

STATE OF CALIFORNIA
 DEPARTMENT OF RESOURCES RECYCLING AND RECOVERY
 REGIONAL WATER QUALITY CONTROL BOARD

APPLICATION FOR SOLID WASTE FACILITY PERMIT AND WASTE DISCHARGE REQUIREMENTS

CALRECYCLE E-1-77 (Rev. 11-15)

NOTE: This form has been developed for multiple uses. It is the transmittal sheet for documents required to be submitted to the appropriate agency. Please refer to the attached instructions for definitions of terms and for completing this application form in a complete and correct manner.

FOR OFFICIAL USE ONLY			
SWS/WDID/Global ID NUMBER:	FILING FEE:	RECEIPT NUMBER:	DATE RECEIVED:
DATE ACCEPTED:	DATE REJECTED:	ACCEPTANCE DATE OF INCOMPLETE APPLICATION:	
		DATE DUE:	

Part 1. GENERAL INFORMATION

A. ENFORCEMENT AGENCY: Los Angeles Dept of Building & Safety	B. COUNTY: Los Angeles
C. TYPE OF APPLICATION (Check one box only):	
<input type="checkbox"/> 1. NEW SWFP and/or WDRS	<input type="checkbox"/> 4. PERMIT REVIEW
<input checked="" type="checkbox"/> 2. CHANGE TO SWFP and/or WDRS REVISION <input checked="" type="checkbox"/> MODIFICATION OTHER (As authorized by law)	<input type="checkbox"/> 5. AMENDMENT OF APPLICATION
<input type="checkbox"/> 3. WAIVER	<input type="checkbox"/> 6. RFI/ROWD/JTD AMENDMENTS

Part 2. FACILITY DESCRIPTION

A. NAME OF FACILITY:
California Waste Services Downtown Los Angeles (CWS-DTLA)

B. LOCATION OF FACILITY:

1. PHYSICAL ADDRESS OR LOCATION AND ZIP CODE:
3720 Noakes Street Los Angeles, CA 90023

2. LATITUDE AND LONGITUDE:
34° 0'49.78"N 118° 11'45.42"W

3. LEGAL DESCRIPTION OF PERMITTED BOUNDARY BY SECTION, TOWNSHIP, RANGE, BASE, AND MERIDIAN, IF SURVEYED:
Tract TR 12704, Lot B, PM 41-78 and Lot 9 TR 8337 Assessor Parcel No. (APN) 5192-017-008, and a portion of Tract 8337, Lot 19 (APN) 5192-018-11 & 1

C. TYPE OF ACTIVITY: (Check applicable boxes):

<input type="checkbox"/> 1. DISPOSAL a. TYPE: _____	<input type="checkbox"/> 3. TRANSFORMATION	<input checked="" type="checkbox"/> 5. C&D/INERT DEBRIS PROCESSING
<input type="checkbox"/> 2. COMPOSTABLE MATERIALS HANDLING a. TYPE: _____	<input checked="" type="checkbox"/> 4. TRANSFER/PROCESSING	<input type="checkbox"/> 6. IN-VESSEL DIGESTION
		<input type="checkbox"/> 7. OTHER (describe): _____

D. IDENTIFICATION OF FACILITY IN CIWMP [CONFORMANCE FINDING]: Not Applicable

1. FACILITY IS IDENTIFIED IN (Check one):

<input type="checkbox"/> SITING ELEMENT	DATE OF DOCUMENT	PAGE #
<input checked="" type="checkbox"/> NONDISPOSAL FACILITY ELEMENT	DATE OF DOCUMENT 7/1/2006	PAGE # Reference NDFE Facility #85

E. TYPE OF PERMITTED WASTES TO BE RECEIVED: (Check applicable boxes):

<input type="checkbox"/> 1. AGRICULTURAL	<input checked="" type="checkbox"/> 6. CONSTRUCTION/DEMOLITION	<input type="checkbox"/> 11. LIQUIDS
<input type="checkbox"/> 2. ASBESTOS <input type="checkbox"/> Friable <input type="checkbox"/> Non-friable	<input type="checkbox"/> 7. CONTAMINATED SOILS	<input checked="" type="checkbox"/> 12. MUNICIPAL SOLID WASTE (MSW)
<input type="checkbox"/> 3. ASH	<input type="checkbox"/> 8. DEAD ANIMALS	<input type="checkbox"/> 13. SEWAGE SLUDGE
<input type="checkbox"/> 4. AUTO SHREDDER	<input type="checkbox"/> 9. INDUSTRIAL	<input type="checkbox"/> 14. WASTE TIRES
<input type="checkbox"/> 5. COMPOSTABLE MATERIAL (describe): _____	<input checked="" type="checkbox"/> 10. INERT	<input type="checkbox"/> 15. OTHER (describe): _____

