

600 NORTHEAST GRAND AVENUE | PORTLAND, OREGON 97232 2736
TEL 503 797 1700 | FAX 503 797 1797



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Solid Waste Franchise Application

Combined Local Transfer Station and Material Recovery Facility



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METRO SOLID WASTE FRANCHISE FACILITY APPLICATION PACKET

Issued:
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This packet contains an application for a Metro Solid Waste Facility Franchise. You may also want to review the relevant sections of the Metro Code. The Metro Code can be accessed via the Metro web site at www.oregonmetro.gov. Solid waste facilities within the Metro boundary generally may operate only under the authorization of a License or Franchise.

Application for a new Solid Waste Facility Franchise

Those wishing to apply for a new Metro Solid Waste Facility Franchise must schedule a pre-application conference prior to submitting a final application form. Applicants should prepare for the pre-application conference by reviewing the application forms and drafting answers prior to the conference with Metro. To schedule the pre-application conference, contact Metro's Solid Waste Compliance and Cleanup Division at (503) 797-1835. The purpose of the pre-application conference is to determine what parts of the Metro Solid Waste Facility Application you will need to submit, and to identify any potential issues specific to your proposal. Applications for new Franchises are generally granted or denied within 120 days of the filing of a complete application. (See Metro Code section 5.01.060.) The fee for filing a franchise application is \$500.

Renewal of an Existing Franchise

Those wishing to renew an existing authorization without substantive changes to the current authorization must submit a completed *Renewal Application Form*, unless otherwise directed by Metro staff. Franchise renewal applications must be submitted not less than 120 days prior to expiration of the existing franchise. Failure to submit applications in a timely fashion may result in a lapse of authority to operate. (See Metro Code section 5.01.087.) The fee for filing a franchise renewal application is \$500.

Change of Authorization to an Existing Franchise

A change in authorization of an existing Franchise requires an application for a formal Franchise amendment. The applicant cannot implement the change of authorization until it has been approved by Metro. (See Metro Code section 5.01.095.) The fee for applications for changes of authorizations or limits is \$100.

Change of Ownership or Control of an Existing Franchise

To transfer ownership or control of an existing Franchise, an application for a formal Franchise amendment is required. The applicant cannot transfer ownership or control of an existing Franchise until it has been approved by Metro. (See Metro Code section 5.01.090.)



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MAIL THIS APPLICATION TO:

DATE RECEIVED BY METRO:

Metro Finance and Regulatory Services
Solid Waste Compliance and Cleanup
600 NE Grand Avenue
Portland, OR 97232-2736
(503) 797-1835

Date of Pre-Application Conference: _____

Solid Waste Franchise Application Combined Local Transfer Station and Material Recovery Facility

PART 1 - Standard Franchise Application Information

Applicants applying to operate a solid waste facility must provide the following information:

1. Applicant (Proposed Franchisee)	
Facility Name:	
Company Name:	
Street Address:	
Mailing Address:	
City/State/Zip:	
Contact Person:	
Phone Number:	
Fax Number:	
E-mail Address:	

2. Proposed Franchisee's Owner or Parent Company (provide information for all owners)	
Name:	
Address:	
City/State/Zip:	
Phone Number:	
Fax Number:	
E-mail Address:	

3. Site Operator (if different from Proposed Franchisee)

Company Name:	
Contact Person:	
Street Address:	
Mailing Address:	
City/State/Zip:	
Phone Number:	
Fax Number:	
E-mail Address:	

4. Site Description

Tax Lot(s):	Section:	Township:	Range:
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5. Land Use

Present Land Use Zone:	
Is proposed use permitted outright?	
<input type="checkbox"/> If yes, attach a copy of the Land Use Compatibility Statement.	
Is a conditional use permit (CUP) necessary for the facility?	
<input type="checkbox"/> If yes, attach a copy of the CUP.	
Are there any land use issues presently pending?	
If yes, explain:	
Are any DEQ permits required?	
<input type="checkbox"/> If yes, list them and attach copies with this application. (See also, Attachment D requirements)	
Are any other local permits required? If yes, list them and attach copies.	

