



METRO

JUL 9 '12 PM 8:47

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 License Application Yard Debris Reload Facility

PART 1 - Standard License Application Information

Applicants applying to receive yard debris for reloading (other than composting) must provide the following information:

1. Applicant (Proposed Licensee)	
Facility Name:	North River
Company Name:	North River Landscape Supplies
Street Address:	3150 S.E. Tualatin Valley Hwy.
Mailing Address:	3150 S.E. Tualatin Valley Hwy.
City/State/Zip:	Hillsboro, or. 97123
Contact Person:	Rob Broberg
Phone Number:	503 648 0100 or Cell 360 936 5408
Fax Number:	503 648 0130
E-mail Address:	info@northriverls.com

2. Proposed Licensee's Owner or Parent Company (provide information for all owners)	
Company Name:	Larry D. Olson
Address:	445 Port Ave. , Suite A
City/State/Zip:	St. Helens, Or. 97051
Phone Number:	503 397 3768
Fax Number:	503 397 9787
E-mail Address:	robb@hhwoodrecyclers.com

3. Site Operator (if different from Proposed Licensee)

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

4. Site Description

Tax Lot(s):	Parcels I & II of tax lot 100, Map 152-08	Section: 1S	Township: 0W	Range: 08 AD
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5. Land Use

Present Land Use Zone:	M-2, Industrial
Is proposed use permitted outright?	yes
<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?	no
If yes, explain:	
Are any DEQ permits required?	no
<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:	no

6. Land Owner	
Is the applicant the sole owner of the property on which the facility is located?	<input checked="" 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:	
Mailing Address:	
City/State/Zip:	
Phone Number:	

7. Public/Commercial Operations			
Will the facility be open to the public?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the facility be open to non-affiliated commercial solid waste collectors?	<input type="checkbox"/> YES	<input checked="" 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 checked="" type="checkbox"/> NO	
Operating Hours and Traffic Volume:	PUBLIC	COMMERCIAL AFFILIATED	COMMERCIAL NON-AFFILIATED
Operating Hours	7:00 AM-6:00 PM		
Estimated Vehicles Per Day	35		

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
grass and yard debris	\$7.00 Cubic Yd.
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 *
none			

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

- 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 INSUREDS**.

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 granted or issued, not including materials required by Attachment D, or a copy of any applications for such other permits, licenses, or franchises. Copies of correspondence pertaining to such permits, licenses or franchises may be requested.

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 Robert R. Broberg

TITLE VP

PRINT NAME Robert R. Broberg

DATE 7-9-12 PHONE 360-936-5408

PART 2 - Reload Process Management (License application form continued)

Applicants proposing to conduct yard debris reloading must provide the following information:

1. Reloading practices. (Attach additional pages as necessary)

<p>a) A detailed description of how the materials will be managed and the type of equipment that will be used (from delivery to reload and transport to a processing facility):</p>	<p>Material will be collected from various landscapers and private parties. When a load is brought into the yard an employee will inspect the load for non wood waste products then direct the party to take their yard waste material to the designated site as noted on the drawings. An employee will then supervise the dumping again to verify the material being dropped. Once the material or a accumulation of material is available the material will be stacked against concrete blocks for loading. The material will be picked up daily by trucks from H.H. or Beaver Bark (large vans for chips) and hauled away.</p>
<p>b) Methods of measuring and keeping records of incoming loads of yard debris and other materials:</p>	<p>Clients will be recorded and receipted for their material and tippage fees. Tipping will be measured by manual tape measuring of loads since most landscapers use pickups or small tow behind trailers this form of measurement serves both parties.</p>

2. Storm water management. A description of how storm water is managed at the facility, including:

<p>a) A description of how precipitation run-on is diverted around the yard debris storage area:</p>	<p>Since the material is to be removed daily there is little anticipation of storm water effect. The storage area is graded gravel and thus will perk rain water. There is no change in the surface condition from prior usage (Knife River)</p>
<p>b) A description of how run-off from the facility is controlled:</p>	<p>The asphalt area of the facility has a storm water drain system that is collected in a pond (see drawing), this pond also collects storm water from properties across T.V.Highway that are not part of the site. CWS has a monitor for water outlet. The graveled surfaces perk the storm water that occurs.</p>

