

TG-091025-A



APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE TO OPERATE AS A SOLID WASTE COLLECTION COMPANY UNDER CHAPTER 81.77 RCW

PHONE 360-664-1222

FAX 360-586-1181

TTY 360-586-8203 TTY TOLL FREE 1-887-210-5963

WEBSITE: www.wutc.wa.gov

The UTC has a policy of providing equal access to its services. If you need special accommodations, please call 360-664-1133.

1300 South Evergreen Park Drive SW
P.O. Box 47250
Olympia, WA 98504-7250

Type of Solid Waste Authority Requested	Fee Required
<input checked="" type="checkbox"/> <u>Expedited Temporary Authority</u> (to meet an urgent need for up to thirty days) - Complete entire application and Attachment A (WAC 480-70-136)	\$ 25
<input checked="" type="checkbox"/> <u>Temporary Authority</u> (to meet an immediate or urgent need) - Complete entire application and Attachment A	\$ 25
<u>New Permanent Authority</u> (including extension of authority)- (check appropriate box below) Complete entire application and submit a proposed tariff as outlined in the standard tariff form <input checked="" type="checkbox"/> New Certificate <input type="checkbox"/> Extension of Existing Certificate No. G-_____	\$200
<u>Permanent Authority to Transfer</u> (WAC 480-70-090) (check appropriate box below) - Complete entire application and Attachments B <input type="checkbox"/> All of Certificate No. G-_____ <input type="checkbox"/> Portion of Certificate No. G-_____	\$200
<input type="checkbox"/> <u>Reinstatement of Cancelled Certificate</u> (must be filed within 30 days of cancellation) -Include a statement justifying the reinstatement and complete sections 1, 2 and 8	\$200
<input type="checkbox"/> <u>Name Change</u> - does not include changes resulting in change in ownership - Complete section 1 and Attachment C	\$ 35
<input type="checkbox"/> <u>Mortgage of Certificate</u> - Complete section 1 and Attachment D	\$ 35
<u>Lease of Authority</u> - Complete entire application and Attachment B <input type="checkbox"/> All of Certificate <input type="checkbox"/> Portion of Certificate No. G -_____	\$200

SECTION 1 - APPLICATION INFORMATION

Name of Applicant: Northwest Liquid Transport I, Inc.		
Trade Name(s) (if applicable):		
Phone Number: (360) 354-7409	Fax Number: ()	E-Mail:
Business Address		Mailing address (if different from Business Address)
Street 530 H Street Road	Street	
City Lynden	City	
State/Zip WA, 98264	State/Zip	

FOR OFFICIAL USE ONLY			
Date Filed: 6/26/09	Docket #: TG-	Tariff:	Permit Issued G-
Staff Assigned: [Signature]	Insurance	Related App ID:	Map:
DOL/SOS [Signature]	Reception #: 0019032	227-02: 250.00	032-05:

SECTION 2 - BUSINESS INFORMATION

Refunded \$25
for expedited

Type of business structure:

Individual Partnership Corporation Other (LP, LLP, LLC) _____

UBI No. 602 255 347 *OP*

List the name, title, and percentage of partner's share or stock distribution for major stockholders:

Name	Title	Stock Distribution or Percentage of Shares
Wayne Groen	President	50% <i>OP</i>
Nicki Groen	Vice President	50%

Indicate below the commodity to be hauled and the territory in which you wish to operate. PLEASE NOTE Territory must be described using boundaries such as streets, avenues, roads, highways, townships, ranges, city limits, county boundaries or other geographic descriptions. In addition to describing the territory, you must file a map that meets the requirements of WAC 480-70-056 and clearly shows the described territory.

The commodity hauled will be water containing sugar and other residue introduced through food processing, manufacturing or handling.

The territory sought is Whatcom, Skagit and Snohomish County.

State below the conditions that justify the granting of this application. If you are applying for temporary certificate authority, be sure your statement addresses and supports the question of "immediate and urgent need."

