

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: 19-AR-1228	FILING FEE:	RECEIPT NUMBER:	DATE RECEIVED: 4/7/2026
DATE ACCEPTED: 4/13/2026	DATE REJECTED:	ACCEPTANCE DATE OF INCOMPLETE APPLICATION:	DATE DUE:

Part 1. GENERAL INFORMATION

A. ENFORCEMENT AGENCY: Los Angeles Dept of Building & Safety	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 checked="" type="checkbox"/> REVISION <input 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:
California Waste Services Downtown Los Angeles (CWS-DTLA)

B. LOCATION OF FACILITY:

1. PHYSICAL ADDRESS OR LOCATION AND ZIP CODE:
3720 Noakes Street Los Angeles, CA 90023

2. LATITUDE AND LONGITUDE:
34° 0'49.78"N 118° 11'45.42"W

3. LEGAL DESCRIPTION OF PERMITTED BOUNDARY BY SECTION, TOWNSHIP, RANGE, BASE, AND MERIDIAN, IF SURVEYED:
Tract TR 12704, Lot B, PM 41-78 and Lot 9 TR 8337 Assessor Parcel No. (APN) 5192-017-008, and a portion of Tract 8337, Lot 19 (APN) 5192-018-11, 15 & 16

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

D. IDENTIFICATION OF FACILITY IN CIWMP [CONFORMANCE FINDING]: **Not Applicable**

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 #
	June 2018	Reference NDFE Facility #85

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 <input type="checkbox"/> Friable <input type="checkbox"/> 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 type="checkbox"/> 5. COMPOSTABLE MATERIAL (describe): _____	<input checked="" type="checkbox"/> 10. INERT	<input type="checkbox"/> 15. OTHER (describe): _____

Part 3. FACILITY INFORMATION

A. FACILITY INFORMATION:

1. INFORMATION APPLICABLE TO ALL EXISTING FACILITIES:

a. MAXIMUM DAILY TONNAGE OR CUBIC YARDS 500 tons

b. AS-DESIGNED DAILY TONNAGE or CUBIC YARDS 900 tpd

c. FACILITY SIZE (acres) 1.24 acres

d. MAXIMUM TRAFFIC VOLUME PER DAY (vpd) 163

e. DAYS AND HOURS OF OPERATION 24 hours a day, 7 days a week

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

a. MAXIMUM DAILY TONNAGE OR CUBIC YARDS 900

b. AS-DESIGNED DAILY TONNAGE or CUBIC YARDS _____

c. FACILITY SIZE (acres) 2.19 acres

d. MAXIMUM TRAFFIC VOLUME PER DAY (vpd) 254

e. DAYS AND HOURS OF OPERATION _____

f. OTHER TPR updates as part of the SWFP revision to include the increase of permitted tonnage to 900 TPD maximum as well as the increase of the facility's existing permitted acreage to 2.19 acres of total permitted area and reflect updates to the sorting equipment, tipping and material storage areas, scale locations, and optimization of traffic patterns.

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: 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# IS/MND SCH# 2026010720

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:

<input checked="" type="checkbox"/> RFI/JTD <u>Revised March 2026</u>	<input checked="" type="checkbox"/> ENVIRONMENTAL DOCUMENT(S):
<input checked="" type="checkbox"/> LOCATION MAP <u>See Figure 1 of the March 2026 TPR</u>	<input type="checkbox"/> EIR _____
<input checked="" type="checkbox"/> MITIGATION MONITORING & REPORTING PROGRAM <u>March 2026 - See Attachment 5</u>	<input checked="" type="checkbox"/> MND/ND- <u>March 2026 - See Attachment 4</u>
<input type="checkbox"/> LIST OF PUBLIC HEARINGS AND OTHER MEETINGS OPEN TO THE PUBLIC _____	<input type="checkbox"/> EXEMPTION _____
	<input 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 _____
<input type="checkbox"/> FINAL _____	RESULTS (see instructions) _____

C. IF APPLICABLE:

<input type="checkbox"/> REPORT OF WASTE DISCHARGE _____	<input type="checkbox"/> DEPT. OF TOXIC SUBSTANCES CONTROL OR CERTIFIED UNIFIED PROGRAM AGENCY PERMIT _____
<input type="checkbox"/> STORMWATER PERMIT APPLICATION _____	<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): Daniel A. Agajanian, Trustee of the Agajanian Family Trust	SSN OR TAX ID # Last 4 digits of personal SSN 7770
ADDRESS, CITY, STATE, ZIP 1517 Smith Lake Rd., Kalispell, MT. 59901.	TELEPHONE #: (323) 262-1604
	FAX #:
	E-MAIL ADDRESS: Danagajanian@gmail.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 PROPRIETORSHIP PARTNERSHIP CORPORATION GOVERNMENT AGENCY

FACILITY OPERATOR(S)

(Name):

California Waste Services LLC.

ADDRESS, CITY, STATE, ZIP

621 W. 152nd Street, Gardena, CA 90247

SSN OR TAX ID #:

91-21-31546

TELEPHONE #:

(310) 538-5998

FAX #:

E-MAIL 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 (LAND OWNER OR AGENT):

PRINTED NAME:

Daniel A. Agajanian, Trustee of the Agajanian Family Trust

TITLE: Owner

DATE:

03/18/2026

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:

California Waste Services LLC. - Eric Casper

TITLE: Lessee and Operator

DATE:

03.17.26

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:

California Waste Services LLC. - Eric Casper

TITLE: Lessee and Operator

DATE:

03.17.26

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