3. Anticipated quantity of yard debris and other materials to be accepted monthly and annually.

BY WASTE TYPE:		Monthly Cubic Yards or Tons	Annually Cubic Yards or Tons
• Yard Debris:	Compost:	250 Cubic Yds.	3,000 Cubic Yds
	Hogged fuel:		
• Clean Wood Waste:	Compost:		
	Hogged fuel:		
• Painted or Treated Wood Waste:	Hogged fuel:		
• Other:			

6. Applicant qualifications and experience. Provide a description of the relevant experience and qualifications of the yard debris reload facility owner and operator. (Attach additional pages as needed.)

During the past eight years, while in the employment of Larry Olson of St. Helens, Or. Rob Broberg has managed or worked in the follow industrial capacity.

Rob managed the permitting of a Bio-Mass co-generation plant in LaPine, Or. This included all of the necessary intergovernmental approvals. The plant development is awaiting a commitment for the purchase of the "green power" since that power sources requires a increase in the base electric service cost.

Concurrent with the Bio Mass project, Rob was in charge of a forest recovery program for downed trees, converting a wasted asset to hog fuel.

H. & H. Recycling in Vancouver, owned by Larry Olson, employed Rob to manage the overall recycling of all the wood products received. H. H. is the largest green material recycler in Clark County. It's products include bark, mulch for gardens, wood chips, hog fuel and other recovery of non toxic solid waste products.

4. Odor Minimization Plan.

A. Because the ownership of this property and this facility, Larry Olson also own H. & H. Recycling in Vancouver, We. in addition to Beaver Bark (also a recycling company) in Scappoose, Or the operation of this facility is not anticipating any odor issues since all collected material will be removed within 24 hours of delivery.

B. If odor complaints occur the staff will have on hand an odor complaint form describing the location of the offended party. A staff member will then travel to the site of the complaint to either verify the offending odor(s) or to clarify the potential source of odor(s) from some other source. If the odor is generated by actions on the site those actions will be relocated inside one of the adjacent buildings thus prohibiting further irritation to the neighborhood. The site is unique in that there is a large wetland reservation area to the South, T.V. Highway to the North, Industrial development both east and west and only a small residential subdivision to the S.W. of the site.

C. The site surface is either gravel or asphalt so the trucks entering to pick up their loads will have no difficulty in queuing for loading by the industrial loader used to handle the various landscape materials sold on site.

5. Operating Plan

A. Procedure for Inspecting Loads:

The office is located on the west side of the property so it provides a view of all incoming traffic, both for tipping and for purchasing landscape material. When a tipping client arrives an employee stops the vehicle to inspect the load, measure the cubic yardage of the load and obtain the name and address of the party using the reload facility. The employee then follows the client to the recycle deposit area and directs the client as to where to remove their debris. If the employee finds that certain products or items are not consistent with the yard debris only policy they will require the client to remove said items from the debris and reload those items into the client's vehicle. The client will then return to the office area to pay their tipping fee before leaving the premise.

B. Procedures for processing loads.

Only yard debris will be accepted so there is no issue with painted or treated wood. The facility will not process (chipping or grinding) any material on this site. All such processing will be done at either H & H or Beaver Bark.

Weather is not an issue since the entire site is either gravel or asphalt covered so the pickup within 24 hours of deposit is still a viable policy.

Material will be stored on site a maximum of 24 hours with the exception of Saturday drop off to Monday pickup since the H. & H. and Beaver Bark trucks don't operate on Sunday.

C. Procedures for managing prohibited wastes:

No prohibited wastes will be allowed to be included in the client drop off. There are two inspections of the clients material, first at site entry, then at removal of yard debris, any foreign material or products will be required to return with the client.

D. Procedures for emergencies:

Commercial, portable chemical charged fire extinguishers will be placed at critical locations on the site for extinguishing any small fires, electrical or spark induced. The phone number of the Hillsboro Fire Dept. will be displayed along with notice of 911 as an emergency number.

