

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.

4. Applicant (Licensee)	
Facility Name:	Far West Recycling – Northeast Portland
Company Name:	Far West Recycling
Street Address:	12820 NE Marx Street
City/State/Zip:	Portland, OR 97230
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:	IG2 – General Industrial	
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-cols (DEQ file no. 109192)	
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 Compliance (#136173) Scale Certification (AG-L1016642C, AG-L0122537E)	

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	7a-5p M-F	7a-5p M-F	7a-5p M-F
Estimated Vehicles Per Day	10	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:	65,000-85,000	60,250-80,000	5,000
Industrial:			
Residential:	1,000-3,000	999-2,998	1-2
TOTAL TONS:	65,000-88,000	60,000-83,000	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	65,000-85,000 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	53,000	Recovery
Domestic and export markets	Plastic	4,200	Recovery
Domestic markets	Glass	7,000	Recovery
Domestic and export markets	Metal	2,100	Recovery
Local approved landfill	Residual	5,000	Disposal
Oregon E-Cycles	E-Scrap	145-165	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.

<p>ATTACHMENT A: SITE PLAN</p> <p>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:</p>
(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: <ul style="list-style-type: none"> 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

Stanley Girard

TITLE

COO

PRINT NAME

STANLEY GIRARD

DATE

8/22/18

PHONE

971-219-7845

EMAIL

Sgirard@farwestrecycling.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

Northeast Portland 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 Northeast Portland, Oregon facility is located at 12820 NE Marx Street, Portland OR 97230 in an industrial park on 9.26 paved acres, and the land is zoned for General Industrial use. The enclosed building is approximately 91,743 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, and conveyor belts) for sorting commingle material, forklifts for moving packaged/baled material, baler for compacting materials for shipment, front loaders for material movement.

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

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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.

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- 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

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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.

PK18-118424LUCS

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 28 '18 RCVD
DATE DEEMED COMPLETE BY METRO:
AUG 28 '18 RCVD

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: 12820 NE Marx St Portland OR, 97230	Mailing Address: 12820 NE Marx St Portland OR, 97230	
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): 1 TL 1200	Section: Sec.23 T.1IN R.2E	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>Proposed waste streams</th> <th>Activity code(s)</th> <th>Proposed activities and codes:</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Putrescible mixed solid waste (i.e. residential garbage)</td> <td>_____</td> <td>a) Material recovery (source separated)</td> </tr> <tr> <td><input type="checkbox"/> Food waste (source separated vegetative or non-vegetative)</td> <td>_____</td> <td>b) Material recovery (mixed dry waste)</td> </tr> <tr> <td><input type="checkbox"/> Yard debris</td> <td>_____</td> <td>c) Composting</td> </tr> <tr> <td><input type="checkbox"/> Wood waste (clean wood waste)</td> <td>_____</td> <td>d) Reload / transfer</td> </tr> <tr> <td><input type="checkbox"/> Wood waste (painted or treated)</td> <td>_____</td> <td>e) Chipping & grinding</td> </tr> <tr> <td><input type="checkbox"/> Non-putrescible mixed solid waste (dry mixed waste)</td> <td>_____</td> <td>f) Other (explain in detail)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Other (explain in detail)</td> <td><u>a</u>_____</td> <td>g) NA (not applicable)</td> </tr> </tbody> </table>			Proposed waste streams	Activity code(s)	Proposed activities and codes:	<input type="checkbox"/> Putrescible mixed solid waste (i.e. residential garbage)	_____	a) Material recovery (source separated)	<input type="checkbox"/> Food waste (source separated vegetative or non-vegetative)	_____	b) Material recovery (mixed dry waste)	<input type="checkbox"/> Yard debris	_____	c) Composting	<input type="checkbox"/> Wood waste (clean wood waste)	_____	d) Reload / transfer	<input type="checkbox"/> Wood waste (painted or treated)	_____	e) Chipping & grinding	<input type="checkbox"/> Non-putrescible mixed solid waste (dry mixed waste)	_____	f) Other (explain in detail)	<input checked="" type="checkbox"/> Other (explain in detail)	<u>a</u> _____	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
Portland Oregon

2. The proposed facility is located (check all that apply)			
<input checked="" type="checkbox"/>	Inside city limits	<input checked="" type="checkbox"/>	Inside UGB
<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.
see notes below
- 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: Suzan Porsner

Print Name: Suzan Porsner

Title: City Planner

Date: August 28, 2018

Telephone Number: 503-823-5804

E-Mail: Suzan.porsner@portlandoregon.gov

The site is zoned IG2 in the Columbia South Shore / Southern Industrial Plan District. Industrial ~~Service~~ Service uses are outright allowed in the IG2 zone.