Part 3. FACILITY INFORMATION

A. FACILITY INFORMATION:

1. INFORMATION APPLICABLE TO ALL EXISTING FACILITIES:

a. MAXIMUM DAILY TONNAGE OR CUBIC YARDS 500 tons

b. AS-DESIGNED DAILY TONNAGE or CUBIC YARDS 1000 tpd

c. FACILITY SIZE (acres) 1.24 acres

d. MAXIMUM TRAFFIC VOLUME PER DAY (vpd) 163

e. DAYS AND HOURS OF OPERATION 24 hours a day, 7 days a week

2. PROPOSED CHANGE(S) OR INFORMATION APPLICABLE TO NEW SWFP AND/OR WDRs

a. MAXIMUM DAILY TONNAGE OR CUBIC YARDS _____

b. AS-DESIGNED DAILY TONNAGE or CUBIC YARDS _____

c. FACILITY SIZE (acres) _____

d. MAXIMUM TRAFFIC VOLUME PER DAY (vpd) _____

e. DAYS AND HOURS OF OPERATION _____

f. OTHER TPR updates as part of SWFP modification to slightly revise the permitted facility boundary to exclude a small portion of 3720 Noakes St. and replace it with the inclusion of a portion of the adjacent 3748 Noakes St. to the east, overall resulting in the same permitted acreage.

3. ADDITIONAL INFO. REQUIRED FOR COMPOSTABLE MATERIALS HANDLING FACILITIES ONLY:

a. TOTAL SITE CAPACITY (cu yds) _____

4. ADDITIONAL INFORMATION REQUIRED FOR LANDFILLS ONLY:

a. AVERAGE DAILY TONNAGE (TPD) _____

b. SITE CAPACITY CURRENTLY PERMITTED (Airspace) (cu yds) _____

c. SITE CAPACITY PROPOSED (Airspace) (cu yds) _____

d. SITE CAPACITY USED TO DATE (Airspace) (cu yds) _____

e. SITE CAPACITY REMAINING (Airspace) (cu yds) _____

f. DATE OF CAPACITY INFORMATION (Date) (See instructions): _____

g. LAST PHYSICAL SITE SURVEY (Date) _____

h. ESTIMATED CLOSURE DATE (month and year) _____

i. DISPOSAL FOOTPRINT (acres) _____

j. SITE CAPACITY PLANNED (cu yds) _____

k. 1. (i) IN-PLACE WASTE DENSITY (lbs of waste per cu yd of waste) _____
AND
(ii) WASTE-TO-COVER RATIO (Estimated) (v:v) _____
OR
2. AIRSPACE UTILIZATION FACTOR (tons of waste per cu yd of landfill airspace) _____

Part 4. SOURCE OF WATER SUPPLY (Check applicable boxes)

A. MUNICIPAL OR UTILITY SERVICE: Los Angeles Department of Water and Power

B. INDIVIDUAL (wells): _____

C. SURFACE SUPPLY:

1. NAME OF STREAM, LAKE, ETC. : _____

2. TYPE OF WATER RIGHTS:

RIPARIAN APPROPRIATION

3. STATE PERMIT OR LICENSE NUMBER , IF APPLICABLE: _____

D. OTHER: _____

Part 5. COMPLIANCE WITH CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA) (Check applicable boxes)

A. CHECK BOX(ES) IF ENVIRONMENTAL DOCUMENT WAS OR WILL BE PREPARED FOR THIS PROJECT:

1. ENVIRONMENTAL DOCUMENT WAS PREPARED:

ENVIRONMENTAL IMPACT REPORT (EIR) SCH# _____

NEGATIVE DECLARATION (ND)/MITIGATED NEGATIVE DECLARATION (MND) SCH# No. 2019079096

ADDENDUM TO (Identify environmental document) Errata of Clarification to Final IS/MND-SCH. SCH# No. 2019079096

2. ENVIRONMENTAL DOCUMENT WILL BE PREPARED (Enter lead agency if known): _____

B. IF ENVIRONMENTAL DOCUMENT(S) WAS NOT PREPARED, PLEASE PROVIDE THE FOLLOWING INFORMATION:

CATEGORICAL/STATUTORY EXEMPTION (CE/SE) EXEMPTION TYPE _____ GUIDELINE # _____

Part 6. LIST OF ATTACHMENTS (Fill in the date for each document checked)