E. Procedures for preventing and controlling nuisances.

Since the site only receives lawn and yard debris there is a minimum amount of dust and litter anticipated. The generation of noise from the industrial grade loader (regulation required back up horn) will be limited to the hours of operation. A sign in both English and Spanish will be placed at the recycle deposit site requesting loads be covered during transportation.

F. Procedures for fire prevention:

The 24 hour turn-around time for drop off to reload prohibits the potential for a spontaneous combustion fire to generate from the yard/lawn debris. No hazardous materials are sold or used on the site.



State of Oregon
**Department of
 Environmental
 Quality**

Application For A New Solid Waste Disposal Site Permit

Oregon Department of
 Environmental Quality

(Attach Additional Sheets If Necessary)

DEQ USE ONLY - BUSINESS OFFICE

Date Received: _____

Amount Received: _____

Check No.: _____

Deposit No.: _____

Forward confirmation of fee payment for
 Eastern Region applications to:
 DEQ - The Dalles
 Northwestern Region applications to:
 DEQ-NWR - Portland
 Western Region applications to:
 DEQ - Salem

A. REFERENCE INFORMATION (Please Print clearly.)

<p>1. <u>Rob Broberg</u> Legal Name of Registered Applicant (See #22 below.)</p> <p>2. Ph. <u>503 648 0100</u> FAX <u>503 648 0130</u></p> <p>3. <u>North River Landscape Supplies</u> Legal Name of Business (May be same as above)</p> <p>4. <u>3150 S.E. Tualatin Valley Hwy.</u> Mailing Address of Applicant</p> <p>Hillsboro Or 97123 City State Zip</p> <p>5. <u>Larry D. Olson</u> Legal Name of Property Owner</p> <p>6. <u>445 Port Ave, Suite A.</u> Mailing Address of Property Owner</p> <p>St. Helens Or 97051 City State Zip</p> <p>7. Ph. <u>503 397 3768</u> FAX <u>503 397 9787</u></p>	<p>8. <u>North River</u> Common Name of Facility</p> <p>9. <u>3150 S.E. Tualatin Valley Hwy.</u> Facility Physical Address</p> <p>Hillsboro Or 97123 City State Zip</p> <p>10. <u>3150 S.E. Tualatin Valley Hwy.</u> Facility's Mailing Address</p> <p>Hillsboro Or 97123 City State Zip</p> <p><u>info@northroverls.com</u> E-Mail for Operator/Contact</p> <p>11. <u>Rob Broberg</u> Name of Facility Operator</p> <p>12. <u>Washington</u> County in which Facility is Located</p>
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13. Enter Facility Location by LATITUDE and LONGITUDE, SECTION, TOWNSHIP, and RANGE.

Section <u>1S</u>	Township <u>2W</u>	Range <u>08 AD</u>	LATITUDE			LONGITUDE		
			Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
			45	30.5	90N	122	57.0	24W

B. TYPE OF PERMIT REQUESTED I am applying for the following permit (check one): Please call the solid waste permit coordinator at the nearest DEQ office if you have any questions about the permit type or need further information (see map on page 2 for DEQ offices).

- | | |
|---|--|
| <input type="checkbox"/> 14. Closure Permit
<input type="checkbox"/> 15. Composting Facility Permit or Registration (Environmental Screening)
<input type="checkbox"/> 16. Energy Recovery Facility Permit
<input type="checkbox"/> 17. Incineration Facility Permit | <input type="checkbox"/> 18. Land Disposal Site Permit (Landfill)
<input type="checkbox"/> 19. Solid Waste Letter Authorization Permit (short-term projects only)
<input type="checkbox"/> 20. Solid Waste Treatment Facility Permit
<input checked="" type="checkbox"/> 21. Transfer Station/Material Recovery Facility Permit |
|---|--|

C. SIGNATURE I hereby certify by my signature below that the information contained in this application, and the documents I have attached, are true and correct to the best of my knowledge and belief.

