

Solid Waste Facility License Application



Metro

600 NE Grand Ave.
Portland, OR 97232
503-797-1835

INSTRUCTIONS

1. Complete Parts 1 and 2 of application.
2. Verify information is accurate and application is complete.
3. Sign page 14 of application.
4. Include application fee payment
5. Submit application and payment to:
Metro
Solid Waste Compliance and Cleanup
600 NE Grand Avenue
Portland, OR 97232-2736
Tel: (503) 797-1835
Fax: (503) 813-7544
SWCC@oregonmetro.gov

Metro use only

DATE RECEIVED: **AUG 23 2018**

DATE DEEMED COMPLETE BY METRO:

AUG 28 '18 RCVD

PART 1 – Standard License Application Information

1. Type of Application (please check one)	
<input checked="" type="checkbox"/>	New license Date of Pre-Application Conference: <u> 7/10/18 </u>
<input type="checkbox"/>	Renewal of an existing license Solid Waste Facility License Number:
<input type="checkbox"/>	Change of authorization to an existing license (other than a renewal) Please describe the proposed change below in Section 3.
<input type="checkbox"/>	Transfer of ownership or control of an existing license

2. Type of facility (please check one)	
<input checked="" type="checkbox"/>	Recyclables - material recovery facility
<input type="checkbox"/>	Source-separated food waste reload facility
<input type="checkbox"/>	Yard debris reload facility
<input type="checkbox"/>	Other solid waste reload facility
<input type="checkbox"/>	Yard debris composting facility

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3. If seeking a change of authorization to an existing license, please explain the proposed change below (attach additional pages if necessary). Complete all remaining sections of this form as they pertain to the request.

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4. Applicant (Licensee)

Facility Name:	Far West Recycling - Hillsboro
Company Name:	Far West Recycling
Street Address:	6440 SE Alexander St.
City/State/Zip:	Hillsboro, OR 97123
Mailing Address:	PO Box 20669
City/State/Zip:	Portland, OR 97294-0669
Contact Person:	Stan Girard
Phone Number:	503-200-5019
Fax Number:	
E-mail Address:	sgirard@farwestrecycling.com

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5. Applicant's Owner or Parent Company (provide information for all owners)	
Name:	Far West Fibers
Mailing Address:	12820 NE Marx St
City/State/Zip:	Portland, OR 97230
Phone Number:	503-255-2299
Fax Number:	
E-mail Address:	sgirard@farwestrecycling.com

6. Site Operator (if different from Applicant)	
Company Name:	
Contact Person:	
Street Address:	
Mailing Address:	
City/State/Zip:	
Phone Number:	
Fax Number:	
E-mail Address:	

7. Site Description			
Tax Lot(s): 1S210DB00401	Section: 10 T1S R2W	Township:	Range:

8. Land Use		
Present Land Use Zone:	I-P Industrial Park	
Is proposed use permitted outright?	<input checked="" type="checkbox"/> Yes If yes, attach a copy of the <i>Land Use Compatibility Statement</i> (see Attachment E).	<input type="checkbox"/> No
Is a conditional use permit necessary for the facility?	<input type="checkbox"/> Yes If yes, attach a copy of the <i>Conditional Use Permit</i>	<input checked="" type="checkbox"/> No
Are there any land use issues presently pending with the site?	<input type="checkbox"/> Yes If yes, please explain the land use issues below.	<input checked="" type="checkbox"/> No

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Description of the pending land use issues identified above:		
Are any permits required from the Oregon Department of Environmental Quality (DEQ)?	<input checked="" type="checkbox"/> Yes If yes, please list all DEQ permits below and attach copies with this application (see Attachment G).	<input type="checkbox"/> No
Listing of all required DEQ permits:	NPDES Permit Type 1200-z (DEQ file no. 116318)	
Are any other local permits or building codes required?	<input checked="" type="checkbox"/> Yes If yes, please list all other required permits below and attach copies with this application (see Attachment H).	<input type="checkbox"/> No
Listing of other required permits:	Certificate of Occupancy (#9902110) Business License (#1146) Scale Certification (AG-L1022297C, AG-L0153761E)	

9. 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, please complete this section with additional pages if necessary and attach a completed <i>Property Use Consent Form</i> (see Attachment F).
Property Owner:	Far West Fibers	
Mailing Address:	PO Box 20669	
City/State/Zip:	Portland, OR 97294-0669	
Phone Number:	503-255-2299	

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10. Public/Commercial Operations		
Will the facility be open to the public (e.g., non-commercial self-haul customers)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Will the facility be open to non-affiliated commercial solid waste collectors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Will the facility accept waste from outside the boundary of Metro?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

11. Operating Hours and Traffic Volume			
	Public (non-commercial self-haul)	Commercial Affiliated	Commercial Non-Affiliated
Operating Hours	8a-4p 7 day	8a-4p M-F	8a-4p M-F
Estimated Vehicles Per Day	100	65	<10

12. Inbound Waste/Feedstock by Generator			
Identify the expected annual tonnage amount of waste/feedstock that the facility will receive and recover from the following types of generators.			
Generator	Tons Received	Tons Recovered	Tons Residual
Agricultural:			
Commercial:	60,000-75,000	55,250-70,000	5,000
Industrial:			
Residential:	10,000-12,000	9,998-11,996	2-4
TOTAL TONS:	70,000-87,000	65,000-82,000	5000

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13. Inbound Waste/Feedstock by Type

Identify the types of waste/feedstock and annual tonnage amounts of each that the applicant expects to receive at the facility. Also, identify how the applicant will manage each waste stream, the expected tip fees that the applicant will be post at the facility, and estimate of typical length of time required to process each waste stream (attach additional pages if necessary).

Waste/Feedstock Type	Accepted at Facility	Expected Annual Tonnage Amount	Type of Activity to be Performed on Waste	Expected Tip Fee (per Ton)	Estimate the maximum and typical lengths of time required to process each day's receipt of each waste/feedstock type
Source-Separated Wood:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Source-Separated Yard Debris:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Source-Separated Residential Food Waste Mixed with Yard Debris:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Source-Separated Commercial and other Food Waste:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Inerts (e.g., rock, concrete, etc.):	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Non-putrescible (dry) waste:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Source-Separated Recyclables:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	60,000-80,000 tons	Sorted and prepped for shipping to market	Fluctuates by end market value	Typically, material is processed in the week of receipt.
Special Wastes (please specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Petroleum Contaminated Soil:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Putrescible (wet) waste:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other Waste/Feedstocks (please specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other Waste/Feedstocks (please specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No				

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14. Outbound Waste, Products, and By-Products			
List the expected destination and amount of each type of outbound solid waste, products or by-products that the applicant expects to transport from the facility (attach additional pages if necessary).			
Destination Site (Name and address)	Waste/Product/By-Product Type	Expected Annual Tonnage	Purpose of Delivery*
Domestic and export markets	Paper	47,000	Recovery
Domestic and export markets	Plastic	4,000	Recovery
Domestic markets	Glass	2,900	Recovery
Domestic and export markets	Metal	18,000	Recovery
Local approved landfill	Residual	5,000	Disposal
Oregon E-Cycles	E-Scrap	160-170	Recovery

*For example: disposal, recovery, land reclamation, beneficial use, etc

15. Subcontractors		
Provide the name, address and function of all subcontractors involved in the facility operations:		
NAME	ADDRESS	FUNCTION



PART 2 – Standard Attachments to License Application (License application continued)

- Metro requires the following attachments (Attachments A– I) for new applications in order for Metro to deem a license application complete. The applicant must clearly label each attachment.
- Application submittals such as facility design, building plans, site plans and specifications must be prepared, as appropriate, by persons licensed in engineering, architecture, landscape design, traffic engineering, air quality control, and design of structures.
- An applicant seeking to renew an existing license without substantive changes to the current authorization may defer to previously submitted documents if Metro has the most current version of all attachments (Attachments A- I) on file, unless otherwise directed by Metro staff. The date of the document on file with Metro is required for each deferred attachment. To confirm that Metro has current documentation on file, please contact Metro’s Solid Waste Compliance & Cleanup Division at (503) 797-1835 or via email at SWCC@oregonmetro.gov.