CITY OF
PORTLAND, OREGON
 BUREAU OF DEVELOPMENT SERVICES
 1900 SW 4th Ave., Suite 5000
 Portland, OR 97201



RECEIPT #: 2120873

5/29/2018

Site Address: 12820 NE MARX ST

IVR Number: **4220188**

Permit Number: 18-178424-000-00-PR

Public Registry

APPLICANT FAR WEST RECYCLING *STAN GIRARD* Phone: (503) 200-5019

Fee Code	Fee Description	Fee Amount	Paid to Date	Balance	This Transaction	New Balance
285	Zoning Confirmation Tier 2	\$250.00				
Bill #4319512	Sub Total	\$250.00	\$0.00	\$250.00	\$250.00	\$0.00
	TOTAL	\$250.00	\$0.00	\$250.00	\$250.00	\$0.00

Shaded items indicate fees not yet calculated.

* Fees marked with an asterisk are due at application.

PAYOR FAR WEST FIBERS INC Phone:
 Payment #: 2120873 Method of Payment: 06634D VS VIMOD SIGNH Receipt By: Aan Gondoputro

CITY CONTACT Phone:
 E-Mail: Fax: (503) 823-4172

Notice: This document is not a permit. This document may not represent all fees owing for this permit. All fees are subject to change based on new or corrected information. For more information, consult your City of Portland Contact listed above.

