##### Designated Facility Agreement

##### Renewal Application

Application packet for existing designated facilities located outside of the Metro region seeking to renew a Metro Designated Facility Agreement (DFA).

Issued July 2019

**oregonmetro.gov**

Metro

600 NE Grand Ave.

Portland, OR 97232-2736

503-797-1835

**Designated Facility Agreement (DFA)**

A DFA is a contract between Metro and an out-of-region solid waste facility which authorizes the facility to accept certain wastes generated from inside the Metro boundary.

**Renewal of an Existing DFA**

An applicant seeking to renew an existing DFA must submit a completed this *Designated Facility Agreement Renewal Application* and provide all additional information as required unless otherwise directed by Metro staff.

Applicants may want to review the relevant sections of Metro Code Chapter 5.05, which describes the requirements for facility designation. You can access the Metro Code via the Metro web site at www.oregonmetro.gov/metro-code.

Metro staff will review an application for completeness within 15 business days of receipt and notify the applicant whether the application is deemed to be complete. If an application is incomplete, Metro will notify the applicant as to what additional information is required.

As part of the agreement, Metro will require an operating plan that describes procedures for managing Metro area waste. Metro will provide the applicant with a list of required plan elements.

**Application for a new DFA**

There is a separate application for facilities that do not currently hold a DFA with Metro and are seeking to become a designated facility. That application can be found at <https://www.oregonmetro.gov/tools-working/tools-haulers-and-facility-operators/forms-solid-waste-facilities>.

**INSTRUCTIONS**

**Metro use only**

**DATE RECEIVED:**

**DATE DEEMED COMPLETE BY METRO:**

1. Complete Part 1 of application.
2. Verify information is accurate and application is complete.
3. Sign the last page of the application.
4. Submit application and any required attachments from Part 2 to:

Metro

Solid Waste Information, Compliance and Cleanup

600 NE Grand Avenue

Portland, OR 97232-2736

Tel: (503) 797-1835

SWICC@oregonmetro.gov

##### PART 1 – Standard Application Information

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| 1. Applicant  |
| Facility Name: |  |
| Company Name: |  |
| Facility Address: |  |
| City/State/Zip: |  |
| Mailing Address: |  |
| City/State/Zip: |  |
| Contact Person: |  |
| Phone Number: |  |
| E-mail Address: |  |
| Current Metro Contract Number: |  |

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| 2. Owner or Parent Company (provide information for all owners, attach additional pages if necessary) |
| Name: |  |
| Address: |  |
| City/State/Zip: |  |
| Phone Number: |  |
| E-mail Address: |  |

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| 3. Site Operator (if different from applicant) |
| Company Name: |  |
| Contact Person: |  |
| Street Address: |  |
| City/State/Zip: |  |
| Mailing Address: |  |
| City/State/Zip: |  |
| Phone Number: |  |
| E-mail Address: |  |

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| 4. Site Description |
| Tax Lot(s): | Section: | Township: | Range: |

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| 5. Land Use |
| Present Land Use Zone: |  |
| Has the facility’s land use designation changed within the last five years? | [ ]  YesIf yes, please identify the previous Land Use Zone below. | [ ]  No |
| Are there any land use issues presently pending with the site? | [ ]  YesIf yes, please explain the land use issues below. | [ ]  No |
| Description of the pending land use issues identified above: |  |
| Are any permits required from the Oregon Department of Environmental Quality (DEQ) or Washington Department of Ecology? | [ ]  YesIf yes, please list all required permits below and attach copies with this application. | [ ]  No |
| Listing of all required Oregon DEQ (or equivalent) permits: |  |
| Are any other local permits required? | [ ]  YesIf yes, please list all other required permits below and attach copies with this application. | [ ]  No |
| Listing of any required local permits identified above: |  |
| Are there any issues with any state or federal department or agency presently pending at the applicant’s site (e.g., FEMA, DOGAMI, State Parks, etc.)? | [ ]  YesIf yes, please explain the land use issues below. | [ ]  No |
| Description of pending issues with state or federal agencies identified above: |  |

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| 6. Compliance History |
| Has the facility been subject to an official enforcement action regarding its operation, including but not limited to, a notice of violation or noncompliance with a statute, regulation, or permit condition within the last five years? | [ ]  YesIf yes, please describe below and provide copies of each enforcement action with this application. | [ ]  No |
| Description of official enforcement actions in the last five years:  |  |

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| 7. Public/Commercial Operations - Solid Waste Accepted from the Metro Region |
| Will the facility be open to the public (i.e., non-commercial customers)? | [ ]  Yes | [ ]  No |
| Will the facility be open to commercial haulers from the Metro region? | [ ]  Yes | [ ]  No |

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| **8. Anticipated Changes to Waste/Feedstock Acceptance List** Note: Beginning January 1, 2020, putrescible waste will be included as acceptable Metro Area Waste in Designated Facility Agreements. |
| Have the facility’s activities or the types of Metro-area wastes that it receives changed within the last five years? | [ ]  YesIf yes, please attach a listing of the activities and waste types that have changed. | [ ]  No |
| Does the applicant expect any changes in the facility’s activities or the types of Metro-area waste it will receive within the next five years? | [ ]  YesIf yes, please attach a listing of the activities and waste types that have changed. | [ ]  No |

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| 9. Landfill / Site Closure |
| Provide the expected landfill or facility closure date (as applicable): |  |

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| **10. Agreement Duration**  |
| A standard designated facility agreement has a five-year term. Does the applicant seek a shorter-term agreement? | [ ]  YesIf yes, please identify the proposed duration sought for the new agreement: \_\_\_\_\_\_  | [ ]  No |

**Part 2 – Attachments to DFA Renewal Application**

Please indicate whether you are including the following attachments as part of your renewal application.

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| **Attachment** | **Related Question in Application** | **Included?** |
| ORDEQ or WA Dept. of Ecology permits | 5. Land Use | [ ]  Yes | [ ]  No |
| Other local permits | 5. Land Use | [ ]  Yes | [ ]  No |
| Copies of enforcement actions | 7. Compliance History | [ ]  Yes | [ ]  No |

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| **CONFIDENTIAL INFORMATION** |

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" prior to submittal to or review by Metro. Metro will treat as confidential any information so marked and will make a good faith effort not to disclose such information unless Metro's refusal to disclose such information would be contrary to applicable Oregon law, including, without limitation, ORS Chapter 192.

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 |  |
| Title |  |
| Print name |  |
| Date |  | Phone |  |
| Email |  |  |