ATTACHMENT A: SITE PLAN

The applicant must submit a facility site plan that includes scaled maps and drawings showing the location of the facility at an appropriate scale, and no smaller than one inch equals 30 feet. Applicant must provide the following information on the site plan:

- (1) The location of the facility on a tax lot map.
- (2) Boundaries of the facility and property including all tax lots.
- (3) All buildings on the property (existing and proposed) and other pertinent information with respect to the operation of the facility, to include:
 - a) scale and scale house location
 - b) fencing and gates
 - c) access roads
 - d) paved areas
 - e) vegetative buffer zones and berms
 - f) sorting line and other major materials recovery equipment
- (4) All exterior stockpile footprints, material types stored outside, and the maximum height of each exterior material stockpile.
- (5) Identify water sources for fire suppression.
- (6) Identify on-site traffic flow patterns.

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(7) Facility signage. Facility signs must: <ul style="list-style-type: none">a) display all of the information required by Metrob) be posted at all public entrances to the facility; andc) conform with local government signage regulations.
(8) All receiving, processing, reload and storage areas, as applicable, for solid waste, source-separated recyclable materials, yard debris, recovered materials, product/by-products, waste residuals, exterior stockpiles, hazardous waste, and other materials.
(9) Load checking areas (as applicable).
(10) Storage areas for the temporary containment of prohibited waste that the facility inadvertently receives, while awaiting proper removal or disposal of the prohibited waste. The facility must cover and enclose the containment areas and construct them in a manner to prevent leaking and contamination.
(11) The location of all commercial and residential structures within a one mile radius of the facility, identified on a map or aerial photograph.
(12) The prevailing wind direction, by season, identified on a map or aerial photograph. (Compost facility only).
FACILITY RENEWAL APPLICANTS ONLY: <input type="checkbox"/> By checking this box, I certify that to the best of my knowledge, the Site Plan on file with Metro dated _____ is the most current and accurate version of this document.

ATTACHMENT B: FACILITY DESIGN PLAN
The applicant must submit a facility design plan that addresses the following:
(1) All solid waste facility license applicants must submit a written description of the following: <ul style="list-style-type: none">a) Facility overview.b) Facility design and technology.c) Buildings and major equipment (existing and proposed).d) Construction timeline (as applicable).e) Types of wastes to be processed.f) Residuals management.
(2) A compost facility must submit a written description of the following (in addition to the items listed above in subsection 1): <ul style="list-style-type: none">a) Feedstock receiving procedures.b) Feedstock pretreatment and contaminant removal procedures and equipment (as applicable).c) Feedstock processing details and methods. Dewatering and liquids management (as applicable).d) Pathogen reduction / control procedures (as applicable).e) Monitoring, quality control and testing.

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(3) Dust, odor, airborne debris and litter.

a) Submit a proposed design or existing design plan that identifies the location of all areas for load checking, receiving/tipping, mixing, processing, reloading, and storage for all materials.

o **Compost facility only:** Also, provide locations for compost/curing piles/windrows, aeration systems including bio-filters or enclosed structures to prevent odors from being detected offsite.

b) Describe control measures to prevent odors, fugitive dust, airborne debris and litter. Describe how the facility design will provide for shrouding and dust prevention for the receiving area, processing area, storage area, reload area, and all waste processing equipment and all conveyor transfer points where dust is generated.

(4) Fire prevention.

Submit proof of compliance with local and state fire codes.

(5) Adequate vehicle accommodation.

Provide documentation to demonstrate that the facility will provide adequate on-site areas at the facility's entrance, scales, loading and unloading points and exit points to allow safe queuing off the public roads and right-of-way given the number and types of vehicles expected to use the facility during peak times.

(6) Water contaminated by solid waste and solid waste leachate.

Submit a DEQ (or equivalent) approved plan with pollution control measures to protect surface and ground waters, including runoff collection and discharge and equipment cleaning and washdown water.

FACILITY RENEWAL APPLICANTS ONLY:

By checking this box, I certify that to the best of my knowledge, the Facility Design Plan on file with Metro dated _____ is the most current and accurate version of this document.

ATTACHMENT C: OPERATING PLAN

The applicant must submit an operating plan for review and approval by Metro. This section lists the procedures that the applicant must include in the required facility operating plan. The applicant must submit a proposed facility operating plan with the completed license application subject to any additional elements as required in the license - if one is approved and issued. The operating plan must include, at a minimum a detailed description of:

(1) Types of solid wastes the facility will accept.

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(2) How the facility will further recycling or material recovery processing within the Metro region (as applicable). The description should address each of the following:

- a) How you will distinguish and manage loads of incoming source-separated recyclables from other materials.
- b) The steps you will take to recover materials from solid waste. Include the material recovery methods and equipment to be used on site (e.g. sorting lines, hand picking, magnets, etc.).
- c) How you will manage the materials and wastes and the type of equipment that you will use (from delivery to reload and transport to a processing or disposal facility).
- d) The general markets for the material recovered at the facility.
- e) The methods you will use for measuring and keeping records of materials received, recovered from processing, and solid waste disposed - consistent with Metro's reporting requirements.

(3) Procedures for inspecting loads including:

- a) Procedures for inspecting incoming loads for the presence of prohibited or unauthorized wastes.
- b) A set of objective criteria for accepting and rejecting loads.
- c) An asbestos testing protocol for all material that appears as if it may contain asbestos.

(4) Procedures for processing and storage of loads including:

- a) Processing of all authorized solid wastes.
- b) Reloading and transfer of authorized solid wastes.
- c) Managing stockpiles.
- d) Storing authorized solid wastes
- e) Minimizing storage times and avoiding delay in processing and managing of all authorized solid wastes and recovered materials.

(5) Procedures for rejecting or managing prohibited wastes. The operating plan must describe procedures for rejecting, managing, reloading and transporting to an appropriate facility or disposal site any prohibited or unauthorized wastes discovered at the facility. The plan must include procedures for managing:

- a) Hazardous wastes.
- b) Other prohibited solid wastes (e.g., putrescible (wet) waste, special waste, asbestos).
- c) Procedures and methods for notifying generators not to place hazardous wastes or other prohibited wastes in drop boxes or other collection containers destined for the facility.

(6) Procedures for odor prevention. The operating plan must establish procedures for preventing all objectionable odors from being detected off the premises of the facility. The plan must include:

- a) A management plan that the facility will use to monitor and manage all objectionable odors of any derivation including malodorous loads delivered to the facility.
- b) Procedures for receiving and recording odor complaints, immediately investigating any odor complaints to determine the cause of odor emissions, and promptly remedying any odor problem at the facility.

(7) Procedures for emergencies. The operating plan must describe procedures that the facility will follow in case of fire or other emergency.

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

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

FACILITY RENEWAL APPLICANTS ONLY:

By checking this box, I certify that to the best of my knowledge, the Operating Plan on file with Metro dated _____ is the most current and accurate version of this document.

ATTACHMENT D: INSURANCE

The applicant must submit proof of the following types of insurance, covering the applicant, its employees, and agents:

- (1) The most recently approved ISO (Insurance Services Office) Commercial General Liability policy, or its equivalent, written on an occurrence basis. The policy must include coverage for bodily injury, property damage, personal injury, death, contractual liability, premises and products/completed operations. All insurance coverage must be a minimum of \$1,000,000 per occurrence and \$1,000,000 aggregate.
- (2) Automobile bodily injury and property damage liability insurance must be a minimum of \$1,000,000 per occurrence and \$1,000,000 aggregate.
- (3) The insurance must name Metro, its elected officials, departments, employees, and agents as ADDITIONAL INSURED on the Commercial General Liability and automobile insurance policies.
- (4) Certification of Workers' Compensation insurance including employer's liability. If the applicant or licensee has no employees and will perform the work without the assistance of others, you may attach a certificate to that effect in lieu of the certificate showing current Workers' Compensation.

FACILITY RENEWAL APPLICANTS ONLY:

By checking this box, I certify that to the best of my knowledge, the Insurance on file with Metro dated _____ is the most current and accurate version of this document.

ATTACHMENT E: LAND USE COMPATIBILITY STATEMENT (LUCS)

The applicant must submit the following information:

A copy of a completed Metro LUCS or DEQ LUCS. The Metro LUCS is available at www.oregonmetro.gov/solidwasteforms.

FACILITY RENEWAL APPLICANTS ONLY:

By checking this box, I certify that to the best of my knowledge, the LUCS on file with Metro dated _____ is the most current and accurate version of this document.

