
Mandatory Organic Waste Collection at Commercial Properties

◆ SB 1383 WAIVER APPLICATION ◆

Background

In 2016, Senate Bill 1383 (SB 1383) was signed into law, establishing methane emissions reduction targets in a statewide effort to reduce methane gas emissions resulting from the decomposition of organic waste in landfills, a significant source of greenhouse gas contributing to global climate change.

These targets as well as mandatory actions to achieve the core objectives include the following:

- Goals are set at 50% reduction in the level of organic waste disposal by 2020 and 75% reduction by 2025.
- Beginning in 2022, SB 1383 mandates that jurisdictions provide organic waste collection services to all residents and businesses; “Organic waste” includes food, green material, landscape/pruning waste, organic textiles/carpets, lumber, wood, paper products, printing/writing paper, manure, biosolids, digestate/sludges.
- All commercial properties, including businesses and multifamily complexes of five (5) or more units, are required to either:
 1. Subscribe to and participate in their jurisdiction’s organics curbside collection service; or
 2. Self-haul organic waste to a specified composting facility, community composting program, or other collection activity or program.

Waivers

Under California law, pursuant to 14 CCR § 18984.11, a jurisdiction has the option of granting a waiver of a commercial business’ obligation to comply with some or all of said mandate, if conditions warrant.

There are two classes of waiver: 1. De Minimis; and 2. Physical Space. Approved waivers are valid for a period of up to five years. Should conditions change such that a waiver is no longer warranted, its approval may be rescinded.

The City of Lynwood (“City”) has resolved that it is in the best interest of commercial property owners to offer eligibility to apply for waivers. In order for a commercial property to qualify, it must meet the following criteria:

De Minimis Waiver:

1. The property’s total solid waste collection service is two cubic yards or more per week and organic waste subject to collection in a separate container comprises less than 20 (twenty) gallons per week.
2. The property’s total solid waste collection service is less than two cubic yards per week and organic waste subject to collection in a separate container comprises less than 10 (ten) gallons per week.

Physical Space Waiver:

1. The premises lack adequate space for any type of separate organics container permissible under SB 1383.

Upon verification that these criteria have been met, which may involve a site visit and/or request for supplemental documentation, the City will determine whether to approve or deny the waiver.

If you believe your property qualifies for a waiver, please complete & submit the attached Form to the City of Lynwood, via email, at organics@lynwoodca.gov. With questions or concerns, please feel free to contact the City’s Public Works Department at the number listed below.