The commodity is considered solid waste because at this time it is collected and transported for disposal. At this time there is no one who can provide the service to an ongoing business who requires vacuum removal and disposal of its waste water between 3-4 times per week. There is an immediate and urgent need to provide this service prior to the on-site water storage at the Company reaching capacity. The fact that land application of this type of water is occurring less frequently because of environmental regulation will lead to additional companies within the territory requiring servicing.

Do you currently hold, or have you ever held, a solid waste certificate?

No Yes If yes, please indicate your certificate number: G- _____

Have you ever applied for and been denied a certificate to transport solid waste?

No Yes If yes, please explain: _____

Please tell us about your experience and knowledge of transportation or solid waste, including motor carrier driver and equipment safety requirements. _____

Northwest Liquid Transport I, Inc. was formed in 2002 as a company focused on the collection, transportation and disposal (through land application or other means) of liquid products. The company existed as an L.L.C. from 1995 to 2002. Wayne Groen, the owner operator has been involved in this type of business since 1987. For over 32 years he has gained experience and knowledge in motor carrier operations and equipment safety requirements.

Have you been cited for violation of state laws or Commission rules?

No Yes If yes, please explain: _____

SECTION 3 – RATES AND TARIFFS

Is this application to operate under a contract?

No Yes If yes, submit the original or a duplicate original of each contract under which service will be performed. The contract must contain all the elements stated in WAC 480-70-146.

If this application is for temporary authority, a new certificate, or extension of existing certificated authority, you must attach two copies of your proposed tariff using either the standard tariff format included in this package, or an approved alternate format. All tariffs submitted must comply with the provisions of WAC 480-70-226 through WAC 480-70-351.

If this application is a transfer or a lease of authority from an existing certificate, you must either file a new tariff at the same rate levels as on file, or you must adopt the current certificate holder's tariff. To file a new tariff, use the standard tariff format attached to this application or an approved alternate format. Indicate which option you will use:

- Adopt
 File a new tariff

SECTION 4 – FINANCIAL STATEMENT

You may attach a Balance Sheet, Profit and Loss Statement, or business plan if available.

ASSETS		LIABILITIES	
Cash in Bank	\$361,000	Salaries/Wages Payable	\$20,000
Notes Receivable	-	Accounts Payable	\$5,000
Accounts Receivable	\$560,000	Notes Payable	\$429,000
Investments	-	Mortgages Payable	-
Other Current Assets	-	Contracts and Bonds Payable	-
Prepaid Expenses	-	TOTAL LIABILITIES	\$454,000
Land and Buildings	-	NET WORTH	
Trucks and Trailers	\$1,600,000	Preferred Stock	-
Office Furniture	\$7,000	Common Stock	-
Other Equipment	\$20,000	Retained Earnings	-
Other Assets	-	Capital	-
TOTAL ASSETS	\$2,548,000	TOTAL LIABILITIES AND NET WORTH	-

SECTION 5 – EQUIPMENT LIST

Describe the equipment that will be used (attach additional sheets if necessary). Vehicles must pass inspection and be issued a valid Commercial Vehicle Safety Alliance inspection decal before your application may be granted.

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight	Type of vehicle
96	Kenworth	B93714B	1NKDL69X3TS939131		4,300 gal. Vacuum Tanker
00	Kenworth	A49100V	1NKDLROX4YR960678		4,300 gal. Vacuum Tanker
97	Peterbilt	A96707U	1NPGL99X9VD427406		4,000 gal. Vacuum Tanker
03	Kenworth	A98727Z	1XKDDBOXX3J969399		4,300 gal. Vacuum Tanker
84	Western Star	A78603W	2WLPDCCGOEK910974		4,000 gal. Vacuum Tanker

SECTION 6 – SAFETY AND OPERATIONS

In each of the categories show below, list the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State laws and rules. Please refer to the WAC rules, Fact Sheets, and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements that may apply to your specific operations.

SAFETY RESPONSIBILITIES

COMMERCIAL DRIVERS LICENSE (CDL) REQUIREMENTS (Title 49, Code of Federal Regulations Part 383) Any driver who operates a vehicle that meets the definition of a commercial motor vehicle must have a valid CDL.