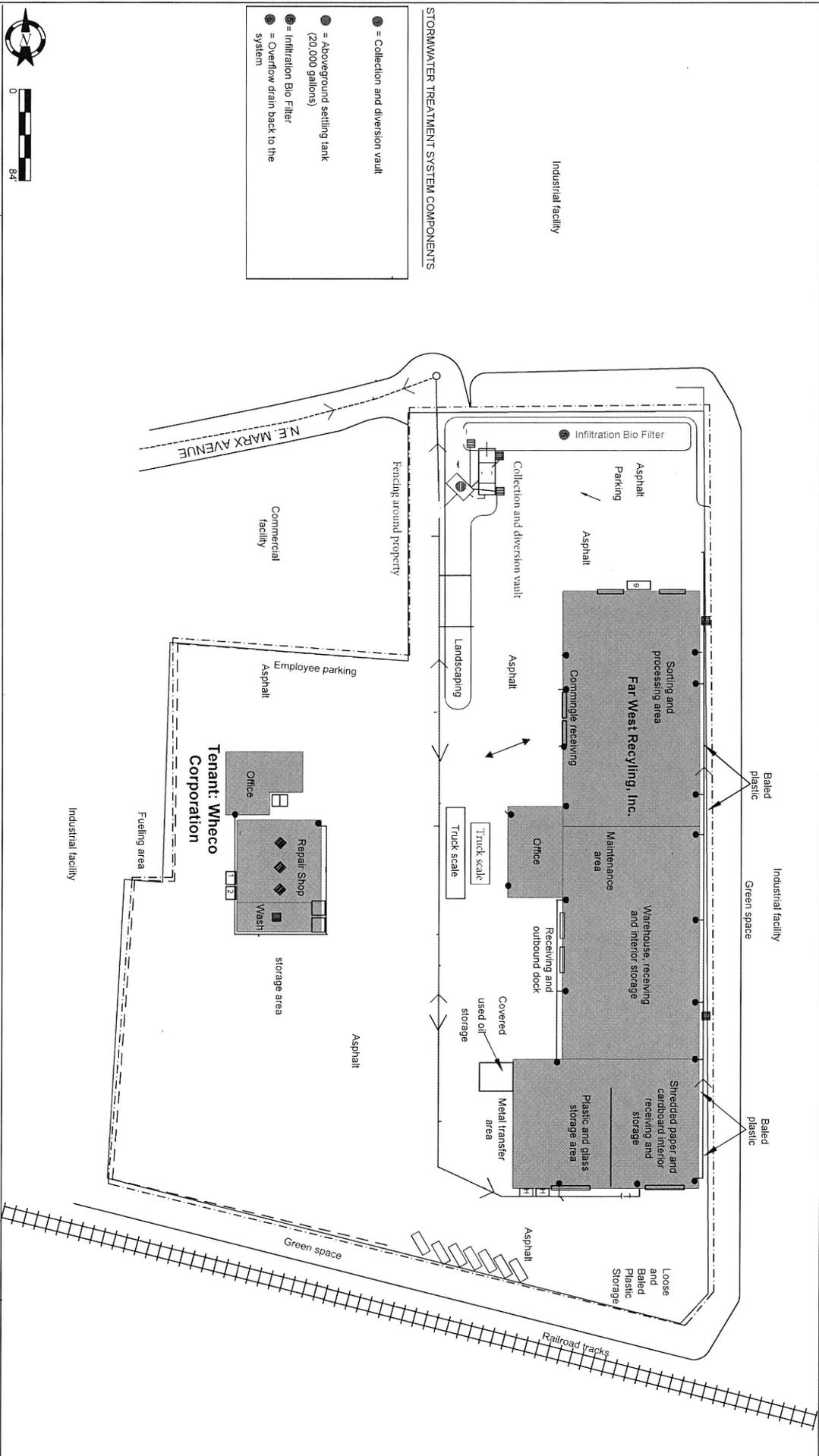


FIGURE 1
FACILITY DIAGRAM
 FAR WEST RECYCLING, INC.
 12820 N.E. MARX STREET
 PORTLAND, OREGON

SCALE: 1" = 84'
 FILE: SITE MAP

VIKING AUTOMATIC SPRINKLER COMPANY

FIRE PROTECTION CONTRACTORS SINCE 1930



3245 N.W. FRONT AVENUE
PORTLAND, OREGON 97210

Invoice

<i>Invoice #</i>	<i>Date</i>
85084	6/14/2018
<i>Customer Reference</i>	

FAR WEST RECYCLING, INC

**12820 NE MARX STREET
PORTLAND, OR 97230**

Viking Job #	Job Description	Charges Through	Viking Customer #
OPI8527	FAR WEST RECYCLING - PORTLAND - ANNUAL	6/14/2018	1381

Work Performed: ANNUAL TEST AND INSPECTION OF AUTOMATIC FIRE SPRINKLER SYSTEM. COPY OF REPORT ENCLOSED.

Category	Detail	Amount
INSPECTION		55.00
FIELD LABOR	FOREMAN COLLISTER 15.00 HRS @ 117.00 1,755.00	1,755.00
Amount Due This Invoice		1,810.00

Oregon CCB 64837 - California (C-16) 279188

TERMS: NET 30 DAYS. Interest of 1% per month (Annual Rate of 12%) will be charged on all past due accounts.

To pay by Visa/Mastercard, call (503) 227-1171



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: 12820 NE MARX ST.
 CITY, STATE, ZIP: PORTLAND, OR. 97230
 INSPECTORS NAME: MIKE COLLISTER CERTIFICATION #: 5508
 JOB NUMBER: OPI-8527 DATE OF INSPECTION: 06/05/18

Annual Semi-Annual Quarterly Monthly 5 Year

TYPE OF SPRINKLER SYSTEM & QUANTITY OF EACH?

1 WET 2 DRY _____ PREACTION _____ DELUGE 1 STANDPIPE

SPRINKLER COVERAGE?

X ENTIRE _____ PARTIAL _____ BASEMENT _____ EGRESS

IS THE BUILDING OCCUPIED? YES NO

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

1. 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Pipe and fittings in good condition and free of mechanical damage, leakage, and corrosion?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Hangers and seismic bracing not damaged or loose?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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"/>
j. 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"/>
k. 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Has each control valve been operated through its full range and returned to its 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"/>

5. PREACTION VALVES AND DELUGE VALVES (continued)	YES	N/A	NO
d. Gauges that monitor the detection system pressure, if provided, testing to verify normal pressure is being maintained?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Priming water level in supervised preaction system tested?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Preaction valve trip tested with the control valve partially open?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Deluge valve trip tested at full flow in warm weather and in accordance with the manufacturer's instructions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Inspection of preaction or deluge valve interior and the condition of detection devices when trip conducted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Automatic air pressure maintenance devices tested at time of preaction or deluge valve trip test?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j. Manual actuation devices operated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. DRY PIPE VALVES/QUICK OPENING DEVICES (If applicable, see page 6)	YES	N/A	NO
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 valve enclosures, inspected and tested?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Low air pressure alarms tested?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Priming water tested?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Are all gauges indicating proper pressures and ratios?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Each dry pipe valve trip tested in warm weather with control valve partially open?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Dry pipe valve interior inspected when trip test conducted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Was the interior of the dry pipe valve cleaned thoroughly, and parts repaired or replaced as necessary?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Automatic air pressure maintenance devices tested at time of dry pipe valve trip test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Quick-opening devices, if provided, tested?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. WATER STORAGE TANKS	YES	N/A	NO
a. Exterior inspection of tank, supporting structure, vents, foundation, catwalks or ladders?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Exterior painted, coated, or insulated surfaces of the tank and supporting structures inspected for signs of degradation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Expansion joints inspected?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Tank full or at the designated water level?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. High and low water level alarms tested?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Automatic tank fill valves inspected and tested?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Strainers cleaned?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Water temperature checked and maintained at or above 40°F?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Heating system inspected and tested?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j. Low water temperature alarms tested?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k. High water temperature limit switches on tank heating system tested when heating system is in service?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l. Air pressure in pressure tank inspected?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. FIRE DEPARTMENT CONNECTIONS	YES	N/A	NO
a. Visible and accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Couplings or swivels not damaged and rotate smoothly?	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Hose valves inspected and caps in place if necessary?	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Are all hoses/lined? If not, the hose shall be replaced with a lined fire hose.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. What date was the hose manufactured?	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. 5 YEAR REQUIREMENTS	YES	N/A	NO
a. Internal inspection of piping and branch line conditions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Have all gauges been tested, calibrated or replaced?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Internal inspection performed on check valves?	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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"/>

