



**MANDATORY COMMERCIAL ORGANICS RECYCLING
AB 1826 & SB 1383
WAIVER REQUEST**



State Assembly Bill (AB) 1826 & Senate Bill (SB) 1383 both mandate the recycling of commercial organic waste. This means that all businesses and multi-family complexes must have 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.

To apply for exemption, complete the accompanying AB 1826 and SB 1383 Waiver Request Form and provide the required information. Waivers may be requested for each type of exemption you believe applies to your business.

| APPLICANT INFORMATION | | | PROPERTY OWNER OR LEASE HOLDER | | |
|--|--------|--------|--------------------------------------|--------|------|
| BUSINESS or MULTI-FAMILY COMPLEX PHYSICAL NAME: | | | PROPERTY OWNER OR LEASE HOLDER NAME: | | |
| BUSINESS or MULTI-FAMILY COMPLEX NAME: | | | PHONE: | | |
| BUSINESS LICENSE NO.: | | | EMAIL: | | |
| BUSINESS OFFICE MAILING ADDRESS: | | | OWNER ADDRESS: | | |
| CITY: | STATE: | ZIP: | CITY: | STATE: | ZIP: |
| CONTACT INFORMATION | | | | | |
| Provide the designated business representative where waiver approval or rejection notice is to be delivered. | | | | | |
| NAME/TITLE: | | PHONE: | | EMAIL: | |

There are three types of waiver requests:

- Alternative Service Waiver**
- A person or organization can collect all Organics Recyclables from this location, at no cost. Please provide a description of the material, the amount generated each week (weight in pounds), and name of collector or organization.
 - Businesses that have organics recycling by a third party recycler, self-hauling, backhaul, or on-site composting may apply.
 - If self-hauling you 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 City periodically to verify ongoing program implementation (copy of agreement, if applicable, specifying green waste is diverted).

Please provide the following information to request an Alternative Service Waiver:

| Alternative Organic Waste Diversion Service (e.g., landscaper, organization) Information: | | |
|---|-------------------|--------|
| Recycler: | Business License: | Phone: |
| Material type(s): | | |
| Facility where this material is taken for processing: | | |

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 collection of two cubic yards or more per week (i.e., equal to at least 12 large or 24 regular trash bags, or about two-thirds of a standard dumpster), and organic waste generation of less than 20 gallons per week (i.e., about 2 tall kitchen bags); or
- B) total solid waste collection of less than two cubic yards per week and collected organic waste generation of less than 10 gallons per week.

Please provide the following information to request a "De Minimis" Waiver:

| | |
|--|--|
| Average amount of organic waste collected per week: | |
| <input type="checkbox"/> | <i>≥ 2 cubic yards of waste and < 20 gallons of organics</i> |
| <input type="checkbox"/> | <i>< 2 cubic yards of waste and < 10 gallons of organics</i> |
| Provide an explanation or description of the waste generated if it is not considered organic waste. | |
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Physical Space Waiver

Businesses lacking space for separate or additional organic waste collection containers may request a space-constraint waiver.

To qualify, you must demonstrate that space constraints cannot be resolved by downsizing containers or other solutions. You must first work with Waste Management (WM) to consider solutions to space constraints.

State regulations allow the City to waive compliance only if the City's own staff, WM staff, a licensed architect, or a licensed engineer confirms the lack of adequate container space.

- I have documentation that space constraints preclude placement of organic waste recycling containers at my business.
(Please attach documentation)
- I have worked with WM to determine that we cannot adjust container sizes or make other such changes to resolve the space constraint issue.

By signing this form, you are attesting that you have a full understanding of your business' obligations to provide information, report to, and otherwise fully cooperate with the City, as detailed in the instructions herein this form.

_____ _____
Printed Name, Title and Signature of Authorized Business Representative **Date**

Please complete this form and submit to:

City of Tehachapi, Assistant City Manager, 115 S. Robinson Street, Tehachapi, CA 93561 or
 email to ccostelloe@tehachapicityhall.com

| <u>OFFICE USE ONLY</u> | | |
|-----------------------------------|--------------|------------|
| Waste Hauler Verification | Date: | By: |
| | | |
| City of Tehachapi Approval | Date: | By: |
| | | |