

**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-1236</b>	FILING FEE:	RECEIPT NUMBER:	DATE RECEIVED: <b>4/14/2016</b>
DATE ACCEPTED: <b>5/13/2016</b>	DATE REJECTED:	ACCEPTANCE DATE OF INCOMPLETE APPLICATION: _____	DATE DUE: _____

**Part 1. GENERAL INFORMATION**

A. ENFORCEMENT AGENCY: <b>Environment LA</b>	B. COUNTY: <b>Los Angeles</b>
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C. TYPE OF APPLICATION (Check one box only):

<input type="checkbox"/> 1. NEW SWFP and/or WDRS	<input type="checkbox"/> 4. PERMIT REVIEW
<input type="checkbox"/> 2. CHANGE TO SWFP and/or WDRS	<input type="checkbox"/> 5. AMENDMENT OF APPLICATION
<input checked="" type="checkbox"/> REVISION <input type="checkbox"/> MODIFICATION <input type="checkbox"/> OTHER (As authorized by law)	<input type="checkbox"/> 6. RFI/ROWD/JTD AMENDMENTS
<input type="checkbox"/> 3. WAIVER	

**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):

<input type="checkbox"/> 1. DISPOSAL	<input type="checkbox"/> 3. TRANSFORMATION	<input type="checkbox"/> 5. C&D/INERT DEBRIS PROCESSING
a. TYPE: _____		
<input type="checkbox"/> 2. COMPOSTABLE MATERIALS HANDLING	<input checked="" 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	<b>City of Los Angeles 2009 Amendment</b>	PAGE # <b>Table 66</b>

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

<input type="checkbox"/> 1. AGRICULTURAL	<input 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 type="checkbox"/> 10. INERT	<input checked="" type="checkbox"/> 15. OTHER (describe): <b>Material from source-separated/curbside recyclables, select commercial/industrial recycling loads, and multi-family recycling programs.</b>

**Part 3. FACILITY INFORMATION**

**A. FACILITY INFORMATION:**

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

a. MAXIMUM DAILY TONNAGE OR CUBIC YARDS 500 tons per day

b. AS-DESIGNED DAILY TONNAGE or CUBIC YARDS 1,080 tons per day

c. FACILITY SIZE (acres) 1.26 acres

d. MAXIMUM TRAFFIC VOLUME PER DAY (vpd) 135 vpd

e. DAYS AND HOURS OF OPERATION Material Receiving: M-Sat. 6 am to 7 pm, material processing M-Sat. 24 hrs./day and Sun. 6 am to 2 am.

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

a. MAXIMUM DAILY TONNAGE OR CUBIC YARDS 1,080 tons per day

b. AS-DESIGNED DAILY TONNAGE or CUBIC YARDS 1,080 tons per day

c. FACILITY SIZE (acres) 1.61 acres

d. MAXIMUM TRAFFIC VOLUME PER DAY (vpd) 222 vpd

e. DAYS AND HOURS OF OPERATION Material Receiving: M-Sat. 6 am to 7 pm, material processing M-Sat. 24 hrs./day and Sun. 6 am to 2 am.

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

**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: 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# \_\_\_\_\_

NEGATIVE 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:

RFI/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 None

ENVIRONMENTAL DOCUMENT(S):

EIR \_\_\_\_\_

MND/ND On File with LEA

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 \_\_\_\_\_

FINAL \_\_\_\_\_

LANDFILL CAPACITY SURVEY RESULTS (see instructi: \_\_\_\_\_)

C. IF APPLICABLE:

REPORT OF WASTE DISCHARGE \_\_\_\_\_

STORMWATER PERMIT APPLICATION WDID 4 19I002998

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

SSN OR TAX ID # \_\_\_\_\_

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

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

TYPE OF BUSINESS: SAME AS OWNER

SOLE PROPRIETORSHIP  PARTNERSHIP  CORPORATION  GOVERNMENT AGENCY

FACILITY OPERATOR(S)

(Name): Todd Jones

SSN OR TAX ID #:

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 should the operator fail to meet applicable requirements.



SIGNATURE (LAND OWNER OR AGENT):



PRINTED NAME:

Todd Jones

TITLE: Owner

DATE:

**Lessee:** N/A

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):

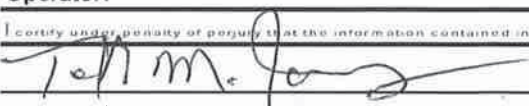
PRINTED NAME:

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):

Todd Jones

PRINTED NAME: Todd Jones

TITLE: Manager

DATE: 4-14-16

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