DEFICIENCIES FOUND DURING INSPECTION:

1) NORTH SYSTEM, THE PIPING, HANGERS, SPRINKLERS HEADS UNDER CONVEYORS ARE SHOWING SIGNS OF DAMAGE AND/OR MISSING.

1) SOUTH SYSTEM AND FIRE HOSE SYSTEM, MAIN AND LINE ARE LEAKING AND ARE IN NEED OF REPAIR.

DEFICIENCIES CORRECTED:

NOTES:

FIRE HOSE TESTED BY OTHERS.

HAS THE BUILDING OWNER/REPRESENTATIVE BEEN NOTIFIED OF ANY DEFICIENCIES?

YES NO

IF YES, WHO WAS NOTIFIED? STEVE PEERY

IF NO, WHY WAS THE OWNER/REPRESENTATIVE NOT NOTIFIED?

HYDRAULIC DESIGN INFORMATION

SYSTEM	DENSITY – GALLONS	AREA - FEET
DRY NORTH	.25	4100
DRY SOUTH	.26	3000

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
WET	RISER W/FLOW 1993	OFFICE	2"	95	58	95
NORTH DRY	RELIABLE/D 1993	RISER ROOM	2"	95	86	95
SOUTH DRY	RELIABLE/D 1993	RISER ROOM	2"	95	83	95
HOSE DRY	RELIABLE/A 1993	RISER ROOM	1¼"	95	85	95

FORWARD FLOW TEST

SYSTEM	TYPE	STATIC	FLOW	GPM
N/A				

DRY PIPE TRIP TEST

	SYSTEM #1	SYSTEM #2	SYSTEM #3	SYSTEM #
Size, make, model & year of manufacture	6" RELIABLE D 1992	6" RELIABLE D 1992	2½" RELIABLE A 1993	
Controls sprinklers in?	NORTH SIDE	SOUTH SIDE	FIRE HOSE SYSTEM	
Pressure (lb) Air	30	28	40	
Before test Water	95	95	95	
Control valve wide open?	YES	YES	YES	
If not, how many turns?	--	--	--	
Operated at: Air Pressure (lb)	30	30	12	
Time (min., sec.)	0:35	0:25	0:10	
Operation: Satisfactory, Partly Satisfactory or failed?	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Partly Sat. <input type="checkbox"/> Failed	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Partly Sat. <input type="checkbox"/> Failed	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Partly Sat. <input type="checkbox"/> Failed	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Partly Sat. <input type="checkbox"/> Failed
Reason for failure or partly satisfactory?	N/A	N/A	N/A	
Valve reset dry?	YES	YES	YES	
Condition: Interior of body	OK	OK	OK	
Condition: Water from test pipe	OK	OK	OK	
Condition: Moving parts	OK	OK	OK	
Condition: Seats	OK	OK	OK	
Condition: Rubber facing	OK	OK	OK	
Main drain flow test: Static	95	95	95	
Residual	86	83	85	
Time for water to inspectors test	0:45	0:50	0:30	
Alarm tested	OK	OK	OK	

QUICK OPENING DEVICES

	SYSTEM #1	SYSTEM #2	SYSTEM #3	SYSTEM #
Make, model & year	RELIABLE B-1 1993	RELIABLE B-1 1993	N/A	
Operation: Satisfactory, Shut Off or Failed?	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Shut Off <input type="checkbox"/> Failed	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Shut Off <input type="checkbox"/> Failed	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Shut Off <input type="checkbox"/> Failed	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Shut Off <input type="checkbox"/> Failed

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
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
		GEN L AGGREGATE LIMIT APPLIES PER				PRODUCTS - COMP/OP AGG	\$ 2,000,000
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
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					
		<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 AUTO ONLY: EA ACC	\$
						AGG	\$
B	X	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	\$
						E.L. DISEASE - POLICY LIMIT	\$
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
		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.

