



METRO

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

Solid Waste Facility License Renewal Application Solid Waste Reload Facility

PART 1 - Standard License Application Information

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

1. Applicant (Licensee)	
Facility Name:	ALOHA GARBAGE Co.
Company Name:	ALOHA GARBAGE Co.
Street Address:	20525 S.W. BLANTON SUITE A
Mailing Address:	PO BOX 6329
City/State/Zip:	ALOHA, OR 97007
Contact Person:	BILL GUNTHER
Phone Number:	503-649-6727
Fax Number:	503-642-4965
E-mail Address:	info@alohagarbageco.com

2. Licensee's Owner or Parent Company (provide information for all owners)	
Name:	ALOHA GARBAGE Co.
Address:	PO BOX 6329
City/State/Zip:	ALOHA, OREGON 97007
Phone Number:	503-649-6727
Fax Number:	503-642-4965
E-mail Address:	info@alohagarbageco.com

3. 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 no, complete the rest of the information requested in this section and submit Attachment G (Property Use Consent Form), signed by the owner(s) of the property.
Name:		
Mailing Address:		
City/State/Zip:		
Phone Number:		

4. Public/Commercial Operations

Will the facility be open to the public?	<input type="checkbox"/> YES	<input checked="" 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	NONE	6:30 AM - 3 PM	NONE
Estimated Vehicles Per Day	NONE	15	NONE

5. 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
YARD DEBRIS : PROCESS	\$37 / TON
WOOD : PROCESS	32 ⁵⁰ / TON
DRY WASTE DROP BOX : PROCESS / SORT	81 ⁵⁰ / TON
MINI BOX : PROCESS / SORT	49 ⁵⁰ / LOAD
RES, RECYCLE MIX : PROCESS / SORT	MARKET VALUE

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

WASTE TYPE	PURPOSE	QUANTITY
YARD DEBRIS	GRINDING	5500 TONS
WOOD	PROCESS/SORT	250 TONS
METAL	PROCESS/SORT	50 TONS
DRY WASTE DROP BOX	PROCESS / SORT	1500 TONS
MINI BOX	PROCESS / SORT	500 TONS
RECYCLE ROUTE MIX	PROCESS / SORT	600 TONS

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	APPROX. ANNUAL WASTE QUANTITY	PURPOSE *
- SEE OVER -			

* For example: Processing, disposal.

6. Has the Operating Plan changed from that previously submitted and currently on file at Metro?

NO

YES If yes, submit an updated Operating Plan that includes the following requirements for Metro review and approval with this application.

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) Procedures for processing loads.

- Processing authorized solid wastes, including any chipping or grinding.
- Procedures for minimizing storage times, avoiding delay in processing and managing waste during all weather conditions.
- Describe the maximum length of time for retaining wastes on-site if it is beyond 24-hours.

c) 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.

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

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

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

7. Has the facility site plan changed from that previously submitted and currently on file at Metro?

NO

YES If yes, complete and submit Attachment A with this application.

8. Has the facility design plan changed from that previously submitted and currently on file at Metro?

NO

YES If yes, complete and submit Attachment B with this application.

9. Have any required insurance policies on file with Metro expired?

NO

YES If yes, submit copies of new policies with Attachment C with this application.

10. Have any required federal, state, county or city permits, licenses or franchises on file with Metro expired?

NO

YES If yes, submit new documents with Attachment D or E with this application.

11. Are there any other proposed material changes not already described herein from the information submitted by the licensee with its prior license application and renewal requests? For example, have there been changes in the activities performed, wastes received, or annual amount of waste received?

NO

YES If yes, please describe and explain the changes (attach additional pages as necessary).

SOLID WASTE TRANSPORTED TO THE FOLLOWING FACILITIES:

<u>FACILITY</u>	<u>WASTE TYPE</u>	<u>APPROX. ANNUAL WASTE QUANTITY</u>	<u>PURPOSE</u>
FAR WEST	RES. MIX, PAPER, METAL, E-WASTE	700 TONS	RECYCLE
NER	YARD DEBRIS	5500 TONS	PROCESS
INTERNATIONAL PAPER	CARDBOARD, PAPER	700 TONS	RECYCLE
HILLSBORO LANDFILL	RESIDUAL	1300 TONS	RECYCLE
PRIDE + LAKESIDE	WOOD	250 TOTALS TONS	PROCESS
RB RECYCLING	TIRES	15 TONS	RECYCLE

PART 2 - Standard Attachments (License application form continued)

Applicants who 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.

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 INSUREDS.

ATTACHMENT D: DEQ PERMIT APPLICATIONS AND INFORMATION

The following information must be provided:

- A duplicate copy of all 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: PROPERTY USE CONSENT FORM

- If required by 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

Gary L Miller

TITLE

Pres.

PRINT NAME

GARY L MILLER

DATE

1/1/13

PHONE

503 649-6727

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