ATTACHMENT F: PROPERTY USE CONSENT FORM

The applicant must submit the following information:

If required in Part 1, section 9, of this application. The Property Use Consent Form is available at www.oregonmetro.gov/solidwasteforms.

FACILITY RENEWAL APPLICANTS ONLY:

By checking this box, I certify that to the best of my knowledge, the Property Use Consent Form on file with Metro dated _____ is the most current and accurate version of this document.

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ATTACHMENT G: DEQ PERMIT APPLICATIONS AND INFORMATION

The applicant must submit the following information:

A 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.

FACILITY RENEWAL APPLICANTS ONLY:

By checking this box, I certify that to the best of my knowledge, the DEQ permit or applications on file with Metro dated _____ is the most current and accurate version of this document.

ATTACHMENT H: OTHER REQUIRED PERMITS

The applicant must submit the following information:

A copy of any required permit, license or franchise that a governing body or agency (whether federal, state, county, city or other) has granted or issued to the applicant (not including materials required by Attachment G). If the governing body or agency has not yet issued the required permit, license or franchise, the applicant must provide a copy of the application it submitted. Metro may also request copies of correspondence pertaining to any required permit, license or franchise.

FACILITY RENEWAL APPLICANTS ONLY:

By checking this box, I certify that to the best of my knowledge, all other required permits on file with Metro dated _____ are the most current and accurate version of these documents.

ATTACHMENT I: CLOSURE PLAN AND FINANCIAL ASSURANCE

The applicant must submit the following information:

- (1) If DEQ requires a closure plan and financial assurance, the applicant must include copies of these documents with the application per Attachment G.
- (2) If DEQ does **not** require a closure plan for the facility, attach a closure document describing closure protocol and associated costs. Closure means those activities associated with restoring the site to its condition before the applicant engaged in the licensable activity. Closure may include, but is not limited to, removal of all on-site solid waste stockpiles accumulated after Metro issued a Metro Solid Waste Facility License. The closure plan is the written protocol that specifies the activities required to properly close the facility and cease further solid waste activities.
- (3) If DEQ does **not** require any financial assurance for the costs of closure of the facility, applicant must attach proof of financial assurance for the costs of closure of the facility. Cost of closure means the costs associated with restoring the site to its condition before the applicant engaged in the licensable activity.

These costs may include but are not limited to:

- a) The cost to load and transport accumulated solid waste stockpiles to an authorized disposal site or recycling facility;
- b) The cost to "tip" the waste at an authorized landfill or recycling facility; and
- c) Other related costs such as site grading or additional disposal costs associated with

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restoring the site.

Examples of acceptable forms of financial assurance include, but are not limited to, the following: surety bond, irrevocable letter of credit, closure insurance, escrow account.

If the DEQ does not issue a permit or require financial assurance, then Metro may waive the requirement for financial assurance if the applicant demonstrates that the cost to implement the closure plan will be less than \$10,000.

FACILITY RENEWAL APPLICANTS ONLY:

By checking this box, I certify that to the best of my knowledge, the closure plan on file with Metro dated _____ is the most current and accurate version of this document.

PUBLIC NOTICE AND CONFIDENTIAL INFORMATION

This application and all of the supporting documentation that the applicant provides is subject to Metro's public notice procedures. Metro will notify and provide the public with an opportunity to review and comment on the proposed application. The public notice may include, but is not limited to, posting the complete application on Metro's website.

The applicant may identify as confidential any reports, books, records, maps, plans, income tax returns, financial statements, contracts and other similar written materials of the applicant that are directly related to the proposed application and that are submitted to or reviewed by Metro. The applicant must prominently mark any information that it claims confidential with the mark "CONFIDENTIAL" before submitting the information to Metro. Subject to the limitations and requirements of ORS Chapter 192 (public records law) and other applicable laws, Metro will treat as confidential any information so marked and will make a good faith effort to not disclose that information unless Metro's refusal to disclose the information would be contrary to applicable Oregon law.

Within five days of Metro's receipt of a request for disclosure of information identified by the applicant (or licensee) as confidential, Metro will provide the applicant (or licensee) written notice of the request. The applicant (or licensee) will have three days within which time to respond in writing to the request before Metro determines, at its sole discretion, whether to disclose any requested information. The applicant (or licensee) must pay any costs incurred by Metro as a result of Metro's efforts to remove or redact any confidential information from documents that Metro produces in response to a public records request. These conditions do not limit the use of any information submitted to or reviewed by Metro for regulatory purposes or in any enforcement proceeding. In addition, Metro may share any confidential information with representatives of other governmental agencies provided that, consistent with Oregon law, those representatives agree to continue to treat the information as confidential and make good faith efforts to not disclose the information.

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APPLICANT CERTIFICATION

An authorized agent of the applicant must sign this application. Metro will not accept an application without a signature.

I certify 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

A handwritten signature in black ink, appearing to read "Stanley Girard", written over a horizontal line.

TITLE

COO

PRINT NAME

STANLEY GIRARD

DATE

8/22/18

PHONE

971-219-7845

EMAIL

SGirard@forwestrecycling.com

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Far West Recycling		Effective Date: 07-15-18
SUBJECT: Operations and Facility Description		Issue: 1.0 Page: 1 of 8

Far West Recycling

Hillsboro Facility

Far West Recycling		Effective Date: 07-15-18
SUBJECT: Operations and Facility Description		Issue: 1.0 Page: 2 of 8

Introduction and Facility Overview

Far West Recycling (FWR) is one of the leading providers of recycling solutions for business and individual needs. Responsible recycling practices are a standard part of business operations as well as a part of everyday life. FWR is committed to environmental stewardship and to a safe work environment while providing high standards of service to our customers.

The FWR Hillsboro, Oregon facility is located at 6440 SE Alexander Street Hillsboro, OR 97123 in an industrial park on 5.28 paved acres, and the land is zoned for industrial use. The enclosed building is approximately 65,200 square feet. The FWR site is secured by access controlled frontage and perimeter fencing, and is monitored by surveillance cameras placed in strategic locations in and around the facility to ensure the provision of a safe, secure work environment.

The facility accepts program materials from residential and commercial commingled source separated recyclables for processing (sorting and packaging), and delivery to markets and downstream vendors for recovery purposes. The processing takes place via a sortline utilizing mechanical and manual separation. It also accepts source segregated recyclable materials from public and commercial sources for processing and delivery to markets and downstream vendors for recovery purposes. Major equipment onsite for processing includes: sortline (separation screens, magnet, eddy current, conveyor belts) for sorting commingle material, forklifts for moving packaged/baled material, baler for compacting materials for shipment, front loaders for material movement, and a crane for top loading boxes. The facility also has a self-service recycling depot that allows the public to drop off a variety of materials for recycling.

FWR's operations are developed for meeting customer requirements and reducing FWR impacts on the environment and worker health and safety as a result of its operations and activities. Facility operations are designed to comply with all relevant legal and stakeholder requirements, including meeting the requirements of Metro Code 5.01 as they relate to source separated material recover facilities (MRF).

Material Control, Nuisances, and Housekeeping

Material, including residual, is tracked by inbound and outbound weight (except depot drop off) on state certified scales and recorded by a scale software program designed for recycling facilities. Materials are stored in a manner to avoid contamination or degradation. Materials subject to exposure degradation will be stored indoors or covered; any materials stored outdoors will be stored and processed in a manner that does not promote degradation, vectors, litter or other environment and quality issues. After initial sorting and processing, materials are shipped for further processing in closed trailers or covered drop boxes.

FWR has processes to control sourced materials. FWR shall specify criteria or follow existing programs for the acceptance of sourced material. The type and extent of control is based on the source materials impact on FWR's ability to process and meet downstream customer

Far West Recycling		Effective Date: 07-15-18
SUBJECT: Operations and Facility Description		Issue: 1.0 Page: 3 of 8

requirements. Materials are visual inspected by operators during the unloading process. Source material that is not accepted shall be identified and controlled to prevent impacts while in FWR's control. Material that is not acceptable includes, but is not limited to non-putrescible waste, putrescible waste, and hazardous waste. Source material that is not accepted shall be returned to the supplier or managed responsibly. FWR has ongoing communication with parties delivering material and feedback on load issues, communication may include notation on scale tickets, email, and/or verbal notification of issue. Material delivered to FWR must covered or sufficiently contained to avoid material from blowing off or otherwise separating from the load during transit. Entry signage will notify customers that all loads must be secured and it will be discussed with customers on a case-by-case basis as needed.

