



# CITY OF HAWAIIAN GARDENS

---

## **Mandatory Commercial Organics Recycling Waiver Eligibility**

California State Assembly Bill 1826 (AB 1826) and Senate Bill 1383 (SB 1383) mandate the recycling of commercial organic waste. All commercial organizations such as businesses and multifamily complexes are required to participate in an organics recycling program. Organic waste is defined as: food waste, green waste, landscape and pruning waste, nonhazardous wood waste, and food-soiled paper waste that is mixed in with food waste.

**AB 1826** requires businesses, including multifamily residential dwellings that consist of five (5) units or more that generate two (2) cubic yards or more of commercial solid waste per week to arrange for organic waste recycling services.

**SB 1383** requires all businesses, multifamily residential dwellings, and single-family residences to subscribe to and participate in their jurisdiction's commercial organics curbside collection service or to self-haul organic waste to a specified composting facility, community composting program, or other collection activity or program.

**A waiver is available for entities that meet certain criteria noted in the laws, such as:**

- Business practices already result in a significant organic waste reduction
- Minimal weekly organic waste generation
- Lack of sufficient space to provide additional bins

Please contact our franchised waste hauler, WM at (310) 467-7600 to assist with the completion of the waiver application. A representative will conduct a waste assessment to determine if the location is indeed eligible for a waiver.

**Finalized applications including accompanying support documents or photographic aid should be submitted by or on behalf of the business or property owner/manager.**

**If you are eligible and wish to proceed in applying for a waiver, please complete the required waiver request form. Once all applicable sections are complete e-mail forms and attach support documentation to:**

**[WRTCS@wm.com](mailto:WRTCS@wm.com) and [rlepe@hgcity.org](mailto:rlepe@hgcity.org)**

**or deliver forms & support to:**

**City of Hawaiian Gardens  
Attn: Public Works (Waiver)  
21815 Pioneer Blvd.  
Hawaiian Gardens, CA 90716**

To confirm forms were received or to check status please call: (310) 467-7600 or (562) 420-2641



# CITY OF HAWAIIAN GARDENS

(562) 420-2641  
www.hgcity.org

E-Mail Completed Form to:  
WRTCS@wm.com and  
rlepe@hgcity.org

## ORGANIC WASTE (SB1383/AB1826) & RECYCLING WAIVER REQUEST APPLICATION

APPLICANT INFORMATION			PROPERTY OWNER		
BUSINESS OR MULTI-FAMILY PROPERTY PHYSICAL ADDRESS			PROPERTY OWNER, MANAGER OR LEASE HOLDER		
BUSINESS OR MULTI-FAMILY PROPERTY NAME			PHONE		
BUSINESS OR MULTI-FAMILY # OF UNITS			EMAIL		
BUSINESS OFFICE MAILING ADDRESS			OWNER ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
Hawaiian Gardens	CA				

**CONTACT INFORMATION**  
Provide the designated business representative where waiver approval or rejection notice is to be delivered.

NAME/TITLE	PHONE	EMAIL

**WAIVER TYPES**  
Check the appropriate box(es) and provide answers to **ALL** questions for the requested waiver type(s).

**DE MINIMIS WAIVER** (Excludes multi-family properties)

- Average number of employees onsite: \_\_\_\_\_
- Average number of employees that eat meals/snacks onsite: \_\_\_\_\_
- Is edible food (food intended for human consumption) produced, distributed or consumed at your site?  YES  NO
- Does your business have a cafeteria providing meals to employees?  YES  NO
- Does your business have a contracted landscape service provider?  YES  NO (If yes, complete page 2- third party recycler)

If so, provide contracted landscape service provider name/phone #: \_\_\_\_\_

6. Weekly trash and recycling collection service levels:

BIN TYPES	QUANTITY	COLLECTIONS (PER WEEK)	BIN TYPES	QUANTITY	COLLECTIONS (PER WEEK)
	DUMPSTERS			DUMPSTERS	
	CARTS			CARTS	

