

**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.

|   |                |   |                                      |
|---|----------------|---|--------------------------------------|
| <b>FOR OFFICIAL USE ONLY</b>                  |                |   |                                      |
| SWIS/WDID/Global ID NUMBER:<br><br>30-AB-0469 | FILING FEE:    | RECEIPT NUMBER:   | DATE RECEIVED:<br><br>August 3, 2023 |
| DATE ACCEPTED:<br><br>September 1, 2023       | DATE REJECTED: | ACCEPTANCE DATE OF INCOMPLETE APPLICATION:<br><br>_____ | DATE DUE:<br><br>_____               |

**Part 1. GENERAL INFORMATION**

|  |  |
|--|--|
| A. ENFORCEMENT AGENCY:<br>County of Orange Health Care Agency/Environmental Health   | B. COUNTY:<br>Orange County                          |
| C. TYPE OF APPLICATION (Check one box only):   |  |
| <input type="checkbox"/> 1. NEW SWFP and/or WDRS   | <input type="checkbox"/> 4. PERMIT REVIEW            |
| <input type="checkbox"/> 2. CHANGE TO SWFP and/or WDRS<br>X 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:  
Bee Canyon Greenery

B. LOCATION OF FACILITY:  
1. PHYSICAL ADDRESS OR LOCATION AND ZIP CODE:  
11002 Bee Canyon Access Road, Irvine, CA 92602

2. LATITUDE AND LONGITUDE:  
33.71809, -117.70331

3. LEGAL DESCRIPTION OF PERMITTED BOUNDARY BY SECTION, TOWNSHIP, RANGE, BASE, AND MERIDIAN, IF SURVEYED:  
Portions of Blocks 117, 118, 119, 143 and 144 of Irvine's subdivision, in the County of Orange, State of California, as per map recorded in Book 1, Page 88 of miscellaneous maps, in the office of the County Recorder of said County.

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

|   |   |   |
|---|---|---|
| <input type="checkbox"/> 1. DISPOSAL<br>a. TYPE: _____  | <input type="checkbox"/> 3. TRANSFORMATION      | <input type="checkbox"/> 5. C&D/INERT DEBRIS PROCESSING |
| <input checked="" type="checkbox"/> 2. COMPOSTABLE MATERIALS HANDLING<br>a. TYPE: <u>Open Window/CASP</u> | <input 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                        | PAGE # |
|  | 11/30/2022 Correspondence to CalRecycle | NA     |
|  | See Attachment 5.                       |        |

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

|  |  |  |
|--|--|--|
| <input checked="" 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 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 checked="" type="checkbox"/> 5. COMPOSTABLE MATERIAL (describe):<br>Green Material, Wood Waste (untreated), Agricultural Material, Manure, Food Waste | <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 437 tpd

b. AS-DESIGNED DAILY TONNAGE or CUBIC YARDS 437 tpd

c. FACILITY SIZE (acres) 30

d. MAXIMUM TRAFFIC VOLUME PER DAY (vpd) Not Applicable

e. DAYS AND HOURS OF OPERATION  
Feedstock Acceptance: Monday thru Saturday 7:00 a.m. to 5:00 p.m.  
General Operations/Facility Maintenance: 7 days per week, 24 hours

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

a. MAXIMUM DAILY TONNAGE OR CUBIC YARDS 876 tpd

b. AS-DESIGNED DAILY TONNAGE or CUBIC YARDS 876 tpd

c. FACILITY SIZE (acres) 37.3

d. MAXIMUM TRAFFIC VOLUME PER DAY (vpd) Not Applicable

e. DAYS AND HOURS OF OPERATION \_\_\_\_\_

f. OTHER Expansion of composting feedstock to include manure and food waste, facility acreage adjustment, chipping and grinding operations, addition of CASP for future operations, and compost give away days.

**3. ADDITIONAL INFO. REQUIRED FOR COMPOSTABLE MATERIALS HANDLING FACILITIES ONLY:**

a. TOTAL SITE CAPACITY (cu yds) 130,000

**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: Irvine Ranch Water District, 15600 Sand Canyon Avenue, Irvine, CA 92618

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# \_\_\_\_\_

ADDENDUM TO (Identify environmental document) \_\_\_\_\_ MND \_\_\_\_\_ SCH# 2019099059

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>Report of Composting Information dated June 2023</u>   | <input checked="" type="checkbox"/> ENVIRONMENTAL DOCUMENT(S):                       |
| <input checked="" type="checkbox"/> LOCATION MAP <u>See Report of Composting Information dated June 2023</u>                                    | <input type="checkbox"/> EIR _____   |
| <input checked="" type="checkbox"/> MITIGATION MONITORING & REPORTING PROGRAM <u>App. B of MND SCH No. 201909959</u><br><u>See Attachment 4</u> | <input checked="" type="checkbox"/> MND/ND <u>SCH No. 2019099059</u>                 |
| <input checked="" type="checkbox"/> LIST OF PUBLIC HEARINGS AND OTHER MEETINGS OPEN TO THE PUBLIC <u>See Attachment 6</u>                       | <input type="checkbox"/> EXEMPTION _____   |
|   | <input checked="" type="checkbox"/> ADDENDUM <u>March 2022/NOD December 14, 2022</u> |

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 _____ |
| o 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 checked="" type="checkbox"/> OTHER <u>NOI to Enroll in Statewide Composting General Order</u> | <input checked="" type="checkbox"/> VERIFICATION OF FIRE DISTRICT COMPLIANCE <u>Fire Protection Plan SR # 299319/<br/>Underground Plan SR# 533744</u> |

**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):<br>OC Waste & Recycling                                    | SSN OR TAX ID #<br>956000928  |
| ADDRESS, CITY, STATE, ZIP<br><br>601 N. Ross Street, 5th Floor, Santa Ana, CA 92701 | TELEPHONE #:<br>(714) 834-4000  |
|   | FAX #:<br>(714) 834-4002  |
|   | E-MAIL ADDRESS:<br><a href="mailto:Tom.Koutroulis@ocwr.ocgov.com">Tom.Koutroulis@ocwr.ocgov.com</a> |
|   | CONTACT PERSON (Print Name):<br>Thomas D. Koutroulis  |

**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):

OC Waste & Recycling

ADDRESS, CITY, STATE, ZIP

601 N. Ross Street, 5th Floor, Santa Ana, CA 92701

SSN OR TAX ID #:

956000928

TELEPHONE #:

(714) 834-4000

FAX #:

(714) 834-4002

E-MAIL ADDRESS:

[Tom.Koutroulis@ocwr.ocgov.com](mailto:Tom.Koutroulis@ocwr.ocgov.com)

CONTACT PERSON (Print Name):

Thomas D. Koutroulis


ADDRESS WHERE LEGAL NOTICE MAY BE SERVED:

601 N. Ross Street, 5th Floor, Santa Ana, CA 92701

**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):

Thomas D. Koutroulis

PRINTED NAME:

Director, OC Waste & Recycling

TITLE:

DATE:

6/7/2023

**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.

Not Applicable

SIGNATURE (LESSEE):

Not Applicable

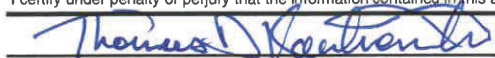
PRINTED NAME:

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):

Thomas D. Koutroulis

PRINTED NAME:

Director, OC Waste & Recycling

TITLE:

DATE:

6/7/2023

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