Although located in an industrial park, FWR attempts to limit offsite operational impacts. Dust and litter control at the facility is controlled at key areas with fencing, shrouding, or misting as appropriate, as well as regular cleaning by a full time employee dedicated to litter control around the exterior of the building. Professional sweeping is done monthly with a commercial sweeper truck. The facility is operated in a manner to limit vectors, such as rodents, and contracts with a professional extermination company provides monthly inspections and vector control devices. Noise abatement measures include engineered controls, such as white noise generators instead of back-up beepers on equipment, and operational controls such as limiting outdoor operations in the evening and early morning. The facility uses best management practices to limit stormwater runoff effects and operates with a stormwater pollution control plan that meets the requirements of the Nation Pollution Discharge Elimination System 1200-Z permit (DEQ file no. 116318).

Traffic Flow

The facility has adequate entry, parking, loading, and unloading areas for customers delivering or picking up material to access their designated area. Customers delivering or picking up materials are instructed to not park or queue on the public street. There is room for two lanes of traffic, and two vehicle scales to accommodate vehicles getting weights to enter and exit the facility. Visitors must check into the office on their first time and the scale attendants will provide direction for loading or unloading materials and explain traffic flow. Metal pile attendants will provide addition traffic direction during peak hours or high traffic.

Signage

There is various signage on the property. Entry signage will include, but not be limited to the following information; name of facility, address, emergency phone number, operating/scale hours, Metro's phone number, directions to not queue on the public street, secured load requirements, traffic information. Other signage on the property covers, but not limited to; unloading and shipping areas, acceptable materials, and traffic information.

Far West Recycling		Effective Date: 07-15-18
SUBJECT: Operations and Facility Description		Issue: 1.0 Page: 4 of 8

Complaints, Nonconformance, and Corrective Action

Any concerns or complaints regarding the facility will be logged and directed to the Operations Manager. The Operations Manager will investigate complaints or operational non-conformances and take appropriate actions to mitigate the situation. FWR ensures appropriate investigations into incidents and nonconformance, and takes actions to correct nonconformance. Investigations shall include incidents, emergencies, and near misses.

FWR addresses and eliminates the causes of nonconformances and potential nonconformance.

Corrective actions are required, but not limited to, the following when:

- feedback and complaints identify nonconformance or issue
- determined as the result of an incident investigation
- internal nonconformance are identified by workers
- external audits or reviews identify nonconformance

Corrective action plans:

- identify the cause(s) of the nonconformance and take action to prevent its recurrence
- implement corrective action that is adequate and assigns responsibilities and timelines

Health and Safety Controls

FWR evaluates environmental factors and potential impacts to identify those impacts of their operations. Environmental impacts will be monitored through best management practices.

FWR identifies the health and safety hazards associated with their operations. FWR identifies controls to eliminate or reduce important health and safety risks to an acceptable tolerance.

FWR adheres to good housekeeping standards, including keeping all work and storage areas as clean and orderly as possible given the tasks performed. Housekeeping for all areas of the facility is monitored according to the facility housekeeping procedures.

FWR seeks to control those operations and activities that are associated with identified hazards and where the implementation of controls is necessary to manage the health and safety risks.

FWR implements health and safety controls including the following:

- elimination
- substitution
- engineering controls
- signage/warnings and other administrative controls
- personal protective equipment

Far West Recycling		Effective Date: 07-15-18
SUBJECT: Operations and Facility Description		Issue: 1.0 Page: 5 of 8

FWR manages hazards and minimizes the risks it identifies, and uses appropriate strategies to implement and maintain controls, including but not limited to:

Engineering controls such as:

- Substitution (e.g., replacing a toxic solvent with one less toxic),
- Ventilation
- Dust control and clean up
- Emergency shut-off systems
- Fire suppression systems (sprinkler system, extinguishers, and hoses)

Administrative and work practice controls, including appropriate combinations of:

- Environmental, and health and safety training that covers information from hazards assessment, as well as safe material handling, spill prevention, engineering controls, equipment safety, and use and care of personal protection equipment along with training for new hires and refresher courses for all employees that is understandable to them given language or other considerations
- Job rotation as feasible given workforce size
- Safety meetings
- Personal protective equipment, including protective eyewear, hard hats, gloves, etc., as appropriate for the risks involved in the tasks being performed.

FWR treats its entire workforce, including volunteer workers, consultants, temporary workers, and anyone else performing activities under its direction, using the same standard of care.

Personnel and Training

All people working at FWR will receive appropriate training for their position and tasks. During operating hours, a qualified operator will be on site. The qualified operator will be trained in the relevant procedures of operations including but not limited to; job duties, equipment operation, emergency procedures, and material specifications. They will be authorized to reject prohibited loads and, trained in properly handling prohibited materials that are inadvertently received.

FWR provides training for work activities that can:

- affect the quality of FWR's products or services
- have important environmental impacts
- have important health and safety risks

FWR:

Far West Recycling		Effective Date: 07-15-18
SUBJECT: Operations and Facility Description		Issue: 1.0 Page: 6 of 8

- Determines the required competence of person(s) performing or responsible for the activity.
- Ensures that these persons(s) are competent based upon education, training, skills or experience.
- Keeps records of training.
- Acquire competence, where needed with external resources or provide training.
- Verify the effectiveness of competency training through job observation.
- Required training shall consider:
 - o different levels of responsibility, ability, literacy, and required work activities;
 - o roles, responsibilities, and frequency of task or activity

Emergency Preparedness and Response

FWR identifies probable emergency situations and exceptional circumstances. FWR shall prepare, periodically test, and update, as appropriate and necessary, an emergency plan(s) for responding to the identified emergency situations and exceptional circumstances to protect workers, the public, and the environment. Occurrence of emergency events, including exceptional releases, accidents, spills, fires, and explosions shall be reported as required to the proper parties.

FWR has written plans to identify the potential for and response to incidents and emergency situations (including exceptional releases, accidents, spills, fires, explosions, and other out-of-the-ordinary events that pose risks to worker safety, public health, or the environment).

- Emergency plans include preventing and mitigating the adverse environmental impacts, injuries, and illnesses that may be associated with each.
- FWR periodically tests these plans to the extent practical.
- The FWR shall review, and where necessary, revise its emergency plans after tests, incidents, or emergency situations.
- Emergency plans shall be communicated through training and posted.

Document and Recordkeeping

FWR is able to ensure that all necessary records and documents are:

- established and maintained
- identifiable, retrievable
- stored and protected from damage or loss
- Record retention times are consistent with relevant stakeholder and legal requirements.
- Document are maintained in paper or electronic format.
- Documentation is maintained for internal use and external use where required for necessary reporting purposes the operation of the facility.

Far West Recycling		Effective Date: 07-15-18
SUBJECT: Operations and Facility Description		Issue: 1.0 Page: 7 of 8

- Provide direction to related documentation necessary to conform to the requirements of the facility operation.
- Establish records, as required by the standards or to demonstrate conformance with the requirements of the standards.

FWR documentation includes, but is not limited to the:

- activities, products, and services of FWR
- acquisition and shipment of materials
- on-site processing operations and activities
- transportation, distribution, and delivery;
- changes in operational processes, products, or equipment
- routine and non-routine activities including emergencies;
- relevant stakeholder requirements and views; and
- legal requirements

FWR shall maintain business records sufficient to document the flow of materials that pass through its facility.

Contingency Plan

Short-term - 1-5 five days

In the case of an unplanned shutdown due to inclement weather or mechanical failure, FWR recycling will attempt to contact employees and customers to make arrangements for operational hours and ability to receive or ship materials. If it is a planned shutdown, equipment install or maintenance for example; customers, employees and other parties will be informed when the shutdown is confirmed. This includes, but is not limited to local and regional governments and any other regulating bodies. Messaging will include the purpose of the shutdown and predicted duration.

Mid-term – 5-30 Days

In the case of an unplanned shutdown due to emergency or mechanical failure, FWR recycling will attempt to contact employees and customers to make arrangements for operational hours and ability to receive or ship materials. If it is a planned shutdown, equipment install or maintenance for example; customers, employees and other parties will be informed when the shutdown is confirmed. This includes, but is not limited to local and regional governments and any other regulating bodies. Messaging will include the purpose or cause of the shutdown and predicted duration for both planned and unplanned shut down. A mid-term shutdown may create the need to divert material to another location.