6. Land Owner

Is the applicant the sole owner of the property on which the facility is located?	<input type="checkbox"/> YES	<input type="checkbox"/> NO (If you answer "NO", complete the rest of the information requested in this section and attach a copy of the Property Use Consent Form, signed by the owner(s) of the property.)
Name of Property Owner:		
Mailing Address:		
City/State/Zip:		
Phone Number:		

7. Public/Commercial Operations

Will the facility be open to the public?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the facility be open to non-affiliated commercial solid waste collectors?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the facility be open to solid waste collection companies that collect waste from outside the boundary of Metro?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Operating Hours and Traffic Volume:	PUBLIC	COMMERCIAL AFFILIATED	COMMERCIAL NON-AFFILIATED
Operating Hours			
Estimated Vehicles Per Day			

8. Solid Waste To Be Accepted and Activities Conducted

For each material type accepted at the facility, list the expected posted tip fee: (attach additional pages if necessary)

WASTES / MATERIALS TO BE ACCEPTED	EXPECTED TIP FEE

Describe the purpose (activities to be performed and waste types to be received) of the proposed facility. Include an estimate of the quantity of waste to be received annually.

WASTE TYPE	PURPOSE	QUANTITY

Solid Waste, and/or Solid Waste Residual from processing of Solid Waste, delivered to this facility will be reloaded for transport to the following facility or facilities: (Please list all facilities and include additional pages if necessary.)

FACILITY NAME	WASTE TYPE	WASTE QUANTITY	PURPOSE *

* For example: Disposal, Inert Fill, or Useful Material

PART 2 – Process Management (Franchise application continued)

Applicants applying to operate a local transfer station and material recovery facility must provide the following information:

1. Operating Plan. The applicant is required to develop and maintain an operating plan for Metro review and approval prior to approval of the application. This section lists the procedures that must be included in the required facility operating plan, and submitted with the completed application subject to any additional requirements included in the franchise if this application is approved. The operating plan shall describe:

a) Procedures for inspecting loads.

- Inspecting incoming loads for the presence of prohibited wastes.
- A set of objective criteria for accepting and rejecting loads.

b) Your methods of measuring and keeping records of incoming solid waste.

c) Procedures for processing loads.

- Processing authorized solid wastes, including any chipping or grinding, and a description of how painted or treated wood waste will be kept separate from yard debris compost feedstocks.
- Minimizing storage times, avoiding delay in processing and managing authorized solid wastes. Describe the maximum length time for retaining solid waste, yard debris, grass clippings, or compostable food waste on-site.

d) How you will distinguish loads of incoming source-separated recyclables from other materials.

e) The steps you take to recover materials from solid waste.

f) A description of your methods of measuring and keeping records of materials recovered from processing of solid waste.

g) Procedures for managing prohibited wastes. The operating plan shall describe procedures for managing and transporting to appropriate facilities any prohibited wastes discovered at the facility. The plan shall include procedures for managing.

- Hazardous wastes.
- Other prohibited solid wastes.

h) Procedures for emergencies. The operating plan shall describe procedures to be followed in case of fire or other emergency.

i) Procedures for preventing and controlling nuisances, including noise, vectors, dust, litter, and odors. Include a description of how you will encourage delivery of waste in covered loads.

j) Procedures for receiving, recording, responding to, and remedying complaints or odor problems at the facility.

k) Procedures for fire prevention, protection, and control measures used at the facility.

l) Alternate procedures for processing putrescible waste during unfavorable weather conditions.

2. Analysis of Additional Factors for Metro Council Consideration (per Metro Code Section 5.01.070(f)). Provide an analysis of the following factors (attach additional pages as needed):

- 1) How or why the proposed facility will be consistent with the Regional Solid Waste Management Plan.
- 2) What effect will the facility have on the cost of solid waste disposal and recycling services for the citizens of the Metro region?
- 3) Will the facility be likely to unreasonably adversely affect either:
 - a) The health, safety and welfare of Metro's residents, or
 - b) Nearby residents, property owners or the existing character or expected future development of the surrounding neighborhood.
- 4) How or why it is likely that the applicant will comply with all of the requirements and standards of Metro Code Chapter 5.01, the administrative rules and performance standards adopted pursuant to Section 5.01.132, and other applicable local, state, and federal laws rules, regulations, ordinances, orders, and permits pertaining in any manner to the proposed franchise.

