Low Population Waiver Application for Unincorporated Portions of Counties (Special Districts Providing Solid Waste Collection Services)

CalRecycle is providing this form as a convenience to assist unincorporated portions of counties (or special districts providing solid waste collection services that are located in unincorporated counties) providing solid waste collection services in applying for low population waiver under 14 CCR 18984.12(a). Use of this form is optional and not a regulatory requirement.

Unincorporated counties or special districts providing solid waste collection services and are located in an unincorporated county may apply to CalRecycle for a waiver for all of its generators located within specified census tracts from some or all of the requirements of Article 3 (14 CCR 18984-18984.10).

To qualify for a low population waiver, the following must apply:

• The identified census tracts have a population density of less than 75 people per square mile within the jurisdiction and are located in unincorporated portions of the county.

CalRecycle-approved waivers are valid for a period of up to five years. A jurisdiction may apply to renew a waiver at any time up to 180 days prior to the expiration of an existing approved waiver. An approved waiver does not waive a jurisdiction from its obligation to comply with the other requirements of the SB 1383 regulations including, but not limited to, promoting and providing information to generators about waste prevention, community composting, managing organic waste on-site, and other means of recovering organic waste.

Please clearly print or type your responses. Attach additional pages as necessary.

1. List all of the census tracts that are included in this waiver request.

(This total includes all generators, such as residential, commercial,

2. How many generators are included in this waiver request?

industrial, etc.)

Jurisdiction Name:

Person Completing the Application:
First Name:

Last Name:

Title:

Mailing Address:

City:

Zip Code:

E-mail Address:

Phone Number:

What duration are you requesting (Requests cannot be longer than years)		☐ 2 years	☐ 3 years	☐ 4 years	☐ 5 years	
4. What requirements of Article 3 in 14 CCR Section 18984 are you requesting be waived? (Select all that are applicable to this request.)						
☐ 14 CCR 18984 Combined Organic Waste Collection Services	☐ 14 CCR 18984.1 Three- Container Organic Waste Collection Services		e Conta	☐ 14 CCR 18984.2 Two- Container Organic Waste Collection Services		
☐ 14 CCR 18984.3 Unsegregated Single Container Collection Services	☐ 14 CCR 189 Recordkeep Requiremer Compliance Waste Colle Services	oing nts for with Organio	Conta	☐ 14 CCR 18984.5 Container Contamination Minimization		
☐ 14 CCR 18984.6 Recordkeeping Requirements for Container Contamination Minimization	☐ 14 CCR 18984.7 Container Color Requirements			☐ 14 CCR 18984.8 Container Labeling Requirements		
☐ 14 CCR 18984.9 Organic Waste Generator Requirements	☐ 14 CCR 18984.10 Commercial Business Owner Responsibilities		This box	This box is blank		
I hereby certify under penalty of perjury that the information provided herein is true and correct to the best of my knowledge.						
Signature Pr	rinted Name		Title	Da	ate	