SITE INFORMATION		
Type of Property: <input type="checkbox"/> Commercial Business; <input type="checkbox"/> Multi-family Dwelling (5+ units); Number of Units: _____ Requesting Party: <input type="checkbox"/> Property Owner; <input type="checkbox"/> Occupant; <input type="checkbox"/> Owner/Occupant; Yrs./Mos at Location: _____ <i>Property Management Company (if applicable):</i> _____ Contact: _____ Title: _____ E-Mail: _____ Phone: _____		
GENERAL INFORMATION		
Business Name (if applicable): _____ Business License No.: _____ Property Address: _____ Contact: _____ Title: _____ E-Mail: _____ Phone: _____		
Mailing Address: _____ <input type="checkbox"/> Same as Above		
BUSINESS DESCRIPTION		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Arts, Entertainment, & Recreation <input type="checkbox"/> Durable Wholesale & Trucking <input type="checkbox"/> Education <input type="checkbox"/> Hotels/Lodging <input type="checkbox"/> Manufacturing – Electronic Equipment <input type="checkbox"/> Manufacturing – Food & Nondurable Wholesale <input type="checkbox"/> Manufacturing – All Other <input type="checkbox"/> Medical & Health <input type="checkbox"/> Public Administration </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Restaurant <input type="checkbox"/> Retail Trade – Food & Beverage Stores <input type="checkbox"/> Retail Trade – All Other <input type="checkbox"/> Services – Mgmt., Admin., Support, & Social <input type="checkbox"/> Services – Professional, Technical, & Financial <input type="checkbox"/> Services – Repair and Personal <input type="checkbox"/> Not Elsewhere Classified <input type="checkbox"/> Multifamily <input type="checkbox"/> Other _____ </td> </tr> </table>	<input type="checkbox"/> Arts, Entertainment, & Recreation <input type="checkbox"/> Durable Wholesale & Trucking <input type="checkbox"/> Education <input type="checkbox"/> Hotels/Lodging <input type="checkbox"/> Manufacturing – Electronic Equipment <input type="checkbox"/> Manufacturing – Food & Nondurable Wholesale <input type="checkbox"/> Manufacturing – All Other <input type="checkbox"/> Medical & Health <input type="checkbox"/> Public Administration	<input type="checkbox"/> Restaurant <input type="checkbox"/> Retail Trade – Food & Beverage Stores <input type="checkbox"/> Retail Trade – All Other <input type="checkbox"/> Services – Mgmt., Admin., Support, & Social <input type="checkbox"/> Services – Professional, Technical, & Financial <input type="checkbox"/> Services – Repair and Personal <input type="checkbox"/> Not Elsewhere Classified <input type="checkbox"/> Multifamily <input type="checkbox"/> Other _____
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Number of Employees: _____ Onsite Cafeteria Serving Hot/Cold Meals: <input type="checkbox"/> Yes / <input type="checkbox"/> No		
CURRENT SOLID WASTE COLLECTION SERVICE DATA		
Name of Waste Services Provider: _____; or <input type="checkbox"/> Permitted Self-Hauler.		
Total Weekly Refuse Collection Service Level (<i>Container Size in Cubic Yards – “CY”, Quantity, & Service Frequency</i>): <ul style="list-style-type: none"> • Container Size: <input type="checkbox"/> Cart; <input type="checkbox"/> 1 CY Bin; <input type="checkbox"/> 2 CY Bin; <input type="checkbox"/> 3 CY Bin; <input type="checkbox"/> 4 CY Bin; <input type="checkbox"/> 6 CY Bin; <input type="checkbox"/> Roll-off/Compactor. • No. of Containers: _____; Pick-ups per week: <input type="checkbox"/> 1x/wk.; <input type="checkbox"/> 2x/wk.; <input type="checkbox"/> 3x/wk.; <input type="checkbox"/> 4x/wk.; <input type="checkbox"/> 5x/wk.; <input type="checkbox"/> 6x/wk. • Organic waste materials per week comprise less than: <input type="checkbox"/> 10 Gallons; <input type="checkbox"/> 20 Gallons; <input type="checkbox"/> Not Sure. 		
Greenwaste Diversion Data (<i>if applicable</i>): Landscape Maintenance: <input type="checkbox"/> Performed in-house; <input type="checkbox"/> Contracted with a landscape services firm. Name of Contractor: _____ Contact: _____ Phone: _____ Greenwaste Recycling: <input type="checkbox"/> Onsite; <input type="checkbox"/> Offsite; If offsite, does Contractor report diversion? <input type="checkbox"/> Yes; <input type="checkbox"/> No.		
TYPE OF WAIVER REQUESTED (<i>as defined on Page 1</i>): <input type="checkbox"/> De Minimis Waiver; <input type="checkbox"/> Physical Space Waiver.		

ACKNOWLEDGEMENT

I attest to the conditions enumerated below:

1. Approved Waivers are valid for up to five (5) years;
2. Waivers are subject to rescission by City in the event of changes that would invalidate the waiver;
3. The City shall be promptly informed should such changes occur;
4. City or its designee may perform periodic site inspections to enforce mandated recycling programs;
5. City or its designee may conduct a site visit during the approval process for this application; and,
6. Submission of this Application does not guarantee that a waiver will be granted.

By affixing my signature below, I declare under penalty of perjury that I am duly authorized to sign this form, and that the facts stated herein are true and accurate, to the best of my knowledge.

Name/Title: _____ Signature: _____ Date: _____

APPLICATION REVIEW AND VERIFICATION *(City Authorized Use Only)*

- This property meets the criteria delineated under 14 CCR § 18984.11, and qualifies for the following type(s) of waiver:
 - De Minimis Waiver
 - Physical Space Waiver
- Site Visit Conducted on _____
- Franchisee or Third-Party Submission

RECOMMENDATION FOR SB 1383 WAIVER

Reviewed by: _____ Title: _____

Recommendation: APPROVE DENY Date: _____

DETERMINATION *(Official City Use Only)*

WAIVER GRANTED

WAIVER DENIED

CITY OF LYNWOOD

By: _____

Title: _____

Date: _____