3. Applicant qualifications and experience. Provide a description of the experience and qualifications of the facility owner and operator. (Attach additional pages as needed.)

PART 3 – Standard Attachments (Franchise application continued)

Applicants that have previously submitted copies of permits, site plans, facility design plans, or other attachments required herein, are not required to re-submit such documents if the documents on file at Metro are current.

Submit the following attachments:

ATTACHMENT A: SITE PLAN

Scaled maps, drawings or diagrams showing the location of the facility at a scale no smaller than one inch equals 100 feet. The following information must be provided:

- Boundaries of the facility.
- Property boundaries, if different.
- Boundaries of the sorting, processing or reload area.
- Location of all buildings on the property and other pertinent information with respect to the operation of the facility (e.g. scale locations, water supply, fencing, access roads, paved areas, etc.).
- Location of receiving, processing, and storage areas for solid waste, source-separated recyclable materials, recovered materials, waste residuals, hazardous waste, and other materials.

ATTACHMENT B: GENERAL FACILITY DESIGN PLAN

The following information must be provided:

- A description of any barriers that the facility has (or will have) to prevent unauthorized entry and dumping (fencing, gates, locks).
- A description of the facility signage to include: name of facility, address of facility, emergency number, operating hours, fees and charges, Metro's name and telephone number (503) 234-3000, and a list of authorized and prohibited wastes.
- The estimated capacity (cubic yards) of the facility storage area(s) for incoming solid waste waiting to be processed.
- The estimated capacity (cubic yards) for storage of recovered materials.
- On-site traffic flow patterns, including user type designation.

ATTACHMENT C: INSURANCE

Include proof of the following types of insurance, covering the applicant, its employees, and agents:

- Broad form comprehensive general liability insurance covering bodily injury and property damage, with automatic coverage for premises, operations, and product liability. The policy must be endorsed with contractual liability coverage.
- Automobile bodily injury and property damage liability insurance.
- Insurance coverage shall be a minimum of \$500,000 per occurrence. If coverage is written with an annual aggregate limit, the aggregate limit shall not be less than \$1,000,000.
- Metro, its elected officials, departments, employees, and agents must be named as ADDITIONAL INSURED.

ATTACHMENT D: DEQ PERMIT APPLICATIONS AND INFORMATION

The following information must be provided:

- A duplicate copy of all permits or applications for necessary DEQ permits and any other information required by or submitted to DEQ, including closure plans, financial assurance for the costs of closure of the facility, and conditional use permit or land use compatibility statement, if applicable.

ATTACHMENT E: OTHER REQUIRED PERMITS

The following information must be provided:

- A copy of any required federal, state, county, city or other permits, licenses, or franchises that have been issued, not including materials required by Attachment D, or a copy of any applications for such other permits, licenses or franchises. Metro may request copies of correspondence pertaining to such permits, licenses or franchises.

ATTACHMENT F: CLOSURE PLAN AND FINANCIAL ASSURANCE

- If a closure plan and financial assurance are required by DEQ, copies of these documents should be included with the application per Attachment D.
- If DEQ did **not** require a closure plan for the facility, attach a closure document describing closure protocol.
- If DEQ did **not** require any financial assurance for the costs of closure of the facility, attach proof of financial assurance for the costs of closure of the facility.

ATTACHMENT G: LAND USE COMPATIBILITY STATEMENT (LUCS)

- If required by Section 5 of Part 1 of this application. Form is available at www.oregonmetro.gov.

ATTACHMENT H: PROPERTY USE CONSENT FORM

- If required by Section 6 of Part 1 of this application. Form is available at www.oregonmetro.gov.

APPLICANT CERTIFICATION: This form cannot be processed without a signature

I certify under penalty of law that the information contained in this application is true and correct to the best of my knowledge. I agree to notify Metro within 10 days of any change in the information submitted as a part of this application.

SIGNATURE OF AUTHORIZED AGENT _____

TITLE _____

PRINT NAME _____

DATE _____ PHONE _____