

**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: <b>19-AR-1250</b>	FILING FEE:	RECEIPT NUMBER:	DATE RECEIVED: <b>March 16, 2023</b>
DATE ACCEPTED: <b>April 11, 2023</b>	DATE REJECTED:	ACCEPTANCE DATE OF INCOMPLETE APPLICATION: DATE DUE:	

**Part 1. GENERAL INFORMATION**

A. ENFORCEMENT AGENCY: City of Los Angeles LEA	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 <input type="checkbox"/> REVISION <input checked="" 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. RFI/ROWD/JTD AMENDMENTS

**Part 2. FACILITY DESCRIPTION**

A. NAME OF FACILITY:  
Active Recycling Material Recovery Facility and Transfer Station

B. LOCATION OF FACILITY:

1. PHYSICAL ADDRESS OR LOCATION AND ZIP CODE:  
2000 W. Slauson Avenue, Los Angeles, CA 90047

2. LATITUDE AND LONGITUDE:  
Latitude: 118.31372 Longitude: 33.98754

3. LEGAL DESCRIPTION OF PERMITTED BOUNDARY BY SECTION, TOWNSHIP, RANGE, BASE, AND MERIDIAN, IF SURVEYED:  
Northeast quarter of Section 23, Township 2 South, Range 14 West, San Bernardino Base and Meridian

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 checked="" type="checkbox"/> 2. COMPOSTABLE MATERIALS HANDLING a. TYPE: <u>Greenwaste</u>	<input checked="" type="checkbox"/> 4. TRANSFER/PROCESSING	<input type="checkbox"/> 6. IN-VESSEL DIGESTION
		<input checked="" type="checkbox"/> 7. OTHER (describe): <u>Curbside recyclables transload</u>

**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	PAGE # <u>72</u>

**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 Friable 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 checked="" type="checkbox"/> 5. COMPOSTABLE MATERIAL (describe): <u>Greenwaste</u>	<input checked="" type="checkbox"/> 10. INERT	<input type="checkbox"/> 15. OTHER (describe): <u>Curbside recyclables</u>

**Part 3. FACILITY INFORMATION**

**A. FACILITY INFORMATION:**

**1. INFORMATION APPLICABLE TO ALL EXISTING FACILITIES:**

a. MAXIMUM DAILY TONNAGE OR CUBIC YARDS 500 TPD MSW/CDI/Green waste  
300 TPD Scrap Metal

b. AS-DESIGNED DAILY TONNAGE or CUBIC YARDS 1,000 TPD

c. FACILITY SIZE (acres) 0.88 acres

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

e. DAYS AND HOURS OF OPERATION 5:30 am to 7:30 pm - 7 days/week  
Internal operations/maintenance  
-24/7

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

a. MAXIMUM DAILY TONNAGE OR CUBIC YARDS 500 TPD MSW/CDI/Green waste  
300 TPD Curbside Recyclables

b. AS-DESIGNED DAILY TONNAGE or CUBIC YARDS 1,000 TPD

c. FACILITY SIZE (acres) 0.88 acres

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

e. DAYS AND HOURS OF OPERATION 5:30 am to 7:30 pm - 7 days/week  
Internal operations/maintenance  
-24/7

f. OTHER \_\_\_\_\_

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

a. TOTAL SITE CAPACITY (cu yds) 2,500 +/- CY

**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: City of 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# 2013111058
  - ADDENDUM TO (Identify environmental document) MND2013111058 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:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> RFI/JTD <u>03/14/2023</u>                                | <input checked="" type="checkbox"/> ENVIRONMENTAL DOCUMENT(S): |
| <input checked="" type="checkbox"/> LOCATION MAP <u>See TPR</u>                              | <input type="checkbox"/> EIR _____                             |
| <input checked="" type="checkbox"/> MITIGATION MONITORING & REPORTING PROGRAM _____          | <input type="checkbox"/> MND/ND _____                          |
| <input type="checkbox"/> LIST OF PUBLIC HEARINGS AND OTHER MEETINGS OPEN TO THE PUBLIC _____ | <input type="checkbox"/> EXEMPTION _____                       |
|  | <input checked="" type="checkbox"/> ADDENDUM _____             |

B. ADDITIONAL REQUIRED DOCUMENTS FOR DISPOSAL FACILITIES ONLY:

- |  |  |
|--|--|
| <input type="checkbox"/> OPERATING LIABILITY FINANCIAL MECHANISM _____ | <input type="checkbox"/> FINANCIAL RESPONSIBILITY DOCUMENTATION _____                          |
| <input type="checkbox"/> CLOSURE/POST CLOSURE MAINTENANCE PLAN _____   | <input type="checkbox"/> KNOWN OR REASONABLY FORSEEABLE CORRECTIVE ACTION COST ESTIMATES _____ |
| <input type="checkbox"/> PRELIMINARY _____                             | <input type="checkbox"/> LANDFILL CAPACITY SURVEY RESULTS (see instructi) _____                |
| <input type="checkbox"/> FINAL _____                                   |  |

C. IF APPLICABLE:

- |  |   |
|--|---|
| <input type="checkbox"/> REPORT OF WASTE DISCHARGE _____                       | <input type="checkbox"/> DEPT. OF TOXIC SUBSTANCES CONTROL OR CERTIFIED UNIFIED PROGRAM AGENCY PERMIT <u>CAL000065256</u> |
| <input type="checkbox"/> STORMWATER PERMIT APPLICATION <u>WDID# 4191023130</u> | <input type="checkbox"/> SWAT (Air and water) _____   |
| <input type="checkbox"/> NPDES PERMIT APPLICATION _____                        | <input type="checkbox"/> WETLANDS PERMITS _____   |
| <input type="checkbox"/> OTHER _____   | <input type="checkbox"/> 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): Marilyn Segal Trust	SSN OR TAX ID # 953-00-4852
ADDRESS, CITY, STATE, ZIP 2000 W Slauson Ave Los Angeles CA 90047	TELEPHONE #: (323) 295-7774
	FAX #: (323) 292-2114
	E-MAIL ADDRESS: marilynanderrol@yahoo.com
	CONTACT PERSON (Print Name): Errol Segal

**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):

Active Recycling Company, Inc.

SSN OR TAX ID #:

953-00-4852

ADDRESS, CITY, STATE, ZIP

2000 W Slauson Ave  
Los Angeles CA 90047

TELEPHONE #:

(323) 295-7774

FAX #:

(323) 292-2114

E-MAIL ADDRESS:

errol@ativelosangeles.com

CONTACT PERSON (Print Name):

Errol Segal

ADDRESS WHERE LEGAL NOTICE MAY BE SERVED:

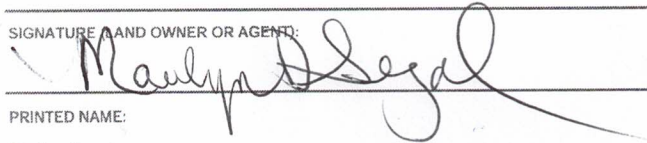
2000 W Slauson Ave Los Angeles CA 90047

**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 (AND OWNER OR AGENT):



PRINTED NAME:

Marilyn Segal

3/15/2023

TITLE: President

DATE:

**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:

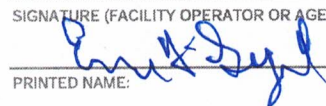
TITLE:

DATE:

**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:

Errol Segal

3/15/2023

TITLE: General Manager

DATE:

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