Long-term

Far West Recycling		Effective Date: 07-15-18
SUBJECT: Operations and Facility Description		Issue: 1.0 Page: 8 of 8

Long-term closure of the facility, in the case of an unplanned shutdown due to emergency or mechanical failure, FWR recycling will attempt to contact employees and customers to make arrangements for operational hours and ability to receive or ship materials. If it is a planned shutdown, equipment install or maintenance for example; customers, employees and other parties will be informed when the shutdown is confirmed. This includes, but is not limited to local and regional governments and any other regulating bodies. Messaging will include the purpose or cause of the shutdown and predicted duration for both planned and unplanned shut down.

Permanent facility closure will need further steps. FWR will need to remove existing inventory of recyclable materials and any wastes. With the exception of universal or household hazardous waste consisting of those found in typical warehouse operation, the rest of the recycling material materials recovered from our operations may have value in scrap commodity markets or at least be able to move into market at a cost. Although it fluctuates, the positive impact of receiving money or break-even for the sale of recycle scrap metal, plastics, paper, etc. will keep the cost of closing the facility fairly neutral. Processing equipment and facility assets (e.g. baler, tractors, forklifts, floor scale, and office equipment) shall be evaluated for potential resale. If resale is not possible, the equipment and assets shall be disassembled, if applicable and processed as scrap. In addition to the equipment and assets, the property value of Far West Fibers will ensure money will be available to remove any small amount solid or universal waste should the facility be closed permanently. The sorting and warehouse areas (including floors, ceiling and walls as necessary) shall be blown off or swept and all debris removed. The final step would be to secure the building for vacancy until future use is decided.

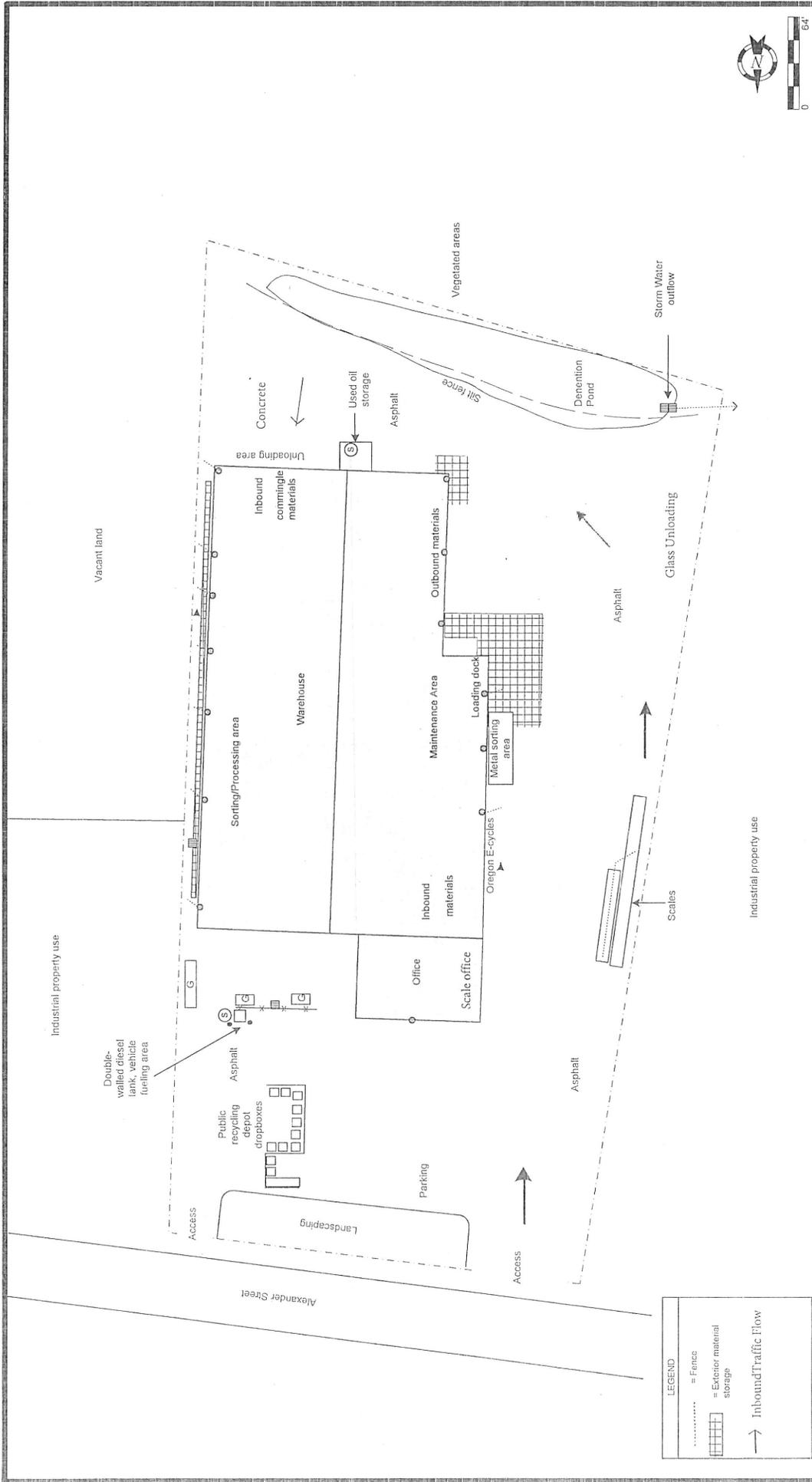


Figure 1
FACILITY DIAGRAM
 FAR WEST FIBERS
 6440 S.E. ALEXANDER STREET
 HILLSBORO, OREGON

Land Use Compatibility Statement (LUCS)

Solid waste application supplemental form



600 NE Grand Ave.
Portland, OR 97232
503-797-1835

SUBMIT THIS FORM TO:

Metro
Solid Waste Compliance and Cleanup
600 NE Grand Avenue
Portland, OR 97232-2736
Tel: (503) 797-1835
Fax: (503) 813-7544
SWCC@oregonmetro.gov

Metro use only

DATE RECEIVED: AUG 1 '18 RCVD

DATE DEEMED COMPLETE BY METRO:

METRO Land Use Compatibility Statement (LUCS)

WHAT IS A LUCS? A Land Use Compatibility Statement is the document that Metro relies on to determine that an application to Metro for a solid waste facility license or franchise is compatible with the applicant's local land use approval.

WHEN IS A LUCS REQUIRED? A completed LUCS should accompany each application for a new Metro solid waste facility license, or franchise and any application for a change of authorization to add new activities to an existing license or franchise.

HOW TO COMPLETE A LUCS: The applicant must fill out Section 1 of the form and then submit the form to the local city or county planning office where Section 2 is completed. The local planning office will determine if the facility meets local land use requirements concerning planning and zoning. The applicant then submits the LUCS to Metro as part of its license or franchise application.

WHERE TO GET HELP: Questions on the Metro LUCS can be directed to Metro Solid Waste Compliance and Cleanup Division staff responsible for processing the Metro license or franchise application at (503) 797-1835.

