STATE OF CALIFORNIA
DEPARTMENT OF RESOURCES RECYCLING AND RECOVERY
REGIONAL WATER QUALITY CONTROL BOARD
APPLICATION FOR SOLID WASTE FACILITY PERMIT AND WASTE DISCHARGE REQUIREMENTS
CALRECRCLE 1-17 (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/WHD/Global ID NUMBER:
19-AK-1228
FILING FEE:
$6,500.00
RECEIPT NUMBER:

DATE RECEIVED:
8-6-2020
DATE ACCEPTED:

DATE REJECTED:

ACCEPTANCE DATE OF INCOMPLETE APPLICATION:

DATE DUE:

Part 1. GENERAL INFORMATION
A. ENFORCEMENT AGENCY:
City of Los Angeles
B. COUNTY:
Los Angeles
C. TYPE OF APPLICATION (Check one box only):
☐ NEW SWF and/or WORS
☐ CHANGE TO SWF and/or WORS
☐ REVISION
☐ MODIFICATION
☐ OTHER (as authorized by law)
☐ WAIVER
D. PERMIT REVIEW
☐ 4. AMENDMENT OF APPLICATION
☐ 5. REROWD/JTD AMENDMENTS

Part 2. FACILITY DESCRIPTION
A. NAME OF FACILITY:
Direct Disposal Material Recovery Facility and Transfer Station
B. LOCATION OF FACILITY:
1. PHYSICAL ADDRESS OR LOCATION AND ZIP CODE:
3720 Noakes Street, Los Angeles, CA 90023
2. LATITUDE AND LONGITUDE:
34° 0'49.76"N 118° 11'45.42"W
3. LEGAL DESCRIPTION OF PERMITTED BOUNDARY BY SECTION, TOWNSHIP, RANGE, BASE, AND MERIDIAN, IF SURVEYED:
T3S R12W - See attached legal description.
C. TYPE OF ACTIVITY: (Check applicable boxes):
☐ 1. DISPOSAL
☐ 2. COMPOSTABLE MATERIALS HANDLING
☐ 3. TRANSFORMATION
☐ 4. TRANSFER/PROCESSING
☐ 5. C&D/INERT DEBRIS PROCESSING
☐ 6. IN-VESSEL DIGESTION
☐ 7. OTHER (describe):
D. IDENTIFICATION OF FACILITY IN CWMP [CONFORMANCE FINDING]:
☐ 1. FACILITY IS IDENTIFIED IN (Check one):
☐ SITING ELEMENT
☐ NONDISPOSAL FACILITY ELEMENT
☐ DATE OF DOCUMENT
☐ DATE OF DOCUMENT
☐ PAGE
E. TYPE OF PERMITTED WASTES TO BE RECEIVED: (Check applicable boxes):
☐ 1. AGRICULTURAL
☐ 2. ASBESTOS - Friable
☐ 3. ASH
☐ 4. AUTO SHREDDER
☐ 5. COMPOSTABLE MATERIAL (describe):
☐ 6. CONSTRUCTION/DESTRUCTION
☐ 7. CONTAMINATED SOILS
☐ 8. DEAD ANIMALS
☐ 9. INDUSTRIAL
☐ 10. INERT
☐ 11. LIQUIDS
☐ 12. MUNICIPAL SOLID WASTE (MSW)
☐ 13. SEWAGE SLUDGE
☐ 14. WASTE TIRES
☐ 15. OTHER (describe):

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### Part 3. FACILITY INFORMATION

#### A. FACILITY INFORMATION:

1. **INFORMATION APPLICABLE TO ALL EXISTING FACILITIES:**
   - a. **MAXIMUM DAILY TONNAGE OR CUBIC YARDS:** 174 TPD
   - b. **AS-DESIGNED DAILY TONNAGE OR CUBIC YARDS:** 200 TPD
   - c. **FACILITY SIZE (acres):** 1.11 acres
   - d. **MAXIMUM TRAFFIC VOLUME PER DAY (vpd):** 176
   - e. **DAYS AND HOURS OF OPERATION:**
     - 6 am - 4:30 pm M-F
     - 6 am - 2:00 pm Sat - closed Sun.