Robert R. Broberg Robert R. Broberg VP 7-9-12
 22. Signature of Legally Authorized Representative Print Name Title Date

D. ATTACH TO THIS PERMIT APPLICATION (You must check all of the following in order for this application to be complete.)

- 23. I have attached a completed LAND USE COMPATIBILITY STATEMENT which identifies: 1) the type of activity/ facility proposed (composting facility, material recovery facility, anaerobic digestion facility, etc.), 2) the specific location of the facility and 3) the amount of solid waste the facility will receive.
- 24. I have contacted a DEQ solid waste staff person to determine if I must get a WRITTEN RECOMMENDATION from the local government unit having jurisdiction of solid waste in my area.
- 25. I have attached a CERTIFICATE OF BUSINESS REGISTRY of this business with the State of Oregon.
- 26. I have attached a LIST OF DEQ PERMITS issued or applied for under the business name listed above.
 Check here if no other permits issued or applied for.
- 27. I have reviewed the instructions applicable to the type of facility applying for, which describes steps necessary to submit a completed application. I have attached additional materials, if any, as listed on that instruction sheet. (Please contact the nearest DEQ solid waste permit coordinator if you have questions).

E. FEES – MUST ACCOMPANY THIS APPLICATION

Choose either 28a or 28b, and 28c if required.

28a	Composting Facility Screening Fee*:	\$ 150.00
28b	Application Filing Fee, non-composting facility:	\$ 100 -
28c	Compliance Fee (if required):	\$ 50

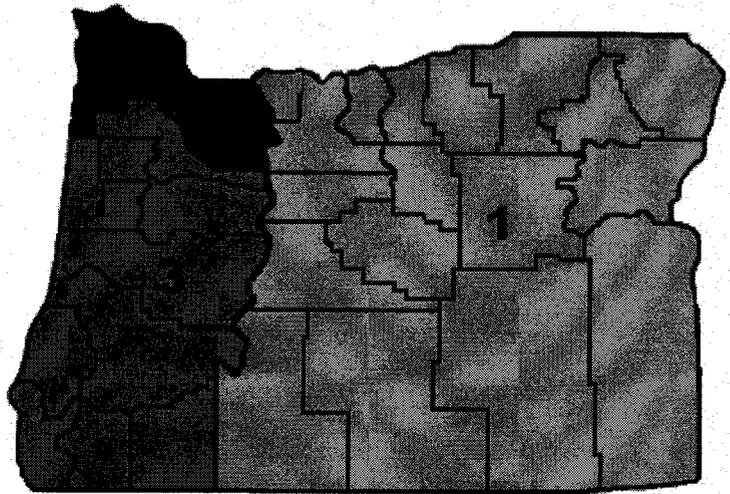
TOTAL FEE(S): \$ ~~100~~ 150 -

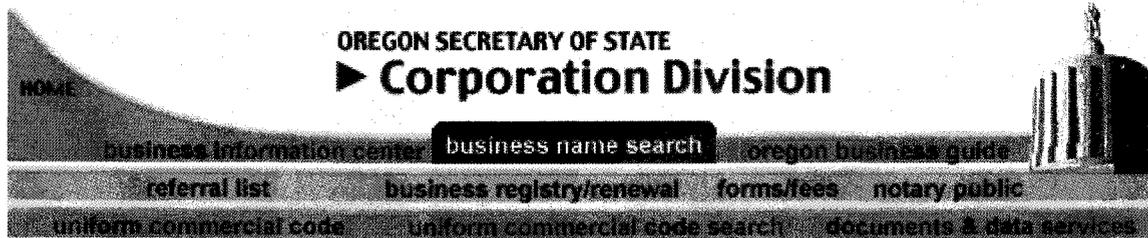
*If applying for a composting permit, pay only the screening fee (28a). The application filing fee (28b) is not required. Screening will determine whether additional fees are required.

Make checks to Oregon DEQ.

Please mail the original application and one copy of the completed packet to the appropriate regional office. Note that action will not begin on an application until a complete application packet is received. Incomplete applications may be returned.

