## Part 1. GENERAL INFORMATION

<table>
<thead>
<tr>
<th>A. ENFORCEMENT AGENCY:</th>
<th>B. COUNTY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environment LA</td>
<td>Los Angeles</td>
</tr>
</tbody>
</table>

### C. TYPE OF APPLICATION (Check one box only):

- [ ] 1. NEW SWFP and/or WDRS
- [ ] 2. CHANGE TO SWFP and/or WDRS
- [x] 3. REVISION
- [ ] 4. MODIFICATION
- [ ] 5. WAIVER
- [ ] 6. WAIVER
- [ ] 7. OTHER (As authorized by law)

### Part 2. FACILITY DESCRIPTION

#### A. NAME OF FACILITY:

City Fibers LA Plant No. 2

#### B. LOCATION OF FACILITY:

1. **PHYSICAL ADDRESS OR LOCATION AND ZIP CODE:**
   - 2545 East 25th Street, LA, CA 90058

2. **LATITUDE AND LONGITUDE:**
   - N 23.01592 degrees W 118.22645 degrees (NAD 83)

3. **LEGAL DESCRIPTION OF PERMITTED BOUNDARY BY SECTION, TOWNSHIP, RANGE, BASE, AND MERIDIAN, IF SURVEYED:**
   - Site has not been surveyed.

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

- [x] 1. DISPOSAL
- [ ] 2. COMPOSTABLE MATERIALS HANDLING
- [x] 3. TRANSFORMATION
- [ ] 4. TRANSFER/PROCESSING
- [ ] 5. CGO/INERT DEBRIS PROCESSING
- [ ] 6. IN-VESSLE DIGESTION
- [x] 7. OTHER (describe):

#### D. IDENTIFICATION OF FACILITY IN CIWMP [CONFORMANCE FINDING]:

- [x] 1. FACILITY IS IDENTIFIED IN (Check one):
  - SITING ELEMENT
  - NONDISPOSAL FACILITY ELEMENT

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

- [x] 1. AGRICULTURAL
- [ ] 2. ASBESTOS — Friable — Non-friable
- [ ] 3. ASH
- [ ] 4. AUTO SHREDDER
- [x] 5. COMPOSTABLE MATERIAL (describe):

   - Material from source-separated/curbside recyclables, select commercial/industrial recycling loads, and multi-family recycling programs.
### Part 3. FACILITY INFORMATION

#### A. FACILITY INFORMATION:

1. INFORMATION APPLICABLE TO ALL EXISTING FACILITIES:

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a. MAXIMUM DAILY TONNAGE</strong></td>
<td>500 tons per day</td>
</tr>
<tr>
<td><strong>b. AS-DESIGNED DAILY TONNAGE</strong></td>
<td>1,080 tons per day</td>
</tr>
<tr>
<td><strong>c. FACILITY SIZE (acres)</strong></td>
<td>1.26 acres</td>
</tr>
<tr>
<td><strong>d. MAXIMUM TRAFFIC VOLUME PER DAY</strong></td>
<td>135 vpd</td>
</tr>
<tr>
<td><strong>e. DAYS AND HOURS OF OPERATION</strong></td>
<td>Material Receiving: M-Sat. 6 am to 7 pm, material processing M-Sat. 24 hrs./day and Sun. 6 am to 2 am.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a. MAXIMUM DAILY TONNAGE</strong></td>
<td>1,080 tons per day</td>
</tr>
<tr>
<td><strong>b. AS-DESIGNED DAILY TONNAGE</strong></td>
<td>1,080 tons per day</td>
</tr>
<tr>
<td><strong>c. FACILITY SIZE (acres)</strong></td>
<td>1.61 acres</td>
</tr>
<tr>
<td><strong>d. MAXIMUM TRAFFIC VOLUME PER DAY</strong></td>
<td>222 vpd</td>
</tr>
<tr>
<td><strong>e. DAYS AND HOURS OF OPERATION</strong></td>
<td>Material Receiving: M-Sat. 6 am to 7 pm, material processing M-Sat. 24 hrs./day and Sun. 6 am to 2 am.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a. TOTAL SITE CAPACITY (cu yds)</strong></td>
<td></td>
</tr>
</tbody>
</table>

