



Senate Bill (SB) 1383 Organic Waste Recycling Waiver Request Form

Generator Name: _____
Site Address: _____
Generator Type: _____
Mailing Address (if different): _____
Contact Name: _____
Phone: _____ Email: _____

Senate Bill (SB) 1383 requires organic waste generators to source separate and recycle their organic waste; however, the law allows for case-by-case exemptions if generators meet any of the criteria below. If you believe you qualify for an exemption, please submit this form and indicate the reason for your exemption clearly. Note that all claims are subject to verification by County or County's designee through site visits or other means. Check and complete all sections that apply:

De Minimis Waiver [CCR Section 18984.11(a)(1)]

Please mark one or more justification below:

My commercial business' total solid waste collection service is two cubic yards or more per week and organic waste subject to collection in a green container as specified in California Code of Regulations (CCR) Section 18984.1(a) comprises less than 20 gallons per week per applicable container of my business' total waste.

My commercial business' total solid waste collection service is less than two cubic yards per week and organic waste subject to collection in a green container as specified in CCR Section 18984.1(a) comprises less than 10 gallons per week per applicable container of my business' total waste.

Please provide any additional description and documentation as applicable:

Physical Space Waiver [CCR Section 18984.11(a)(2)]

Please mark a justification below:

I am providing documentation, or the County has evidence from its staff, a hauler, licensed architect, or licensed engineer demonstrating that my commercial business or property lacks adequate space for any of the organic waste container configurations allowed under CCR Sections 18984.1(a) or 18984.2.

Please provide any additional description and documentation as applicable:



Collection Frequency Waiver [CCR Section 18984.11(a)(3)]

Please mark a justification below:

I wish to subscribe to bi-weekly collection of my blue and/or gray containers for my residence or commercial business **and** I subscribe to weekly green container collection service **and** I collect all my organic waste in the green container.

Please provide any additional description:

Please sign below certifying this information is true and correct.

Signature

Date

For Hauler Use Only:

Date Received: _____ Received by: _____

Date Inspected: _____ Inspected by: _____

Results of Inspection: Recommend Approval Recommend Denial

Additional comments: _____

Hauler Signature: _____ Date: _____

For County Use Only:

Date Received: _____ Received by: _____

Approved Denied – Reason: _____

Requires additional documentation or site visit:

County Signature: _____ Date: _____