1. Eastern Region
Department of Environmental Quality
400 E Scenic Drive, Ste 2.307
The Dalles, OR 97058
(541) 298-7255 ext. 221
2. Northwest Region
DEQ Solid Waste Programs
2020 SW Fourth Ave. Ste 400
Portland, OR 97201
(503) 229-5353
3. Western Region
DEQ Solid Waste Programs
750 Front St. NE Suite 120
Salem, OR 97301
(503) 378-5047





Business Name Search

[New Search](#)

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Business Entity Data

07-09-2012
11:15

Registry Nbr	Entity Type	Entity Status	Jurisdiction	Registry Date	Next Renewal Date	Renewal Due?
831211-95	DLLC	ACT	OREGON	02-02-2012	02-02-2013	
Entity Name	NORTH RIVER LANDSCAPE SUPPLIES LLC					
Foreign Name						

[New Search](#)

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Associated Names

Please click here for general information about registered agents and service of process.

Type	AGT REGISTERED AGENT	Start Date	02-02-2012	Resign Date
Name	ROBERT RAY BROBERG			
Addr 1	1527 SE 62ND AVE			
Addr 2				
CSZ	HILLSBORO OR 97123	Country	UNITED STATES OF AMERICA	

Type	MAL MAILING ADDRESS
Addr 1	445 PORT AVE SUITE A
Addr 2	
CSZ	SAINT HELENS OR 97051 Country UNITED STATES OF AMERICA

[New Search](#)

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Name History

Business Entity Name	Name Type	Name Status	Start Date	End Date
NORTH RIVER LANDSCAPE SUPPLIES LLC	EN	CUR	02-02-2012	

Please read before ordering [Copies](#).

[New Search](#)

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Summary History

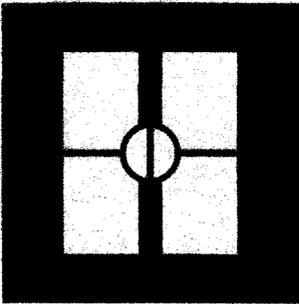
Image Available	Action	Transaction Date	Effective Date	Status	Name/Agent Change	Dissolved By
	ARTICLES OF ORGANIZATION	02-02-2012		FI	Agent	

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For comments or suggestions regarding the operation of this site, please contact : corporation.division@state.or.us



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City of Hillsboro, OR
BUSINESS LICENSE

License Number
5508

THIS LICENSE EXPIRES 04/29/2013

This certifies that this business is duly authorized to conduct business within the corporate limits of the City of Hillsboro. This license does not exempt the business from compliance with any or all applicable rules and ordinances of the City nor those of the State or Federal governments, including City's business recycling requirements.

POST IN A CONSPICUOUS PLACE

Category: NURSERY, GARDEN CENTER, AND FARM SUPPLY STORES

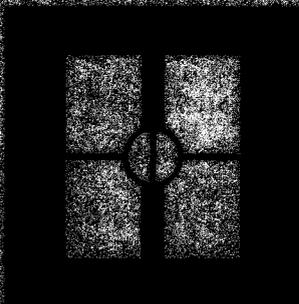
DBA: NORTH RIVER LANDSCAPE SUPPLIES LLC

Business: 3150SE TV HWY

HILLSBORO, OR 97123

This License is NOT Transferable

By *Amber Jones* City Recorder



City of Hillsboro, OR
BUSINESS LICENSE

License Number
5508

THIS LICENSE EXPIRES 04/29/2013

This certifies that this business is duly authorized to conduct business within the corporate limits of the City of Hillsboro. This license does not exempt the business from compliance with any or all applicable rules and ordinances of the City nor those of the State or Federal governments, including City's business recycling requirements.

Category: NURSERY, GARDEN CENTER, AND FARM SUPPLY STORES

DBA: NORTH RIVER LANDSCAPE SUPPLIES LLC

Business: NORTH RIVER LANDSCAPE SUPPLIES LLC

LARRY D OLSON
1927 SE BOND AVE

HILLSBORO OR 97123

By *Amber Jones* City Recorder

OFFICE COPY



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
ENVIRONMENTAL HEALTH PROGRAM**
155 North First Avenue, MS 5, Suite 160
Hillsboro, OR 97124
Telephone: (503) 846-8722 • Fax: (503) 846-3705
www.co.washington.or.us/hhs/environmentalhealth

LAND USE COMPATIBILITY STATEMENT (LUCS)

