate, operational, and safe.
- Check "No" to indicate that a repair or other corrective action is required prior to use.
- Check "N/A" to indicate "Not Applicable."

Items to be Inspected	Yes	No	N/A
1. All MEWP lift components are in working condition (i.e. no loose or missing parts, torn or loose hoses, etc.) – if something can be easily loosened by hand then it is not sufficient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Hydraulic fluid level is sufficient, with the platform fully lowered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Hydraulic system pressure (see manufacturer specs) is acceptable. If the pressure is low, determine cause and repair in accordance with accepted procedures as outlined in service manual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Tires and wheel lug nuts (for tightness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Hoses and cables (i.e. worn areas or chafing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Platform rails and safety gate (no damage present)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Pivot pins secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Welds are not cracked and structural members are not bent or broken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Warning and instructional labels are legible and secure, and load capacity is clearly marked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Manufacturer's Instruction Manual is present inside the bucket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Base controls (switches and push buttons) can be properly operated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Platform conditions are safe (i.e. not slippery)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Fire extinguisher is present, mounted and fully charged, located inside the bucket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Headlights, safety strobe light and back-up alarm are functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Workplace is free of hazards (overhead powerlines, obstructions, level surface, high winds, etc.) *Do not operate if winds are 20 mph, unless otherwise specified by manufacturer recommendations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Operator Name & Signature _____ Location _____ Date _____

Ground Control Name & Signature _____ Location _____ Date _____

Harness Inspections:

Printed Name _____ Signature _____ Date _____

Printed Name _____ Signature _____ Date _____

Printed Name _____ Signature _____ Date _____

Extended Hours Safety Audit

Project Number: _____ Date: _____ Time: _____

When a project is expected to extend past a 14-hour work day, this form must be completed to evaluate the condition of the crew, and the safety of the work environment.

Permission to proceed into extended work hours must come from a District Manager (DM) or Regional Vice President (RVP). Technical RVPs can authorize moving forward, if they are in the field or if they are managing the project.

1. Hold test crew meeting Test crew initials: _____

The test leader should look for signs of the following in their crews:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Irritability • Lack of motivation • Headaches • Giddiness | <ul style="list-style-type: none"> • Fatigue • Depression • Reduced alertness, lack of concentration and memory |
|--|--|

The test leader should assess the environmental and hazardous concerns:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Temperature and weather • Lighting • Working from Heights | <ul style="list-style-type: none"> • Hoisting • PPE (i.e. respirators, etc.) • Pollutant concentration in ambient air (SO₂, H₂S, ect.) |
|---|---|

2. Notify DM or RVP

The PM must contact either the DM or RVP to discuss the safety issues that may arise due to the extended work period. If the DM is the acting PM on the job site, they must contact the RVP. During this time, they can come to an agreement on how to proceed. Itemsto discuss include:

- | |
|--|
| <ul style="list-style-type: none"> • Reason for extended hours • Reason for delay <ul style="list-style-type: none"> ▪ Production limitations • Impending Weather |
|--|

3. Contact the client

The PM, DM or RVP must discuss with client any identified safety concerns, the client's needs and mutually agree on how to proceed. Discussion should also include the appropriate rest period needed before the next day's work shift can begin. The DM and/or a RVP must be informed on the final decision.

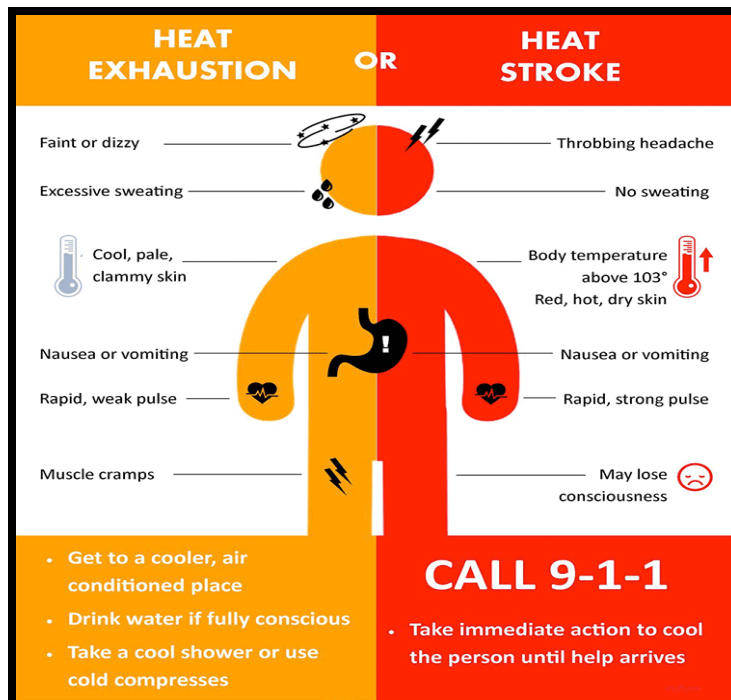
Final Outcome:	
Approver:	

Heat Stress Prevention Form

This form is to be used when the Expected Heat Index is above 91° F, and is to be kept with project documentation.