***STORMWATER POLLUTION
CONTROL PLAN***

**Far West Recycling, Inc.
12820 N.E. Marx Street
Portland, Multnomah Co., Oregon 97230**

Oregon DEQ File No. 109192
EPA No. ORR802195
NPDES Permit Type 1200-Z
Far West Recycling, Inc. Primary SIC Code: 5093
Far West Recycling, Inc. Secondary SIC Code: 4212
Wheco Corporation Primary SIC Code: 7699

Prepared for:

Far West Fibers, Inc. dba Far West Recycling
12820 N.E. Marx Street
Portland, Oregon 97203
Telephone: (503) 643-9944
Attn: Mr. Stan Girard, Chief Operating Officer
Email: sgirard@farwestrecycling.com

Prepared by:
Walter Cook PE
Water Environment Resources, Inc. and
Wohlers Environmental Services, Inc.

May 18, 2018

1.0 INTRODUCTION

Wohlers Environmental Services, Inc. (Wohlers Environmental) has been retained by Far West Recycling, Inc. (Far West Recycling) to prepare the Stormwater Pollution Control Plan (SWPCP) for the Far West Recycling and tenant (Wheco Corporation) facilities located at 12820 Marx Street in Portland, Oregon ("facility"). This SWPCP has been prepared in accordance with the National Pollutant Discharge Elimination System (NPDES) General Permit 1200-Z (Permit) issued on 1 August 2017 and in accordance with ORS 468b.050 and the Federal Clean Water Act. A copy of the permit of coated in Appendix A of this SWPCP.

The facility is located approximately 1,500 feet south of the Columbia Slough in Section 23, Township 1 North, Range 2 East of the Willamette Baseline and Meridian (see Figure 1, "Site Vicinity Map"). The facility operates under primary Standard Industrial Classification (SIC) Code 5093 "Scrap Recycling and Waste Recycling Facilities" and secondary SIC Code 4212 "Local Trucking without Storage." Wheco Corporation operates under primary SIC Code 7699 "Repair Shops and Related Services, not elsewhere classified."

2.0 SIGNATURE REQUIREMENTS

Wohlers Environmental has completed an SWPCP for the facility referenced below.

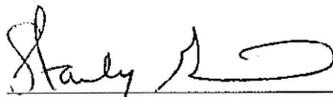
Facility Name/ Far West Recycling, Inc.
Address: 12820 N.E. Marx Street
Portland, Oregon 97230

Latitude: 45.5586
Longitude: -122.532

Owner: Far West Recycling, Inc.

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.



Stan Girard, COO
Far West Recycling, Inc.

4-11-18

Date

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

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<http://www.deq.state.or.us/wq/cathst.htm#db> / [Wastewater Permits Data \(sisdata.asp\)](#) / [Facility Details](#)

Wastewater Permits Database - Facility Details

Active Permits for FAR WEST FIBERS - WQ File Number: 109192

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=109192](http://www.deq.state.or.us/wq/facapplpend.asp?facilityidreq=109192)).

Field	Record
Legal Name	FAR WEST FIBERS
Common Name	FAR WEST FIBERS
Street Address	12820 NE MARX ST
City	PORTLAND
Zip Code	97230-1067
County	MULTNOMAH
DEQ Region	NWR
Primary SIC Code	5093
Facility Type Description	SCRAP AND WASTE MATERIALS
Latitude	45.5586
Longitude	-122.532
Permit Type	GEN12Z
Permit Description	Stormwater; NPDES specific SIC codes
Category	STM
Class	MINOR
Start Date	12/29/1999
Expiration Date	7/31/2022
Active Permit	True
UIC Facility	False
Administrative Agent	City of Portland
Last Action Date	8/1/2017
Last Action Description	Renewal without eff modified
Permit Writer	Jurries
Compliance Inspector	Jurries
DMR Reviewer	Jurries

Permit Application Number

956764 ([facilityappl.asp?applnumberreq=956764](http://www.deq.state.or.us/wq/sisdata/facilityappl.asp?applnumberreq=956764))

EPA Number

ORR802195

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

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Department of Environmental Quality (<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)