4. ADDITIONAL INFORMATION REQUIRED FOR LANDFILLS ONLY:

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a. AVERAGE DAILY TONNAGE (TPD)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>b. SITE CAPACITY CURRENTLY PERMITTED (Airspace) (cu yds)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>c. SITE CAPACITY PROPOSED (Airspace) (cu yds)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>d. SITE CAPACITY USED TO DATE (Airspace) (cu yds)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>e. SITE CAPACITY REMAINING (Airspace) (cu yds)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>f. DATE OF CAPACITY INFORMATION (Date)</strong> (See instructions):</td>
<td></td>
</tr>
<tr>
<td><strong>g. LAST PHYSICAL SITE SURVEY (Date)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>h. ESTIMATED CLOSURE DATE (month and year)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>i. DISPOSAL FOOTPRINT (acres)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>j. SITE CAPACITY PLANNED (cu yds)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>k. 1. (i) IN-PLACE WASTE DENSITY (lbs of waste per cu yd of waste) AND (ii) WASTE-TO-COVER RATIO (Estimated) (v:v)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>2. AIRSPACE UTILIZATION FACTOR (tons of waste per cu yd of landfill airspace)</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Part 4. SOURCE OF WATER SUPPLY

- A. MUNICIPAL OR UTILITY SERVICE: City of Los Angeles Dept. 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#
   ☑ NEUTRAL DECLARATION (ND)/MITIGATED NEGATIVE DECLARATION (MND) SCH# 2015121040
   ☐ ADDENDUM TO (identify environmental document) SCH#

☐ 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:

☐ RF/JTD
☐ LOCATION MAP See TPR
☐ MITIGATION MONITORING & REPORTING PROGRAM See MND on file with LEA
☐ LIST OF PUBLIC HEARINGS AND OTHER MEETINGS OPEN TO THE PUBLIC

B. ADDITIONAL REQUIRED DOCUMENTS FOR DISPOSAL FACILITIES ONLY:

☐ OPERATING LIABILITY FINANCIAL MECHANISM
☐ CLOSURE/POST CLOSURE MAINTENANCE PLAN
☐ PRELIMINARY
☐ FINAL
☐ FINANCIAL RESPONSIBILITY DOCUMENTATION
☐ KNOWN OR REASONABLY FORSEEABLE CORRECTIVE ACTION COST ESTIMATES
☐ LANDFILL CAPACITY SURVEY RESULTS (see instruct...)

C. IF APPLICABLE:

☐ REPORT OF WASTE DISCHARGE
☐ STORMWATER PERMIT APPLICATION WDID 4 191002998
☐ NPDES PERMIT APPLICATION
☐ OTHER
☐ DEPT. OF TOXIC SUBSTANCES CONTROL OR CERTIFIED UNIFIED PROGRAM AGENCY PERMIT
☐ SWAT (Air and water)
☐ WETLANDS PERMITS
☐ 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):
David Jones

ADDRESS, CITY, STATE, ZIP
2500 S. Santa Fe Avenue, Los Angeles, CA 90058

SSN OR TAX ID #

TELEPHONE #
(323) 583-1013

FAX #
(323) 583-8424

E-MAIL ADDRESS:
tmjoness@cityfibers.com

CONTACT PERSON (Print Name):
Todd Jones
### Part 8. OPERATOR INFORMATION

<table>
<thead>
<tr>
<th>TYPE OF BUSINESS:</th>
<th>SAME AS OWNER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X PARTNERSHIP</td>
</tr>
</tbody>
</table>

**FACILITY OPERATOR(S):**
- Todd Jones

**ADDRESS, CITY, STATE, ZIP:**
- 2500 S. Santa Fe Avenue
- Los Angeles, CA 90058

**TELEPHONE #:**
- (323) 583-1013

**FAX #:**
- (323) 583-8424

**E-MAIL ADDRESS:**
- tmjones@cityfibers.com

**CONTACT PERSON (Print Name):**
- Todd Jones

**ADDRESS WHERE LEGAL NOTICE MAY BE SERVED:**
- City Fibers
  - 2500 S. Santa Fe Avenue
  - Los Angeles, CA 90058

### 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.**

**SIGNATURE (LAND OWNER OR AGENT):**
- [Signature]

**PRINTED NAME:**
- Todd Jones

**TITLE:**
- Owner

**Lessee:**
- N/A

**DATE:**

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

**SIGNATURE (FACILITY OPERATOR OR AGENT):**
- Todd Jones

**PRINTED NAME:**
- Todd Jones

**TITLE:**
- Manager

**DATE:**
- 4/19/16

### Part 10. OTHER

[Attach additional sheets to explain any responses that need clarification.]