ENVIRONMENTAL MANAGEMENT DEPARTMENT



http://www.edcgov.us/EMD/

PLACERVILLE OFFICE: 2850 Fairlane Court Placerville, CA 95667 (530) 621-5300 (530) 642-1531 Fax

LAKE TAHOE OFFICE: 924 B Emerald Bay Rd. South Lake Tahoe, CA 96150 (530) 573-3450 (530) 542-3364 Fax

SB 1383 ORGANICS RECYCLING REGULATIONS WAIVER APPLICATION

INSTRUCTIONS:

California Senate Bill (SB) 1383 requires all businesses (defined as: commercial businesses and multi-family dwellings) to arrange for organic waste recycling services (i.e. food waste and green waste). Certain commercial businesses and multi-family dwellings of five or more units may qualify for waivers from organic waste requirements. If a waiver is not approved by EMD, your business will be required to comply with all SB 1383 mandates.

To apply for a waiver, please complete the SB 1383 Waiver Application form and provide applicable supporting documentation (i.e. photographs, agreements, contracts, receipts, blueprints, hauler verification, etc.). Waivers may be requested for each type of exemption you believe applies to your business. There are three types of waiver requests:

1. Third-Party Waiver for Businesses with Landscape Contractors/Organics Recyclers

- Businesses that have organics recycling provided by a landscaper or other third-party recycler may apply.
- Third-party recyclers must maintain disposal/recycling records and divert green waste from landfills as required by state law.
- Your business must agree to submit information to the County periodically to verify continued third-party organics recycling (i.e. copy of agreement specifying green waste is diverted, disposal receipts).

2. Waiver for Businesses with Minimal Organic Waste (i.e. "De Minimis Waiver")

- Businesses that generate a limited amount of organic waste may apply for a low-generator "de minimis" waiver if they have:
 - A) Total solid waste disposal of two cubic yards or more per week, and includes organic waste of less than 20 gallons per week; or
 - B) Total solid waste disposal of less than two cubic yards per week, and includes organic waste of less than 10 gallons per week.

3. Space Constraint Waiver

- Businesses lacking space for separate or additional green waste or food waste collection containers may request a space-constraint waiver.
- To qualify, you must demonstrate that space constraints cannot be resolved by downsizing existing containers, using split containers, or other solutions. You must first work with your hauler to consider solutions to space constraints.

<u>NOTE</u>: Businesses granted any of the above referenced waivers will be exempted for a five (5) year period from SB 1383 requirements.

EMD approved waivers are valid for a period of five (5) years. It shall be the applicant's responsibility to apply for a waiver renewal 30 days prior to the expiration date. Failure to renew a waiver prior to the expiration date does not waive any penalties or fines for noncompliance that may be incurred. (This requirement is consistent with the guidelines outlined in Section 18995.1. (A)(6) of the SB 1383 regulations)

To apply for a waiver, please complete the SB 1383 Waiver Application form (include any supporting documentation) and submit to your hauler's recycling coordinator.



ENVIRONMENTAL MANAGEMENT DEPARTMENT

http://www.edcgov.us/EMD/

SB 1383 Waiver Application

Type o	f Application:	New Application	Ren	ewal	Appeal	Date:		
APPLICATION								
BUSINESS OR MULTI-FAMILY COMPLEX NAME						BUSINESS LICENSE NUMBER		
BUSINES	S OR MULTI-FAMIL	Y PHYSICAL ADDRESS		CITY		STATE	ZIP	
						OTATE	710	
BUSINESS OFFICE MAILING ADDRESS CITY						STATE	ZIP	
CONTACT INFORMATION (for designated business representative who should receive waiver related notices from EMD)								
Contact Name/Title Phone Number E-Mail								
WAIVER TYPE (Check the box(es) adjacent to the exemption waiver type(s) you are requesting below and provide information requested. Photo verification and/or supporting documentation must be submitted with this application for exemption consideration.								
THIRD-PARTY WAIVER (for properties with landscape contractors/organics recyclers)								
Please provide the following information and supporting documentation: contract, receipts, etc.								
Third-party organic waste recycling service (e.g., landscaper) information:								
	> Recycler:		Busines	ss Lic #:	Pho	one:		
> Facility where this material is taken for recycling								
DE MINIMIS WAIVER FOR BUSINESSES WITH MINIMAL ORGANIC WASTE								
Please provide the following information and supporting documentation: hauler verification, photos, etc.								
Average amount of organic waste collected per week:								
	≥ 2 cubic yards of t	waste & < 20 gallons of orga	nics	< 2 cubic y	ards of waste	& < 10 gallo	ons of organics	
PHYSICAL SPACE CONSTRAINT WAIVER								
Please provide the following information and supporting documentation: hauler verification, photos, blueprints, etc.								
	 Property does not have the physical space to add additional organic waste recycling containers Please indicate the specific program(s) you are requesting a waiver for: 							
		ing only Food v	-		Greei	n waste & fo	ood waste	
		,		·····g •····,				
ב ח	-	the information presented in this ap	-			-		
ome atio	changes. I understand that this waiver expires one year from the approval date and accept that it is my responsibility to apply for a waiver renewal 30 days prior to the expiration date. Failure to renew a waiver prior to the expiration date does not waive any penalties or fines for							
renewal 30 days prior to the expiration date. Failure to renew a waiver prior to the expiration date does not waive any penalties or find noncompliance that may be incurred. Signature of person submitting application: Date:							portained or infector	
Z ¥ C	Signature of person	submitting application:				Date:		
	Name of person sul	omitting this application:						
FOR EMD AND/OR HAULER OFFICE USE ONLY:								
				Date:	Inspected	by:		
	<u> </u>	upporting Documentation			•	to conduct in		
Notes:		•	J				·	
FMD Data Application Described								
EMD Date Application Received: Inspection Date: Inspected by: Photos Supporting Documentation Missing Documentation Unable to conduct inspection								
Notes:	•	Documentation wissing	•			·		
EXEMPTION STATUS Approved Denied/Reason:								
Approved by Jeffrey Warren, EMD Director:								

23-1740 A2 of 2