Name: Wayne Groen

Position: President

DRIVER QUALIFICATION REQUIREMENTS (Title 49, Code of Federal Regulations Part 391) Driver's must meet minimum qualification requirements and each company must maintain driver qualification files for each driver.

Name: Wayne Groen

Position: President

DRIVERS HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395) Drivers must maintain logs and each company must maintain true and accurate hours of service records for each driver.

Name: Wayne Groen

Position: President

CONTROLLED SUBSTANCES AND ALCOHOL TESTING (Part 382) All persons who drive commercial vehicles requiring a CDL must be in a Controlled Substance and Alcohol Testing program that complies with the FMCSR in 49 CFR Part 382 and 49 CFR Part 40.

Each company will have in place a system for complying with FMCSR governing alcohol and controlled substances testing requirements (49 CFR Part 382 and 49 CFR Part 40).

Name: Wayne Groen

Position: President

INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396) Every motor carrier shall systematically inspect, repair, and maintain all motor vehicles subject to its control.

Name: Wayne Groen

Position: President

OPERATIONAL RESPONSIBILITIES

List the person and/or position responsible for understanding and complying with the requirements of each category shown below.

TARIFF RATES AND CHARGES (WAC 480-70-226 through WAC 480-70-351) Companies must file with the Commission a tariff showing all rates and charges it will charge its customers, together with rules that govern how rates and charges will be assessed.

Name: Wayne Groen

Position: President

ANNUAL REPORTS and REGULATORY FEES (WAC 480-70-071 & 076) Companies must annually file a report of their financial operations and pay regulatory fees.

Name: Wayne Groen

Position: President

BIOMEDICAL WASTE (WAC 480-70-426 through 476) Companies that transport biomedical waste must handle and transport that waste according to the appropriate requirements of the federal hazardous materials regulations (49 CFR Parts 170-189) and the additional requirements in these rules.

Name:

Position:

CUSTOMER SERVICE –Person responsible for customer service complaints, customer notice requirements, and compliance with county solid waste plans.

Name: Wayne Groen

Position: President

STATE OF WASHINGTON – general laws, rules and regulations: Individuals and companies doing business in the state of Washington must comply with the regulations of local, state, and federal agencies. Please state the name and position of the person in your organization who will be responsible for ensuring compliance with the laws of the state of Washington, such as, but not limited to: Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, Unified Business Identifier (UBI number), fuel permits, fuel tax); Secretary of State (corporate registrations); Department of Transportation (over-size or over-weight permits); Department of Revenue and Internal Revenue Service (taxes); and Employment Security.

Name: Wayne Groen

Position: President

SECTION 7 - HEARING INFORMATION

If the Commission assigns this application for formal hearing, estimate the number of witnesses you will present and the amount of time you will need for your presentation.

Number of witnesses: 4	Amount of time: Half day
Will an attorney be representing you? If yes, complete the following:	
Attorney's name: Lesa Starkenburg-Kroontje	Attorney's phone number: (360) 354-7822
Attorney's address: P.O. Box 231	Fax Number: (360) 354-6929
Street 313 4 th Street	E-mail: <u>starkenburgkroontje@msn.com</u>
City, State, Zip Lynden, WA 98264	

TYPE OF PAYMENT: Approval 81422C

<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover	<input type="checkbox"/> MasterCard	<input checked="" type="checkbox"/> Visa
Credit Card Information: Name on card: <u>Lesa S. Kroontje</u> Security Code: <u>152</u>					
Expiration Date: _____			Amount: <u>\$250.00</u>		

SECTION 8 - DECLARATION OF APPLICANT

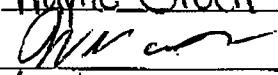
I understand that filing this application **does not** in itself constitute authority to operate as a solid waste collection company.

As the applicant for a solid waste collection company certificate, I understand the responsibilities of a solid waste collection company, and I am in compliance with all local, state, and federal regulations governing business in the state of Washington.