Project Manager (PM):	Expected High Temp:
Date(s):	Expected Heat Index:

1. Review the signs of Heat Exhaustion and Heat Stroke
2. If Heat Index is above 91° F:
 - Provide cold water and/or sports drinks to all field staff (avoid caffeinated drinks and energy drinks which can increase core temperature).
 - Bring no less than one gallon of water per employee
 - If employee(s) are dehydrated, on blood pressure medication or not acclimated to heat, ensure they are aware of the heightened risk for heat illness
 - Provide cool head bands/vests/etc.
 - Have ice available to employees
 - Implement work shift rotations and breaks, particularly for employees working in direct sunlight.
 - Provide as much shade at the jobsite as possible, including tarps, tents or other acceptable temporary structures.
 - PM should interview each field staff periodically to evaluate for signs of heat illness
3. If Heat Index is above 103° F:
 - Employees must stop for drinks and breaks every hour (about 4 cups/hour)
 - Employees are not permitted to work alone for more than one hour at a time without a break offering shade and drinks
 - Employees should wear cool bands and vests if working outside more than one hour at a time
 - PM should interview each field staff every 2 hours to evaluate for signs of heat illness



THIS IS THE LAST PAGE OF THIS DOCUMENT

If you have any questions, please contact one of the following individuals by email or phone.

Name: Mr. Pete San Juan
Title: Client Project Manager
Region: West
Email: PSanjuan@montrose-env.com
Phone: (714) 279-6777

Name: Mr. Matt McCune
Title: Principal
Region: West
Email: MMccune@montrose-env.com
Phone: (714) 279-6777



NOTICE TO COMPLY

Facility Name: Chiquita Canyon Landfill		Facility ID#: 119219	Sector: VB
Location Address: 29201 Henry Mayo Dr.		City: Castaic	Zip: 91384
Mailing Address: 29201 Henry Mayo Dr.		City: Castaic	Zip: 91384

This Notice to Comply is being issued to:

- Request additional information needed to determine compliance with clean air requirements.
 Correct a minor violation found during an inspection.

Failure to respond or take corrective action, or providing false statements in response to this Notice to Comply can lead to issuance of a Notice of Violation pursuant to the California Health and Safety Code. The facility cited above is subject to re-inspection at any time to ensure compliance.

YOU ARE HEREBY DIRECTED TO COMPLY WITH:

#	South Coast AQMD Rule / Cal H&S Code	Requirement	Compliance Due Date	Compliance Achieved Date
1	17 CCR Sec. 95464(b)(4)	Submit source test protocols for approval to conduct source tests on the HERO, Zeeco and Parnel Thermal Oxidizers to demonstrate the landfill gas control devices are meeting the requirements of sections 95464(b)(2)(A), or 95464(b)(3)(A), using the test methods identified in 95471(f). Submit an Expedited Evaluation Request Form for each protocol requesting an expedited review [Reference: HERO Application No. 661284; Parnel Application No. 663634; Zeeco Application No. 664969]	2/17/26	3/3/26 (extension received)
2				
3				

Served To: Kevin Green	Served By: Christina Ojeda
Title: District Manager	Date Served: 2/10/26 Phone: 909-396-2475 Fax:
Email Address: Kevin.green@wasteconnections.com Phone: 661-812-5846	Email Address: cojeda@aqmd.gov Forms/ Applications/Info available at: www.aqmd.gov

Instructions:

- For each minor violation cited above, compliance shall be achieved by the compliance deadline specified for that particular violation.
- Within 5 working days of achieving compliance for each respective violation, the owner/responsible officer of the cited facility must complete and return a signed copy of this Notice to Comply to the South Coast Air Quality Management District at the address listed above.
- Please copy and return this Notice to Comply as many times as necessary to provide the required information. On each copy, include the date on which compliance was achieved. Date, sign, and send all completed copies to the attention of the inspector named above.

I hereby certify that the facility cited in this Notice to Comply has achieved compliance with the requirements listed above.

Kevin Green NAME OF OWNER/ RESPONSIBLE OFFICIAL	District Manager TITLE	 SIGNATURE	3/3/2026 DATE
---	----------------------------------	---------------	-------------------------

NOTICE#: E56457

FILE COPY (Blue)

FACILITY COPY (Gold)

INSPECTOR COPY (White)