SECTION 1 - Completed by Applicant			
Name: NORTH RIVER LANDSCAPE SUPPLY		E-mail: INFO@NORTHRIVERS.COM	
Mailing Address: (include city, state, zip) 3150 SB TUALATIN VALLEY HWY, HILLSBORO 97123			
Phone: 503-648-0100		Fax:	
Legal Property Description			
Township:	Range:	Section:	Tax Lot #:
Acreage/Lot Size: 0.46 AC		Water Supply: CITY TOWN	Lot:
Block:			
Subdivision:			
Property Address: (include city, state, zip)			
Proposal for:			
<input type="checkbox"/> An individual or single family dwelling <input checked="" type="checkbox"/> Other - Describe type of development, business or facility and the provided services: COLLECTION RECOVERY & TRANSFER YARD FOR ASPHALT SHINGLES & YARD DEBRIS			
Type of Permit or Approval Requested:			
<input type="checkbox"/> Construction/Installation permit for: <input type="checkbox"/> New Construction <input type="checkbox"/> Repair <input type="checkbox"/> Non-Water carried facility requests (i.e., pit, privies, vault toilets for campgrounds) <input type="checkbox"/> Authorization Notices for: <input type="checkbox"/> Replacement of Dwelling <input type="checkbox"/> Bedroom Addition <input type="checkbox"/> Hardship <input type="checkbox"/> Other changes in land use involving potential sewer flow increases			
SECTION 2 - Completed by City or County Planning Office			
Property Zoning: M-2		Zoning Minimum Parcel Size: NONE	
The facility proposal is located: <input checked="" type="checkbox"/> Inside City Limits <input checked="" type="checkbox"/> Inside UGB <input type="checkbox"/> Outside UGB			
If inside UGB, facility is subject to: <input type="checkbox"/> City Jurisdiction <input type="checkbox"/> County Jurisdiction <input type="checkbox"/> Shared City/county Jurisdiction			
The business or facility complies with all applicable local land use requirements: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered "yes", was this compliance based on:			
<input checked="" type="checkbox"/> Compliance with local comprehensive plans and land use requirements (provide a citation to the applicable provisions) <input type="checkbox"/> Conditional approval (provide findings and citation or attach a copy of the applicable land use decision) <input type="checkbox"/> Measure 49 waiver (provide Department of Land Conservation and Development approval number)			
Either provide reasons for affirmative compliance decision or attach finding of fact: SEE ATTACHED SECTIONS OF CITY OF HILLSBORO DEVELOPMENT CODE			
Any reconstruction or site improvements require development review approval from City of Hillsboro.			
Planning Official Signature:			
Print Name: Daniel Dias		Date: 6/21/2012	
Title: Urban Planner II		Phone: 503-681-6179	



CERTIFICATE OF LIABILITY INSURANCE

NORTH-4 OP ID: MM

DATE (MM/DD/YYYY)

06/27/12

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

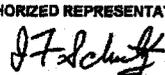
PRODUCER Pieper Ramsdell Agency P.O. Box 596 St. Helens, OR 97051 Joe Schultz	503-397-0714	CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ E-MAIL ADDRESS: _____ FAX (A/C, No): _____	
	503-397-0674		
INSURED North River Landscape Supplies LLC 3150 SE Tualatin Valley Hwy Hillsboro, OR 97123	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Ohio Security		24082
	INSURER B: SAIF Corp		003480
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Business Owners	X		BZS(13)55119684	04/19/12	04/19/13	EACH OCCURRENCE \$ 1,000,000
	GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		770741	05/01/12	05/01/13	WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Metro, its elected officials, departments, employees and agents as an addition insured on GL

CERTIFICATE HOLDER METRO01 Metro 600 NE Grand Avenue Portland, OR 97232	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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POLICY NUMBER: BZS55119684

COMMERCIAL GENERAL LIABILITY
CG 20 12 07 98

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED -
STATE OR POLITICAL SUBDIVISIONS - PERMITS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

State or Political Subdivision:

Metro, its elected officials, departments, employees, and agents
600 NE Grand Ave
Portland, OR 97232-2736

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

Section II - Who Is An Insured is amended to include as an insured any state or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or political subdivision has issued a permit.
2. This insurance does not apply to:
 - a. "Bodily injury," "property damage," "personal and advertising injury" arising out of operations performed for the state or municipality; or
 - b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".