2. **PROPOSED CHANGE(S) OR INFORMATION APPLICABLE TO NEW SWFP AND/OR WDrs**
   - a. **MAXIMUM DAILY TONNAGE OR CUBIC YARDS:** 500 TPD
   - b. **AS-DESIGNED DAILY TONNAGE OR CUBIC YARDS:** 1,000 TPD
   - c. **FACILITY SIZE (acres):** 1.24 acres
   - d. **MAXIMUM TRAFFIC VOLUME PER DAY (vpd):** 450
   - e. **DAYS AND HOURS OF OPERATION:**
     - 24 hrs/day - 7 days/week

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)

- **X** A MUNICIPAL OR UTILITY SERVICE
- **☐** 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# 2019279096

☐ 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) ________________ GUIDELINE ____________

Part 6. LIST OF ATTACHMENTS (Fill in the date for each document checked)

A. REQUIRED WITH ALL APPLICATION SUBMITTALS:

☒ RFJ/UD TPR attached

☒ LOCATION MAP See Figure 1 of TPR

☒ MITIGATION MONITORING & REPORTING PROGRAM See Appendix A of Final IS/MND

☒ LIST OF PUBLIC HEARINGS AND OTHER MEETINGS OPEN TO THE PUBLIC See attached letter.

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 ________________

☐ ADDENDUM ________________

☐ LANDFILL CAPACITY SURVEY RESULTS (see instructions) ________________

C. IF APPLICABLE:

☐ REPORT OF WASTE DISCHARGE ________________

☒ STORMWATER PERMIT APPLICATION WDID # 4 191019849

☐ DEPT. OF TOXIC SUBSTANCES CONTROL OR CERTIFIED UNIFIED PROGRAM AGENCY PERMIT CAL 000284659

☐ SWAT (Air and water) ________________

☐ 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):

Daniel A. Agajanian, Trustee of the Agajanian Family Trust

ADDRESS, CITY, STATE, ZIP

6572 Horseshoe Lane
Huntington Beach, CA 92648

TELEPHONE #: (323) 262-1604

FAX #: 95-3862877

E-MAIL ADDRESS: dan@directdisposal.com

CONTACT PERSON (Print Name): Daniel Agajanian
Part 8. OPERATOR INFORMATION (For disposal site, if operator is different from land owner, attach lease or other agreement)

TYPE OF BUSINESS:
- [ ] SOLE PROPRIETERSHIP
- [ ] PARTNERSHIP
- [X] CORPORATION
- [ ] GOVERNMENT AGENCY

FACILITY OPERATOR(S)
(Name):
Direct Disposal

ADDRESS, CITY, STATE, ZIP:
3720 Noakes Street
Los Angeles, CA 90023

TELEPHONE #:
(323) 262-1604

FAX #:

E-MAIL ADDRESS:
dan@directdisposal.com

CONTACT PERSON (Print Name):
Daniel Agajanian

ADDRESS WHERE LEGAL NOTICE MAY BE SERVED:
3720 Noakes Street, Los Angeles, CA 90023

Part 9. SIGNATURE BLOCK

Owner: Daniel A. Agajanian, Trustee of the Agajanian Family Trust
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 notice. I understand that I may be responsible for the site should the operator fail to meet applicable requirements.

SIGNATURE (LAND OWNER OR AGENT):
Daniel Agajanian

PRINTED NAME:
Trustee of the Agajanian Family Trust

TITLE: 

DATE: 11/1/19

Lessee: Direct Disposal
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):
Daniel Agajanian

PRINTED NAME:
Manager

TITLE: 

DATE: 11/1/19

Operator: Direct Disposal
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):
Daniel Agajanian

PRINTED NAME:
Manager

TITLE: 

DATE: 11/1/19

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