

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-5581	FILING FEE:	RECEIPT NUMBER:	DATE RECEIVED: 3/25/2022
DATE ACCEPTED: June 15, 2022	DATE REJECTED:	ACCEPTANCE DATE OF INCOMPLETE APPLICATION: 04/27/2022	DATE DUE: 10-24-2022

Part 1. GENERAL INFORMATION

A. ENFORCEMENT AGENCY: City of Los Angeles Dept of Building & Safety, Local Enforcement Agency	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 X REVISION MODIFICATION 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:
Athens Services Sun Valley Material Recovery Facility

B. LOCATION OF FACILITY:

1. PHYSICAL ADDRESS OR LOCATION AND ZIP CODE:
11121 Pendleton Street, Sun Valley, CA 91352

2. LATITUDE AND LONGITUDE:
Latitude 34.23809, Longitude -118.373

3. LEGAL DESCRIPTION OF PERMITTED BOUNDARY BY SECTION, TOWNSHIP, RANGE, BASE, AND MERIDIAN, IF SURVEYED:
Lot 12, Block 19 of Los Angeles Land and Water Co's Subdivision of a Maclay Rancho per book 3, Pages 17 and 18. APN's: 2631-034-009, 010, 014 and 017

C. TYPE OF ACTIVITY: (Check applicable boxes):

<input type="checkbox"/> 1. DISPOSAL a. TYPE: _____	<input type="checkbox"/> 3. TRANSFORMATION	<input 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]:

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 <u>December 2002</u>	PAGE # <u>Table 1.16</u>

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 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 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 1,500 tons/day

b. AS-DESIGNED DAILY TONNAGE or CUBIC YARDS 1,500 tons/day

c. FACILITY SIZE (acres) 4.9 acres

d. MAXIMUM TRAFFIC VOLUME PER DAY (vpd) 330

e. DAYS AND HOURS OF OPERATION Receiving 7:00am - 8:00pm; 7 days/week. Material Processing & Maintenance 24 hours/7 days a week.

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

a. MAXIMUM DAILY TONNAGE OR CUBIC YARDS _____

b. AS-DESIGNED DAILY TONNAGE or CUBIC YARDS _____

c. FACILITY SIZE (acres) _____

d. MAXIMUM TRAFFIC VOLUME PER DAY (vpd) _____

e. DAYS AND HOURS OF OPERATION Receiving 8:00am - 8:00pm; 7 days/week. Material Processing & Maint. 24 hours/7 days a week.

f. OTHER See TPR revisions attached.

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 & 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# 2007011090

NEGATIVE DECLARATION (ND)/MITIGATED NEGATIVE DECLARATION (MND) SCH# _____

ADDENDUM TO (Identify environmental document) January 2022 EIR Addendum SCH# 2007011090

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 Transfer/Processing Report, May 2019

LOCATION MAP _____

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 _____

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):

Arakelian Enterprises, Inc., dbs Athens Services

ADDRESS, CITY, STATE, ZIP

14048 Valley Vld., City of Industry, CA 91746

SSN OR TAX ID #

95-431271

TELEPHONE #:

(626) 336-3636

FAX #:

N/A

E-MAIL ADDRESS:

doeffling@athensservices.com

CONTACT PERSON (Print Name):

David Oeffling

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):

Arakelian Enterprises, Inc., dba Athens Services

SSN OR TAX ID #:

95-431271

ADDRESS, CITY, STATE, ZIP

14048 Valley Blvd., City of Industry, CA 91746

TELEPHONE #:

(626) 338-3636

FAX #:

N/A

E-MAIL ADDRESS:

doeffling@athensservices.com

CONTACT PERSON (Print Name):

David Oeffling

ADDRESS WHERE LEGAL NOTICE MAY BE SERVED:

Michael Pompay, Athens Services, 14048 Valley Blvd., City of Industry, CA 91746

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:

David Oeffling

TITLE:

Director of Environmental Compliance

DATE:

2/7/2022

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):



PRINTED NAME:

David Oeffling

TITLE:

Director of Environmental Services

DATE:

2/7/2022

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