STATE OF CALIFORNIA
DEPARTMENT OF RESOURCES RECYCLING AND RECOVERY
REGIONAL WATER QUALITY CONTROL BOARD
APPLICATION FOR SOLID WASTE FACILITY PERMIT AND WASTE DISCHARGE REQUIREMENTS
CALREC1005-177 (Rev. 11-18)
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

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<th>SWWID/DD/DD ID NUMBER:</th>
<th>FILING FEE:</th>
<th>RECEIPT NUMBER:</th>
<th>DATE RECEIVED:</th>
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<th>DATE ACCEPTED:</th>
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<th>ACCEPTANCE DATE OF INCOMPLETE APPLICATION:</th>
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Part 1. GENERAL INFORMATION
A. ENFORCEMENT AGENCY:
City of Los Angeles EAD

B. COUNTY:
Los Angeles

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

- NEW SWFP and/or WDRS
- CHANGE TO SWFP and/or WDRS
- WAIVER
- MODIFICATION
- OTHER (As authorized by law)

4. PERMIT REVIEW
5. AMENDMENT OF APPLICATION
6. RFU/RQW/GJTD 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):

- DISPOSAL
- TRANSFORMATION
- 5. C&D/INERT DEBRIS PROCESSING

a. TYPE:

- COMPOSTABLE MATERIALS HANDLING

4. TRANSFER/PROCESSING

a. TYPE:

- IN-VESSEL DIGESTION

- OTHER (describe):

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

- 1. FACILITY IS IDENTIFIED IN (Check one):

  - SITING ELEMENT
  - NONDISPOSAL FACILITY ELEMENT

  - DATE OF DOCUMENT

  - PAGE #

  - May-04

  - PAGE # pg. 2, Table 1.18

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

- AGRICULTURAL
- 2. ASBESTOS

  - Frangible
  - Non-Frangible

- 3. ASH

- 4. AUTO SHREDDER

- 5. COMPOSTABLE MATERIAL (describe):

- CONSTRUCTION/DEMOLITION

- 5. CONSTRUCTION/DEMOLITION

- 11. LIQUIDS

- 7. CONTAMINATED SOILS

- 8. DEAD ANIMALS

- 9. INDUSTRIAL

- 10. INERT

- 12. MUNICIPAL SOLID WASTE (MSW)

- 13. SEWAGE SLUDGE

- 14. WASTE TIRES

- 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
ek
   - **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-F 6 am to 10 pm, 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 WDAs:

   - **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):** N/A
   - **d. Maximum Traffic Volume per Day (vpd):** N/A
   - **e. Days and Hours of Operation:** N/A

   - **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):** N/A

4. Additional Information Required for Landfills Only:

   - **a. Average Daily Tonnage (TPD):** N/A
   - **b. Site Capacity Currently Permitted (Airspace) (cu yds):** N/A
   - **c. Site Capacity Proposed (Airspace) (cu yds):** N/A
   - **d. Site Capacity Used to Date (Airspace) (cu yds):** N/A
   - **e. Site Capacity Remaining (Airspace) (cu yds):** N/A
   - **f. Date of Capacity Information (Date):** (See instructions)
   - **g. Last Physical Site Survey (Date):** N/A
   - **h. Estimated Closure Date (month and year):** N/A
   - **i. Disposal Footprint (acres):** N/A
   - **j. Site Capacity Planned (cu yds):** N/A
   - **k. 1. (i) In-Place Waste Density (lbs of waste per cu yd of waste):** N/A
     
     **AND**
     
     **(ii) Waste-To-Cover Ratio (Estimated) (v/v):** N/A
     
     **OR**
     
     **2. Airspace Utilization Factor (tons of waste per cu yd of landfill airspace):** N/A

### Part 4. Source of Water Supply (Check applicable boxes)

- **A. Municipal or Utility Service:** Los Angeles DPW
- **B. Individual (well):**
- **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:

X 1. ENVIRONMENTAL DOCUMENT WAS PREPARED:
   - [ ] ENVIRONMENTAL IMPACT REPORT (EIR) SCH# ________________________________
   - X ADDENDUM TO (Identify environmental document) Amended MND Certification Pending SCH# 2008091130 MND

X 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:

X LOCATION MAP Figure 2 of FR (3/2016)
X MITIGATION MONITORING & REPORTING PROX Nov 2008 MND

[ ] LIST OF PUBLIC HEARINGS AND OTHER MEETINGS OPEN TO THE PUBLIC

X ENVIRONMENTAL DOCUMENT(S):
   - EIR __________________________
   - ADDENDUM __________________________

X LANDFILL CAPACITY SURVEY RESULTS (see instruction)

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 __________________________

X PRELIMINARY __________________________
X 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 X CORPORATION [ ] GOVERNMENT AGENCY

OWNER(S) OF LAND
(Name):
Harbor Redondo L.L.C.

SSN OR TAX ID #: 77-048-1682

ADDRESS, CITY, STATE, ZIP

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

TELEPHONE #: (310) 323-1550

FAX #: (310) 358-4076

E-MAIL ADDRESS: mdranger@orangercoco.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):
(Names):
California Waste Services L.L.C.

ADDRESS, CITY, STATE, ZIP
621 W. 152nd Street, Gardena, CA 90247

TELEPHONE #: (602) 639-5550
FAX #: (310) 538-9040
EMAIL 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]
Mark Granger
PRINTED NAME:
Land Owner
TITLE:
DATE: 3-2-14

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]
Eric Casper
PRINTED NAME:
Facility Owner
TITLE: 2-26-16
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]
Eric Casper
PRINTED NAME:
Facility Owner
TITLE: 2-26-16
DATE:

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