SECTION 1: To be completed by the applicant:

1. Applicant Information		
Facility Name:	Far West Recycling	
Company Name:	Far West Fibers	
Location Address: 6440 SE Alexander St Hillsboro OR, 97123	Mailing Address: 6440 SE Alexander St Hillsboro OR, 97123	
Contact Person:	Stan Girard	
Phone Number: 503-200-5019	Fax Number:	E-mail: sgirard@farwestrecycling.com

Land Use Compatibility Statement (LUCS)

Solid waste application supplemental form



Metro

600 NE Grand Ave.
Portland, OR 97232
503-797-1835

2. Site Description			
Tax Lot(s): 1S210DB00401	Section: 10 T1S R2W	Township:	Range:

3. Description of the type of facility, the solid wastes to be accepted and the activities to be undertaken																										
<p>A. Check all the proposed solid wastes to be accepted in the left column "Proposed waste streams". In the "Activity code" column to the right, insert the letter(s) of all the proposed activities from the list of codes (a-g) corresponding to each waste stream:</p> <table border="1"> <thead> <tr> <th><u>Proposed waste streams</u></th> <th><u>Activity code(s)</u></th> <th><u>Proposed activities and codes:</u></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Putrescible mixed solid waste (i.e. residential garbage)</td> <td><input type="checkbox"/></td> <td>a) Material recovery (source separated)</td> </tr> <tr> <td><input type="checkbox"/> Food waste (source separated vegetative or non-vegetative)</td> <td><input type="checkbox"/></td> <td>b) Material recovery (mixed dry waste)</td> </tr> <tr> <td><input type="checkbox"/> Yard debris</td> <td><input type="checkbox"/></td> <td>c) Composting</td> </tr> <tr> <td><input type="checkbox"/> Wood waste (clean wood waste)</td> <td><input type="checkbox"/></td> <td>d) Reload / transfer</td> </tr> <tr> <td><input type="checkbox"/> Wood waste (painted or treated)</td> <td><input type="checkbox"/></td> <td>e) Chipping & grinding</td> </tr> <tr> <td><input type="checkbox"/> Non-putrescible mixed solid waste (dry mixed waste)</td> <td><input type="checkbox"/></td> <td>f) Other (explain in detail)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Other (explain in detail)</td> <td><input type="checkbox"/> a</td> <td>g) NA (not applicable)</td> </tr> </tbody> </table>			<u>Proposed waste streams</u>	<u>Activity code(s)</u>	<u>Proposed activities and codes:</u>	<input type="checkbox"/> Putrescible mixed solid waste (i.e. residential garbage)	<input type="checkbox"/>	a) Material recovery (source separated)	<input type="checkbox"/> Food waste (source separated vegetative or non-vegetative)	<input type="checkbox"/>	b) Material recovery (mixed dry waste)	<input type="checkbox"/> Yard debris	<input type="checkbox"/>	c) Composting	<input type="checkbox"/> Wood waste (clean wood waste)	<input type="checkbox"/>	d) Reload / transfer	<input type="checkbox"/> Wood waste (painted or treated)	<input type="checkbox"/>	e) Chipping & grinding	<input type="checkbox"/> Non-putrescible mixed solid waste (dry mixed waste)	<input type="checkbox"/>	f) Other (explain in detail)	<input checked="" type="checkbox"/> Other (explain in detail)	<input type="checkbox"/> a	g) NA (not applicable)
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<p>B. Description of proposed solid wastes to be accepted and proposed waste-related activities. Please describe in detail the activity you plan to perform on <u>each</u> waste you accept. Add additional pages if necessary.</p> <p>Source separated commingled recyclable materials from businesses and residential sources, to be sorted into separate commodities and shipped to markets for recovery. Sorting involves manual and mechanical separation of materials.</p>																										

4. This land use approval is being sought in conjunction with application to Metro for (check all that apply)			
New <input checked="" type="checkbox"/>	Amended <input type="checkbox"/>	License <input checked="" type="checkbox"/>	Franchise <input type="checkbox"/>

SECTION 2: To be completed by a city or county planning official:

1. Name of city or county that has land use jurisdiction
Hillsboro

2. The proposed facility is located (check all that apply)	
<input checked="" type="checkbox"/> Inside city limits <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Inside UGB <input checked="" type="checkbox"/>
<input type="checkbox"/> Outside city limits	<input type="checkbox"/> Outside UGB

Land Use Compatibility Statement (LUCS)

Solid waste application supplemental form



Metro

600 NE Grand Ave.
Portland, OR 97232
503-797-1835

3. Consistency with local comprehensive plan and zoning ordinance

- This facility is not regulated by the local comprehensive plan and zoning ordinance.
- This facility has been reviewed and is consistent with the local comprehensive plan and zoning ordinance.
- This facility has been reviewed and is **not** consistent with the local comprehensive plan and zoning ordinance.
- Consistency of this facility with the local comprehensive plan and zoning ordinance cannot be determined until the following local approval(s) are obtained:
 - Conditional Use Approval
 - Development Permit
 - Plan Amendment
 - Zone Change
 - Other

An application has been made for the local approvals checked above:

Yes



No



Local Government Planning Official - Reviewer Information:

Signature: _____

Print Name: _____

Title: _____

Date: _____

Telephone Number: _____

E-Mail: _____

*Approved facility per case file
No. DR-010-99.*

Rachel Haddon



Planner

5-22-18

503 681 6155

rachel.haddon@hillsboro-oregon.gov

***STORM WATER POLLUTION
CONTROL PLAN***

**Far West Fibers, Inc. dba Far West Recycling
6440 S.E. Alexander Street
Hillsboro, Washington Co., Oregon 97123**

January 28, 2018

Oregon DEQ File No. 116318
NPDES Permit Type 1200-Z
Primary SIC Code: 5093

Site Manager:
Joe Brewer
503-200-5040 jbrewer@farwestrecycling.com

Prepared for:

Far West Fibers, Inc. dba Far West Recycling.
12820 NE Marx St.
Portland, Oregon 97230
Telephone (503) 643-9944
Attn: Mr. Stan Girard, Chief Operating Officer

Prepared by:
Walter L. Cook PE
Water Environment Resources, Inc.
503-333-3473 walt.l.cook@gmail.com

August 2007
Revised 31 March 2012
Revised 18 March 2013
Revised 30 July 2014
Revised 30 July 2015 (page 13)
Updated January 2018

1.0 INTRODUCTION

Water Environment Resources, Inc. (WER) was retained by Far West Fibers, Inc. dba Far West Recycling (FWR) to update the March 2012 Stormwater Pollution Control Plan (SWPCP) prepared for the FWR facility located at 6440 S.E. Alexander Street in Hillsboro, Oregon (“facility”). This SWPCP has been prepared in accordance with the National Pollutant Discharge Elimination System (NPDES) General Permit 1200-Z (Permit) effective 1 August 1, 2017 and in accordance with ORS 468b.050 and the Federal Clean Water Act.

The facility is located in Section 10, Township 1 South, Range 2 West (see Figure 1, “Site Vicinity Map”). The facility operates under Standard Industrial Classification (SIC) Code 5093 “Scrap Recycling and Waste Recycling Facilities.”

2.0 SIGNATURE REQUIREMENTS

Water Environment Resources, Inc. has completed an SWPCP for the facility referenced below.

Facility Name/ Address: Far West Fibers, Inc. dba Far West Recycling
6440 S.E. Alexander Street
Hillsboro, Oregon 97123

Latitude: 45.4962
Longitude: -122.9152

Owner: Far West Fibers, Inc. dba Far West Recycling

Authorized Representative:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.



01/28/2018

Stan Girard, Chief Operating Officer
Far West Fibers, Inc. dba Far West Recycling.

Date

Department of Environmental Quality (<http://www.oregon.gov/DEQ/>)

[DEQ Home \(http://www.deq.state.or.us/\)](http://www.deq.state.or.us/) /
 [Water Quality \(http://www.oregon.gov/DEQ/WQ/\)](http://www.oregon.gov/DEQ/WQ/) /
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Wastewater Permits Database - Facility Details

Active Permits for FAR WEST FIBERS, INC. - WQ File Number: 116318

The permits listed below are the currently active permits for this facility. If you wish to see details on the applications that led to these permits click on the application number below.

If you wish to see the details on any pending applications for this facility [click here](#) (facapplpend.asp?facilityidreq=116318).

Field	Record
Legal Name	FAR WEST FIBERS, INC.
Common Name	Far West Fibers - Alexander St.
Street Address	6440 SE ALEXANDER ST.
City	HILLSBORO
Zip Code	97123
County	WASHINGTON
DEQ Region	NWR
Primary SIC Code	5093
Facility Type Description	SCRAP AND WASTE MATERIALS
Latitude	45.4962
Longitude	-122.9152
Permit Type	GEN12Z
Permit Description	Stormwater; NPDES specific SIC codes
Category	STM
Class	MINOR
Start Date	11/12/2006
Expiration Date	7/31/2022
Active Permit	True
UIC Facility	False
Administrative Agent	Clean Water Services
Last Action Date	8/17/2017 12:02:00 AM
Last Action Description	Renewal without eff modified
Permit Writer	Jurries
Compliance Inspector	
DMR Reviewer	

Permit Application Number

955279 ([facilityappl.asp?applnumberreq=955279](http://www.deq.state.or.us/wq/sisdata/facilityID.asp?facilityidreq=1...))