A. REQUIRED WITH ALL APPLICATION SUBMITTALS:

RFI/JTD July 2020, Rev July 2022, Amend May 2023 ENVIRONMENTAL DOCUMENT(S):

LOCATION MAP See Figure 1 of the May 2023 TPR EIR _____

MITIGATION MONITORING & REPORTING PROGRAM 2021 - See Attachment 5 MND/ND- 2021 - Previously Submitted

LIST OF PUBLIC HEARINGS AND OTHER MEETINGS OPEN TO THE PUBLIC _____ EXEMPTION _____

ADDENDUM 2023 - See Attachment 4

B. ADDITIONAL REQUIRED DOCUMENTS FOR DISPOSAL FACILITIES ONLY:

OPERATING LIABILITY FINANCIAL MECHANISM _____ FINANCIAL RESPONSIBILITY DOCUMENTATION _____

CLOSURE/POST CLOSURE MAINTENANCE PLAN _____ KNOWN OR REASONABLY FORSEEABLE CORRECTIVE ACTION COST ESTIMATES _____

PRELIMINARY February 2019, Revised June 2023 LANDFILL CAPACITY SURVEY RESULTS (see instructions) _____

FINAL _____

C. IF APPLICABLE:

REPORT OF WASTE DISCHARGE _____ DEPT. OF TOXIC SUBSTANCES CONTROL OR CERTIFIED UNIFIED PROGRAM AGENCY PERMIT 10/1/2022

STORMWATER PERMIT APPLICATION _____ SWAT (Air and water) _____

NPDES PERMIT APPLICATION _____ WETLANDS PERMITS _____

OTHER _____ VERIFICATION OF FIRE DISTRICT COMPLIANCE _____

Part 7. OWNER INFORMATION (For disposal site, if operator is different from land owner, attach lease or other agreement)

TYPE OF BUSINESS:

SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION GOVERNMENT AGENCY

OWNER(S) OF LAND (Name):
Daniel A. Agajanian, Trustee of the Agajanian Family Trust

SSN OR TAX ID #
Last 4 digits of personal SSN 7770

ADDRESS, CITY, STATE, ZIP
6572 Horseshoe Lane
Huntington Beach, CA 92648

TELEPHONE #:
(323) 262-1604

FAX #:

E-MAIL ADDRESS:
dan@directdisposal.com

CONTACT PERSON (Print Name):
Daniel Agajanian

Part 8. OPERATOR INFORMATION (For disposal site, if operator is different from land owner, attach lease or other agreement)

TYPE OF BUSINESS:

SOLE PROPRIETORSHIP

PARTNERSHIP

CORPORATION

GOVERNMENT AGENCY

FACILITY OPERATOR(S)

(Name):

California Waste Services LLC.

ADDRESS, CITY, STATE, ZIP

621 W. 152nd Street, Gardena, CA 90247

SSN OR TAX ID #:

91-21-31546

TELEPHONE #:

(310) 538-5998

FAX #:

E-MAIL ADDRESS:

eric@californiawasteservices.com

CONTACT PERSON (Print Name):

Eric Casper

ADDRESS WHERE LEGAL NOTICE MAY BE SERVED: 621 W. 152nd Street, Gardena, CA 90247

Part 9. SIGNATURE BLOCK

Owner:

I certify under penalty of perjury that the information I provided for this application and for any attachments is true and accurate to the best of my knowledge and belief. I am aware that the operator intends to operate a solid waste facility at the site specified above pursuant to this application and understand that I may be responsible for the site should the operator fail to meet applicable requirements.

SIGNATURE (LAND OWNER OR AGENT):

PRINTED NAME:

Daniel A. Aqajanian, Trustee of the Aqajanian Family Trust

TITLE: Owner

DATE:

6/07/23

Lessee:

I certify under penalty of perjury that the information I provided for this application and for any attachments is true and accurate to the best of my knowledge and belief. I am aware that the operator intends to operate a solid waste facility at the site specified above pursuant to this application.

SIGNATURE (LESSEE):

PRINTED NAME:

California Waste Services LLC. - Eric Casper

TITLE: Lessee and Operator

DATE:

06/07/23

Operator:

I certify under penalty of perjury that the information contained in this application and all attachments are true and accurate to the best of my knowledge and belief.

SIGNATURE (FACILITY OPERATOR OR AGENT):

PRINTED NAME:

California Waste Services LLC. - Eric Casper

TITLE: Lessee and Operator

DATE:

06/07/23

Part 10. OTHER (Attach additional sheets to explain any responses that need clarification).