

### CITY OF CHINO HILLS CITY MANAGER'S OFFICE

City of Chino Hills 14000 City Center Drive Chino Hills, CA 91709 (909) 364-2606 CHRecycles@chinohills.org

## SOLID WASTE & RECYCLING REGULATIONS WAIVER REQUEST FORM

#### **INSTRUCTIONS:**

All commercial businesses in the City of Chino Hills, including multi-family properties with five units or more, must comply with Assembly Bill (AB) 341, the State of California's Mandatory Commercial Recycling requirement for materials such as paper, cardboard, metals, glass, etc. that are generated on the property.

Beginning January 1, 2022, California Senate Bill (SB) 1383 requires all businesses and multi-family properties to arrange for organic waste recycling services (*i.e.*, food waste and green waste). As required by the State, these regulations were codified in the Chino Hills Municipal Code to allow for local enforcement. Certain businesses may qualify for waivers from these mandatory programs; however, only those who have requested and received a waiver from the City can avoid mandated participation. If a waiver is not approved by the City, your business or property will be required to participate in mandated services.

To apply for exemption, complete the accompanying Waiver Request Form and provide the required information. 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/Recyclers

- Businesses that have organics recycling by a landscaper or other third-party recycler may apply.
- Third-party recyclers must maintain disposal/recycling records and divert organic waste from landfills as required by state law.
- Your business must agree to submit information to the City periodically to verify ongoing programs.

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

- Businesses (Multi-Family excluded) 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 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 of less than 10 gallons per week.

#### 3. Space Constraint Waiver

- Businesses lacking space for separate or additional organic waste or recycling collection containers may request a space constraint waiver.
- To qualify, you must demonstrate that space constraints cannot be resolved by downsizing containers, using split containers, or other solutions. You must first work with the City's solid waste collection hauler to consider solutions to space constraints.
- State regulations allow the City to waive compliance only if the City's own staff, a licensed architect, or a licensed engineer confirms the lack of adequate container space.

<u>NOTE</u>: Businesses granted waivers will be exempted for a five-year period from State requirements. 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.

To apply for a waiver, please complete and submit the Waiver Request Form and any supporting documentation to the City of Chino Hills City Manager's Office, 14000 City Center Drive, Chino Hills, CA 91709.



Printed Name and Title

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Date

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| APPLICANT INFORMATION  |   |   |                              |
|--|---|---|------------------------------|
|  |   |   |                              |
| BUSINESS OR MULTI-FAMILY COMPLEX NAME BUSINESS OR MULTI-FAMILY PHYSICAL ADDRESS  |   | BUSINESS LICENSE NUMBER  DATE SUBMITTED |                              |
|  |   |   |                              |
| BUSINESS OFFICE MAILING ADDRESS  | CITY  | STATE                                   | ZIP                          |
| CONTACT INFORMATION (for designated business repres  | sentative who should receive wai  | ver related notices from t              | the City)                    |
| Contact Name/Title   | Phone Number  | E-Mail                                  |                              |
| PROPERTY OWNER   |   |   |                              |
| PROPERTY OWNER, MANAGER OR LEASE HOLDER  | PHONE   | EMAIL                                   |                              |
| NOT ENTITION TELEVISION OF THE ENTITY OF THE | THORE   | LIVII (IL                               |                              |
| OWNER ADDRESS  | CITY  | STATE                                   | ZIP                          |
| WANTER TYPE (Object the best of a best of the best of  |   |   | and the factor of the second |
| WAIVER TYPE (Check the box(es) adjacent to the ex<br>answers to <u>all</u> questions requested for each waiver   |   | requesting below and                    | provide information and      |
| THIRD-PARTY WAIVER (for properties with land   | Iscape contractors/recyclers)   |   |                              |
| Please provide the following information to request  |   |   |                              |
| Third-party organic waste & recycling service (e   | • ,   |   |                              |
| > Recycler:  | Business Lic #:   | Phor                                    | ne:                          |
| Material type(s):  |   |   |                              |
| Facility where this material is taken for recyc  | ling:   |   |                              |
| Contact information (Name, Phone, Email): _  |   |   |                              |
|  | GANIC WASTE (i.e"De Minimis   | s Waiver")                              |                              |
| Naiver For Businesses with Minimal ord Please provide the following information to request   Naverage number of employees onsite:  Average number of employees that eat meals/s  Does your business have a cafeteria providing in the second se  | t a "De Minimis" Waiver: Multi-Far  | nily Excluded                           |                              |
| Please provide the following information to request  1. Average number of employees onsite:  2. Average number of employees that eat meals/s   | t a "De Minimis" Waiver: Multi-Far<br>snacks onsite:<br>meals to employees? | nily Excluded                           |                              |

Signature of Authorized Business Representative