EPA Number

Department of Environmental Quality
(<http://www.oregon.gov/DEQ/>)

ORR607174

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[Department of Environmental Quality \(http://www.oregon.gov/DEQ/\)](http://www.oregon.gov/DEQ/)

700 NE Multnomah Street, Suite 600 Portland, OR 97232

Hours: Mon-Fri, 8 a.m.-5 p.m

Email: DEQInfo@deq.state.or.us (<mailto:DEQInfo@deq.state.or.us>) | Phone: 503-229-5696 | Fax: 503-229-6124

[Website Feedback \(http://www.oregon.gov/Pages](http://www.oregon.gov/Pages)

[/website_feedback.aspx?address=deqwebmaster@deq.state.or.us\)](http://www.oregon.gov/Pages/website_feedback.aspx?address=deqwebmaster@deq.state.or.us)

[Accessibility \(http://www.oregon.gov/pages/accessibility.aspx\)](http://www.oregon.gov/pages/accessibility.aspx)

[Privacy Policy \(http://www.oregon.gov/DAS/ETS/EGOV/pages/termsconditions.aspx\)](http://www.oregon.gov/DAS/ETS/EGOV/pages/termsconditions.aspx)



Clean Water Services

October 20, 2017

Joe Brewer
Far West Recycling
6440 SE Alexander St
Hillsboro, OR 97123

Re: Monitoring Requirements for 2017-2022 NPDES Permit Number 1200-Z
Facility: Far West Recycling at 6440 SE Alexander St
File Number: 116318

Dear Joe,

The Oregon Department of Environmental Quality has assigned coverage under the 1200-Z industrial stormwater general permit to Far West Recycling. On September 29, 2017, DEQ mailed a letter regarding Issuance NPDES Permit Number 1200-Z. Clean Water Services has an Intergovernmental Agreement with DEQ to administer permits for those facilities located within the Clean Water Services boundary.

This letter describes your monitoring requirements, changes to the visual observation requirements, identifies your Tier II corrective action response requirements and evaluation year, and specifies the Stormwater Pollution Control Plan submittal requirements and due date. It is your responsibility to take all necessary steps to comply with conditions and requirements established in the permit.

Monitoring Requirements

You must monitor for the pollutant parameters in the table on Page 3. There may be new impairment pollutant parameters to monitor, including the respective reference concentrations. If a parameter is listed more than once in the table, you must sample according to the highest frequency. The laboratory results must be compared to all applicable requirements. If reported concentrations listed in the table are exceeded, refer to Schedule A.10 of the permit for required corrective actions.

Visual Observations

Permit registrants must complete and document monthly visual observations for floating, suspended or settleable solids, color, odor, foam, visible oil sheen or other obvious indicators of pollution in the stormwater discharge at all discharge points, including discharge points that have been authorized to be substantially similar (per Schedule B.7).

Tier II Corrective Action Response Requirements

Permit registrants must evaluate the geometric mean of qualifying sampling results collected during the second monitoring year of permit coverage to determine if a Tier II corrective action response is required (per Schedule A.11). Your facility's Tier II evaluation year is July 1, 2018, to June 30, 2019.

Stormwater Pollution Control Plan (SWPCP)

In the permit issuance letter from DEQ, you were instructed to submit an updated Stormwater Pollution Control Plan to the City of Portland. Please submit your plan instead to Clean Water Services by December 29, 2017. Submit one paper copy and one electronic pdf of the plan (via thumb drive or email listed below) to Clean Water Services – Industrial Stormwater, 2550 SW Hillsboro Highway, Hillsboro, OR 97213.

Facility: Far West Recycling at 6440 SE Alexander St
 File Number: 116318

General Monitoring Requirements				
Outfall	Pollutant	Regional Benchmark	Unit	Frequency
All outfalls	Total Copper	0.020	mg/L	Four times per year
All outfalls	Total Lead	0.015	mg/L	Four times per year
All outfalls	Total Zinc	0.090	mg/L	Four times per year
All outfalls	pH	5.5-9.0	SU	Four times per year
All outfalls	TSS	100	mg/L	Four times per year
All outfalls	Total Oil & Grease	10	mg/L	Four times per year
Sector Specific Monitoring Requirements				
Outfall	Pollutant	Sector Specific Benchmark	Unit	Frequency
All outfalls	Total Aluminum	0.75	mg/L	Four times per year
All outfalls	Total Chemical O2 Demand	120	mg/L	Four times per year
All outfalls	Total Iron	1.0	mg/L	Four times per year

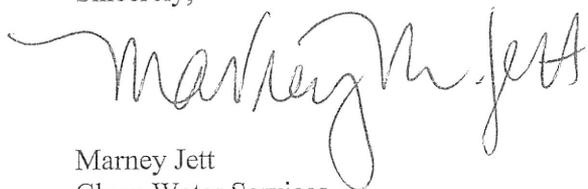
Monitoring notes

- Any Sector Specific Monitoring Requirements listed above apply to both your primary industrial activity and any co-located industrial activities.
- Any Impairment Pollutant Monitoring Requirements apply to discharges to an impaired water without a TMDL for pollutants.

Please check the Clean Water Services Industrial Stormwater Program webpage at <http://cleanwaterservices.org/for-business-industry/stormwater-program/> or DEQ's industrial stormwater webpage at <http://www.oregon.gov/deq/wq/wqpermits/Pages/Stormwater-Industrial.aspx> for general information, technical assistance on best management practices and forms.

If you have any questions about this permit, please contact me.

Sincerely,

A handwritten signature in cursive script that reads "Marney Jett". The signature is written in black ink and is positioned above the typed name and contact information.

Marney Jett
Clean Water Services
Source Control Investigator
JettM@CleanWaterServices.org
503.681.5124

Cc: File



Viking Automatic Sprinkler Co.
 3245 NW Front Avenue
 Portland, OR 97210

Phone: 503-227-1171 Fax: 503-227-1552
 vikingsprinkler.net

Report of Inspection, Testing & Maintenance of Automatic Fire Sprinkler Systems

"Inspection, testing and maintenance of the sprinkler system is in accordance with procedures meeting those established in the most current edition of NFPA 25 Standard and in accordance with the manufacturer's instructions. NFPA 25 establishes minimum requirements and assumes that the design and installation of the fire protection systems are in accordance with the applicable local and NFPA standards in effect at the time of the installation. This is not an evaluation to conclude that the hazard being protected is more severe than originally designed, that the system is improperly installed or if the design or installation deficiency results in inadequate protection.

The scope of the inspection work may vary depending on the agreement in place for this specific property."

PROPERTY NAME: FAR WEST RECYCLING
 PROPERTY ADDRESS: 6440 SE ALEXANDER ST.
 CITY, STATE, ZIP: HILLSBORO, OR. 97123
 INSPECTORS NAME: MIKE COLLISTER CERTIFICATION #: 5508
 JOB NUMBER: OPI-8505 DATE OF INSPECTION: 5/24/18

Annual Semi-Annual Quarterly Monthly 5 Year

TYPE OF SPRINKLER SYSTEM & QUANTITY OF EACH?

WET 3 DRY PREACTION DELUGE STANDPIPE

SPRINKLER COVERAGE?