**SPACE CONSTRAINT WAIVER** Type of Business:  Multi-Family  Commercial

- Have you ever worked with the Waste Hauler service provider to adjust container sizes to resolve space constraint issues? (i.e. requested smaller bin sizes or split bins for recycling and trash, or other solutions, etc. to resolve space constraints)  YES  NO
- Do you have documentation from the City's waste collection service provider or a licensed engineer/architect showing that space constraints preclude placement of required recycling and/or organic waste recycling containers? (If you use this option, documentation and pictures must be submitted with waiver request).  YES  NO

3. Specific program(s) you are requesting waiver for (e.g. recycling and/or organic waste recycling) **Must check one:**

RECYCLING ONLY  ORGANIC WASTE RECYCLING ONLY  RECYCLING AND ORGANIC WASTE

I declare that I, the owner/property manager (or designee), have read the foregoing document and that the facts stated herein are true to the best of my knowledge. I understand that I may be subject to periodic random inspections and spot checks to confirm the facts provided on this waiver request are accurate. If waiver is granted it is valid for 5 years. If a significant amount of recyclables and/or organic waste is found in the trash, the approved waiver will be cancelled and the account will need to comply with all requirements. Waiver request(s) are not transferable and can be revoked at anytime by the City or the State. I understand that by submitting this form, there is no guarantee a waiver will be granted and that the information will be confirmed independently by the Waste Hauler and/or the City of Hawaiian Gardens.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR WASTER HAULER RESPONSE ONLY:**  
Hauler Representative Name: \_\_\_\_\_ Visit Date: \_\_\_\_\_  
Assessment Recommendation: \_\_\_\_\_



**CITY OF HAWAIIAN  
GARDENS**  
(562) 420-2641  
www.hgcity.org

**ORGANIC WASTE &  
RECYCLING WAIVER REQUEST  
FORM**

**THIRD-PARTY RECYCLER or INTERNAL RECYCLING PROGRAM WAIVER**

Complete either section **A** for THIRD-PARTY RECYCLER WAIVER or **B** for INTERNAL RECYCLING PROGRAM WAIVER:

**All third-party recyclers and landscape service providers must have a City of Hawaiian Gardens Business License and be authorized by the City to self-haul and must agree to report tonnages and disposal/recycling information to the City quarterly as required by State law. Please confirm this information w/third party recycler prior to submitting waiver.**

**SECTION A**

- 1. Contracted third-party recycling service provider name: \_\_\_\_\_
- 2. Contracted third-party recycling service provider contact/representative: \_\_\_\_\_
- 3. Contracted third-party recycling service provider phone number/e-mail: \_\_\_\_\_
- 4. Contracted landscape service provider name: \_\_\_\_\_
- 5. Contracted landscape service provider contact/representative: \_\_\_\_\_
- 5. Contracted landscape service provider phone number/e-mail: \_\_\_\_\_
- 7. City business license number of contracted service provider: \_\_\_\_\_
- 8. City Self-Haul Permit number of contracted service provider: \_\_\_\_\_

**OR**

**SECTION B**

- 1. Description of internal recycling efforts: \_\_\_\_\_
- 2. Type(s) of material recycled: \_\_\_\_\_
- 3. Estimated quantity of material recycled per week: \_\_\_\_\_ gallons **OR** \_\_\_\_\_ cubic yards
- 4. Facility where this material is taken for recycling: \_\_\_\_\_

**NOTE: Businesses/properties granted waivers will be exempted for a five-year period from state requirements related to the type of exemption(s) requested. To remain exempt, State law requires you to submit written verification of eligibility to the City every five years. During each five-year exemption period, State law also requires that you notify the City any time the waste generated at your business exceeds the qualifying waste-generation amount for any waiver granted or of any other relevant changes. I understand that I may be subject to periodic random inspections and spot checks to confirm the facts provided on this waiver request are accurate. If significant amount of recyclables and/or organic waste is found in the trash, the approved waiver will be cancelled and the account will need to comply with all requirements. Waiver request(s) are not transferable and can be revoked at anytime by the City or the State.**

By signing this form, you are certifying all information entered is true and accurate and that you have full understanding of your businesses' obligations to provide information, report to, and otherwise fully cooperate with the City, as detailed in the instructions herein which accompany this form.

\_\_\_\_\_  
AUTHORIZED BUSINESS REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TITLE & PHONE NUMBER