

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			
SWIS/WDID/Global ID NUMBER: 19-AR-1225	FILING FEE:	RECEIPT NUMBER:	DATE RECEIVED: 3/7/2016
DATE ACCEPTED: 4/6/2016	DATE REJECTED:	ACCEPTANCE DATE OF INCOMPLETE APPLICATION:	DATE DUE:

Part 1. GENERAL INFORMATION

A. ENFORCEMENT AGENCY: City of Los Angeles EAD	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 X REVISION <input type="checkbox"/> MODIFICATION <input type="checkbox"/> OTHER (As authorized by law)	<input type="checkbox"/> 5. AMENDMENT OF APPLICATION
<input type="checkbox"/> 3. WAIVER	<input type="checkbox"/> 6. RFU/ROWD/JTD AMENDMENTS

Part 2. FACILITY DESCRIPTION

A. NAME OF FACILITY:
California Waste Services LLC

B. LOCATION OF FACILITY:

1. PHYSICAL ADDRESS OR LOCATION AND ZIP CODE:
621 W. 152nd Street, Gardena, CA 90247

2. LATITUDE AND LONGITUDE:
Latitude: 33.89487 degrees Longitude: -118.28708 degrees

3. LEGAL DESCRIPTION OF PERMITTED BOUNDARY BY SECTION, TOWNSHIP, RANGE, BASE, AND MERIDIAN, IF SURVEYED:
GARDENA TR POR OF LOT 3

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

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

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

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	May-04	PAGE # pg. 2, Table 1.18

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 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 1,000 tons

b. AS-DESIGNED DAILY TONNAGE or CUBIC YARDS 1,170

c. FACILITY SIZE (acres) 5.9 acres

d. MAXIMUM TRAFFIC VOLUME PER DAY (vpd) N/A

e. DAYS AND HOURS OF OPERATION mixed material processing M-S 6 am to 10 pm
material acceptance M-F 6 am to 10 p.m. Sa 6 am to 7 pm, Su 7 am to 2 pm
plant maintenance 24 hours

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

a. MAXIMUM DAILY TONNAGE OR CUBIC YARDS 2,500 tons

b. AS-DESIGNED DAILY TONNAGE or CUBIC YARDS 2,500 tons

c. FACILITY SIZE (acres) NA

d. MAXIMUM TRAFFIC VOLUME PER DAY (vpd) NA

e. DAYS AND HOURS OF OPERATION NA

f. OTHER Consolidation of the CDI Facility and Type A Inert Operation

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

a. TOTAL SITE CAPACITY (cu yds) NA

4. ADDITIONAL INFORMATION REQUIRED FOR LANDFILLS ONLY:

a. AVERAGE DAILY TONNAGE (TPD) NA

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

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

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

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

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

g. LAST PHYSICAL SITE SURVEY (Date) NA

h. ESTIMATED CLOSURE DATE (month and year) NA

i. DISPOSAL FOOTPRINT (acres) NA

j. SITE CAPACITY PLANNED (cu yds) NA

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

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

A. MUNICIPAL OR UTILITY SERVICE: Los Angeles DPW

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# 2008091130 MND Certified Nov. 2008. Amended MND Certified Dec. 2011.
 - ADDENDUM TO (Identify environmental document) Amended MND Certification Pending SCH# 2008091130 MND
2. ENVIRONMENTAL DOCUMENT WILL BE PREPARED (Enter lead agency if known): City of Los Angeles LEA
- 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 December 2006 (Revised February 2007, June 2008, May 2011, March 2016) ENVIRONMENTAL DOCUMENT(S):
- LOCATION MAP Figure 2 of FR (3/2016) EIR _____
- MITIGATION MONITORING & REPORTING PRO: Nov 2008 MND x MND/ND Dec. 2011 and Nov. 2008, see SA above
- LIST OF PUBLIC HEARINGS AND OTHER MEETINGS OPEN TO THE PUBLIC _____ EXEMPTION _____
- ADDENDUM _____

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 _____ LANDFILL CAPACITY SURVEY RESULTS (see instruction) _____
- FINAL _____

C. IF APPLICABLE:

- REPORT OF WASTE DISCHARGE _____ DEPT. OF TOXIC SUBSTANCES CONTROL OR CERTIFIED UNIFIED PROGRAM AGENCY PERMIT _____
- 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):

Harbor Redondo L.L.C.

ADDRESS, CITY, STATE, ZIP

P.O. Box 3409, Gardena, CA 90247-7109

SSN OR TAX ID #

77-048-1682

TELEPHONE #:

(310) 323-1550

FAX #:

(310) 358-4076

E-MAIL ADDRESS:

mgranger@grangerco.com

CONTACT PERSON (Print Name):

Mark Granger

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 L.L.C.

ADDRESS, CITY, STATE, ZIP

621 W. 152nd Street, Gardena, CA 90247

SSN OR TAX ID #:

91-21-31546

TELEPHONE #:

(800) 839-5550

FAX #:

(310) 538-9040

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):

Mark Granger

PRINTED NAME:

Land Owner

TITLE:

DATE:

3-2-16

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):

Eric Casper

PRINTED NAME:

Facility Owner

TITLE:

DATE:

2-26-16

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):

Eric Casper

PRINTED NAME:

Facility Owner

TITLE:

DATE:

2-22-16

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