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:	FILING FEE:	RECEIPT NUMBER:	DATE RECEIVED:
19-AR-1250			10/13/2026
DATE ACCEPTED:	**DATE REJECTED:**	**ACCEPTANCE DATE OF INCOMPLETE APPLICATION:**	
October 30, 2026		**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**):

- ☐ 1. NEW SWFP and/or WDRS
- ☒ 2. CHANGE TO SWFP and/or WDRS
  - ☒ REVISION ☐ MODIFICATION ☐ OTHER (As authorized by law)
- ☐ 3. WAIVER
- ☐ 4. PERMIT REVIEW
- ☐ 5. AMENDMENT OF APPLICATION
- ☐ 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):

- ☐ 1. DISPOSAL
  - a. TYPE :
- ☑ 2. COMPOSTABLE MATERIALS HANDLING
  - a. TYPE: Greenwaste
- ☐ 3. TRANSFORMATION
- ☑ 4. TRANSFER/PROCESSING
- ☑ 5. C&D/INERT DEBRIS PROCESSING
- ☐ 6. IN-VESSEL DIGESTION
- ☑ 7. OTHER (describe): Curbside recyclables transload

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

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

☐	SITING ELEMENT	DATE OF DOCUMENT	PAGE #
☑	NONDISPOSAL FACILITY ELEMENT	DATE OF DOCUMENT: 05/26/2011	PAGE # 72

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

- ☐ 1. AGRICULTURAL
- ☐ 2. ASBESTOS ☐ Friable ☐ Non-friable
- ☐ 3. ASH
- ☐ 4. AUTO SHREDDER
- ☑ 5. COMPOSTABLE MATERIAL (describe): Greenwaste
- ☑ 6. CONSTRUCTION/DEMOLITION
- ☐ 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): Curbside recyclables

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 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)	476
e. DAYS AND HOURS OF OPERATION	5:30 am to 7:30 pm - 7 days/week Internal operations/maintenance -24/7

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

a. MAXIMUM DAILY TONNAGE OR CUBIC YARDS	No Change
b. AS-DESIGNED DAILY TONNAGE or CUBIC YARDS	1,500 TPD
c. FACILITY SIZE (acres)	2.3 acres
d. MAXIMUM TRAFFIC VOLUME PER DAY (vpd)	443
e. DAYS AND HOURS OF OPERATION	No Change
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 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:

☑ RFI/JTD 03/14/2023

☑ LOCATION MAP See TPR

☑ MITIGATION MONITORING & REPORTING PROGRAM _____

☐ LIST OF PUBLIC HEARINGS AND OTHER MEETINGS OPEN TO THE PUBLIC _____

☑ ENVIRONMENTAL DOCUMENT(S):

☐ EIR _____

☐ MND/ND _____

☐ EXEMPTION _____

☑ ADDENDUM _____

B. ADDITIONAL REQUIRED DOCUMENTS FOR DISPOSAL FACILITIES ONLY:

☐ OPERATING LIABILITY FINANCIAL MECHANISM _____

☐ CLOSURE/POST CLOSURE MAINTENANCE PLAN

☐ PRELIMINARY _____
☐ FINAL _____

☐ FINANCIAL RESPONSIBILITY DOCUMENTATION _____

☐ KNOWN OR REASONABLY FORSEEABLE CORRECTIVE ACTION COST ESTIMATES _____

☐ LANDFILL CAPACITY SURVEY RESULTS (see instructi _____

C. IF APPLICABLE:

☐ REPORT OF WASTE DISCHARGE _____

☐ STORMWATER PERMIT APPLICATION WDID# 4191023130

☐ NPDES PERMIT APPLICATION _____

☐ OTHER _____

☐ DEPT. OF TOXIC SUBSTANCES CONTROL OR CERTIFIED UNIFIED PROGRAM AGENCY PERMIT CAL000065256

☐ 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):
Marilyn Segal Trust

SSN OR TAX ID #
95-3004852

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):	SSN OR TAX ID #:
Active Recycling Company, Inc.	95-3004852
ADDRESS, CITY, STATE, ZIP	TELEPHONE #:
2000 W Slauson Ave Los Angeles CA 90047	(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): Marilyn D Segal

PRINTED NAME: Marilyn Segal

DATE: 10/13/2026 ~~3/13/2023~~

TITLE: President

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): Errol Segal

PRINTED NAME: Errol Segal

DATE: 10/13/2026

TITLE: General Manager

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