X ENTIRE PARTIAL BASEMENT EGRESS

IS THE BUILDING OCCUPIED? YES NO

MONITORED BY CENTRAL STATION? YES NAME OF MONITORING COMPANY? ADT

I. GENERAL

- | | YES | N/A | NO |
|---|-------------------------------------|-------------------------------------|--------------------------|
| a. Hydraulic nameplate for hydraulically designed system attached securely to riser & legible? If yes, see page 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Sprinkler piping free of items resting on the pipe or being hung from the pipe? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Pipe and fittings in good condition and free of mechanical damage, leakage, and corrosion? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Hangers and seismic bracing not damaged or loose? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Prior to the onset of freezing weather, were all accessible areas of the building inspected to verify adequate heat (at or above 40°F) to prevent water filled sprinkler piping from freezing? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| f. Antifreeze system tested? If yes, see page 6. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| g. Prior to the onset of freezing weather, were low points drained in dry pipe, preaction and deluge systems? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Are all gauges in good condition? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Are all gauges on the system showing normal pressures? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. SPRINKLERS	YES	N/A	NO
a. Heads free from paint, corrosion, foreign materials and physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Proper sprinkler orientation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Proper clearances maintained below all heads?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Proper number and type of spare heads available in cabinet?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sprinkler wrench(s) available for each type of head?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Any heads manufactured prior to 1920? If yes, heads shall be replaced.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Any heads in service for more than 75 years? If yes, replace or test representative samples at 5 year intervals.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Any heads in service for more than 50 years? If yes, replace or test representative samples at 10 year intervals.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Any fast-response heads in service for more than 20 years? If yes, replace or test representative samples at 10 year intervals.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Any dry heads in service for more than 10 years? If yes, replace or test representative samples at 10 year intervals.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j. Any solder-type heads with extra-high temperature classification (or higher), exposed to maximum allowable temperatures? If yes, test at 5 year intervals.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. ALARM DEVICES	YES	N/A	NO
a. Inspected and free of physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Waterflow devices tested?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Supervisory signal devices tested?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. VALVES, GENERAL	YES	N/A	NO
a. Are all valves properly labeled? (main drain, control valve, inspector's test, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are valves accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are all valves in their normal open or closed position and free of physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Normally open control valves secured by means of a seal or lock, or electrically supervised?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Normally closed control valves secured by means of a seal or electrically supervised?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Valves free from external leaks?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Operating stems of outside screw and yoke valves lubricated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Has each control valve been operated through its full range and returned to it's normal position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Main drain test conducted at each water-based fire protection system riser? If yes, see page 6.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Partial flow test conducted on pressure reducing valves and relief valves? If yes, see PRV test attachment.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k. Full flow test conducted on each master pressure reducing valves?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. PREACTION VALVES AND DELUGE VALVES	YES	N/A	NO
(If applicable, see preaction attachment)			
a. Valve enclosures equipped with low temp alarms inspected?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Low temperature alarms, if installed in valve enclosures, inspected and tested?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Low air pressure alarms tested?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

8. FIRE DEPARTMENT CONNECTIONS (continued)

	YES	N/A	NO
c. Plugs or caps in place and undamaged?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Gasket in place and in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Identification signs in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Check valve(s) not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Automatic drain valve in place and operating properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Clapper(s) in place and operating properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. HOSE STATIONS

	YES	N/A	NO
a. Nozzle(s) inspected to verify waterway is clear of obstructions, and all parts operate correctly and are undamaged?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Hose valves inspected and caps in place if necessary?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Was the hose removed, inspected and returned to the correct stored position?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Hose record maintained or tag fastened correctly with complete information?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Are all hoses/lined? If not, the hose shall be replaced with a lined fire hose.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. What date was the hose manufactured?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. When was the hose last service tested? Test 5 years from date of manufacture and every 3 years thereafter (or replace hose every 5 years).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

10. 3 YEAR REQUIREMENTS

	YES	N/A	NO
a. Hose Valves on Hose Stations: Tested by opening and closing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Preaction Valves: Trip tested with control valve fully open?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Water storage tanks without corrosion protection (unlined): Internal inspection performed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Was a full trip performed on the dry system?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

11. 5 YEAR REQUIREMENTS

	YES	N/A	NO
a. Internal inspection of piping and branch line conditions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Have all gauges been tested, calibrated or replaced?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Internal inspection performed on check valves?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Preaction and Deluge valves: Internal inspection and maintenance performed on valves that can be reset without removal of a faceplate? If applicable, see Preaction & Deluge attachment.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Dry pipe valves/quick opening devices: Internal inspection performed on strainers, filters, and restricted orifices? If applicable, see page 7.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Pressure reducing valves and relief valves: Full flow test performed on each valve? If applicable, see PRV test attachment.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

HYDRAULIC DESIGN INFORMATION

SYSTEM	DENSITY - GALLONS	AREA - FEET
#1	SEE PHOTO	SEE PHOTO
#2	SEE PHOTO	SEE PHOTO
#3	SEE PHOTO	SEE PHOTO

ANTIFREEZE TEST

ANTIFREEZE TYPE	FREEZING TEMP / SOLUTION	FREEZING TEMP CORRECT?
N/A	o	
	o	
	o	
	o	
	o	
	o	
	o	
	o	
	o	

MAIN DRAIN TEST

SYS. #	MAKE, MODEL & YEAR	LOCATION	SIZE OF PIPE	STATIC	RESIDUAL	RESUME
1	CSG 1997	RISER	2"	75	54	60
2	CSG 1997	RISER	2"	75	53	62
3	CSG 1997	RISER	2"	75	52	61

FORWARD FLOW TEST

SYSTEM	TYPE	STATIC	FLOW	GPM
N/A				



3245 NW Front Avenue, Portland, OR 97210

FIRE HYDRANT(S) TEST

PROPERTY NAME: FAR WEST RECYCLING
 PROPERTY ADDRESS: 6440 S.E. ALEXANDER ST.
 CITY, STATE, ZIP: HILLSBORO, OR. 97123
 INSPECTORS NAME: MIKE COLLISTER CERTIFICATION #: 5508
 JOB NUMBER: OPI-8505 DATE OF INSPECTION: 05/24/18

NUMBER OF HYDRANTS 3

	Hydrant #1	Hydrant #2	Hydrant #3	Hydrant #--
Location of hydrant?	NORTH	EAST	SOUTH	
Access unobstructed?	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Faced correctly?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Set properly?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Location of residual pressure gauge	SAME	SAME	SAME	
Static pressure	75	75	75	
Residual pressure	50	32	56	
Sizes of outlets flowed	2½"	2½"	2½"	
Pitot reading	42	40	38	
GPM flowed	1090	1060	1040	
Threads in good condition?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Lubricated?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Caps Replaced?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Leakage in base, dome or sleeve when under pressure?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hydrant operates properly?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Operating nut lubricated?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hydrant drains properly after test?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

DEFICIENCIES FOUND DURING INSPECTION:

DEFICIENCIES CORRECTED:

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/18/2018

PRODUCER (503) 221-0693
NORTHROP CORPORATION
1020 SW Taylor Street #800

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

Portland OR 97205-

INSURERS AFFORDING COVERAGE NAIC #

INSURED
Far West Recycling, Inc.
Far West Fibers, Inc.
PO Box 20669
Portland OR 97294-

INSURER A. **Lexington Insurance Co.**
INSURER B. **Great American Insurance**
INSURER C. **Illinois National Ins.**
INSURER D:
INSURER E

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR/ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	41-LX-007321812-10	03/31/2018	03/31/2019	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 10,000
		GEN'L AGGREGATE LIMIT APPLIES PER				PERSONAL & ADV INJURY	\$ 1,000,000
<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC		/ /	/ /	GENERAL AGGREGATE	\$ 2,000,000
				/ /	/ /	PRODUCTS - COMP/OP AGG	\$ 2,000,000
C		AUTOMOBILE LIABILITY	06-CA 009348810-10	03/31/2018	03/31/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS					/ /
		<input type="checkbox"/> SCHEDULED AUTOS					/ /
		<input checked="" type="checkbox"/> HIRED AUTOS				BODILY INJURY (Per accident)	\$
		<input checked="" type="checkbox"/> NON-OWNED AUTOS					/ /
<input checked="" type="checkbox"/> Collision \$1000		03/31/2018	03/31/2019	PROPERTY DAMAGE (Per accident)	\$		
<input checked="" type="checkbox"/> Comprehensive \$1000							
		GARAGE LIABILITY		/ /	/ /	AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
B	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY	SBA 596585512	03/31/2018	03/31/2019	EACH OCCURRENCE	\$ 5,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 5,000,000
		<input type="checkbox"/> DEDUCTIBLE					/ /
<input checked="" type="checkbox"/> RETENTION \$ 10,000		/ /					
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		/ /	/ /	WC STATUTORY LIMITS	OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		/ /	/ /	E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
A		OTHER Inland Marine -	41-LX 007321812-10	03/31/2018	03/31/2019	Limit	1,176,449
		Equipment Floater	Contractors Equipment	/ /	/ /	Deductible	2,500
A		Business Property	41-LX 007321812-10	03/31/2018	03/31/2019	Limit	6,448,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Re: Operations of the named insured subject to policy terms and conditions. Metro is listed as additional insured as it pertains to the work with Far West Recycling, Inc.

CERTIFICATE HOLDER

() - () -

Metro

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL *30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