I certify under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

I certify that I am authorized to execute and file this document.

Printed name of applicant: Wayne Groen

Signature of Applicant: 

Date, County, State: 6/24/09, Whatcom County, Washington

ATTACHMENT A

TEMPORARY CERTIFICATE OR EXPEDITED TEMPORARY AUTHORITY SUPPORT STATEMENT*

Temporary Certificate applications and Expedited Temporary Authority applications must include sworn statements from one or more potential customers identifying all pertinent facts relating to an immediate and urgent need for service.

Applicant Name: Northwest Liquid Transport I, Inc.

CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE

Customer Name: Nature's Path Foods USA, Inc.

Address: 2220 Natures Path Way, Blaine, WA 98230

Phone Number: (360) 603-7200 Fax Number: () _____ E-mail: _____

Describe the immediate and urgent need for the requested service:

Our company has excess water that contains sugar solids in small amounts. This product is currently being hauled for disposal at a waste facility. We can only store 12,000 gallons on site. We require vacuum removal and disposal approximately 3 times per week.

What date(s) do you need the service? June 24, 2009

What do you need transported? waste water

If there is an existing company providing this service in the territory, please indicate the existing Company's name (if applicable): N/A

Phone Number: () _____

Explain why the current company is not able to provide you service:
N/A

Number of days, trips, loads: 3 to 4 loads per week

Transported from: Blaine

To: Post Point Treatment Facility

I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

Thomas Kyle
Print Name


Signature

6-24-09 Whatcom Wash
Date, County, State

*This form is not required to be filed for an application for temporary certificate to operate an existing certificate pending the outcome of an application to transfer permanent authority.

Contract for Transportation Services

This AGREEMENT made 23rd day of June 2009, by and between Northwest Liquid Transport I, Inc. hereinafter referred to as "Carrier" and Nature's Path Foods USA, Inc. hereinafter referred to as "Shipper".

WITNESSETH:

WHEREAS, Carrier is seeking a permit of authority to engage in transportation as a Solid Waste Carrier by the Washington Utilities and Transportation Commission.

WHEREAS, Shipper desires to utilize the services of Carrier for the transportation of goods falling within the scope of Carrier's operating authority.

NOW THEREFORE, in consideration of the mutual covenants and agreement hereinafter set forth, the parties hereto mutually agree as follows:

1. The term of the Agreement shall begin on the date first mentioned above and shall continue in effect for one year and from year to year thereafter unless cancelled by either party on not less than thirty days written notice to the other party. This same notice of cancellation must also be provided to the Washington State Utilities and Transportation Commission. Provided, however, in the event the Carrier does not receive approval from the Washington State Utilities and Transportation Commission to carrier this waste water within ninety (90) days this Agreement shall automatically terminate.
2. During the term of this Agreement, Shipper may employ the services of Carrier from time to time for the transportation of waste water from its Blaine Washington location to a disposal point within Whatcom County. Upon agreement by Carrier to be so employed, the Carrier shall accept such goods and transport them to a destination or destinations designated by Shipper. Carrier will pick up and deliver all materials in a reasonable and timely manner, subject to rules and regulations. Carrier shall be responsible for the safe operation of its vehicles, the performance of its drivers and compliance with federal, state or local traffic regulations and ordinances.
3. Shipper shall pay Carrier for all such transportation services according to the following schedule of rates and any supplements, reissues and changes thereto mutually agreed to by both parties:
The cost per load is \$196, regardless of volume. Said cost is for delivery to the Post Point facility. Payment due 10 days following receipt of invoice.

Provided, it is acknowledged and agreed that the Washington State Utilities and Transportation Commission may fix or amend, just, fair and reasonable classifications, rules and minimum rates and charges for this solid waste collection service.

4. Carrier shall, at its expense, furnish suitable equipment, fuel, supplies, insurance, maintenance and qualified labor necessary to perform the transportation services hereunder. Carrier is, and shall be an independent contractor and is not and shall not be an agent or employee of Shipper.
5. Carrier will, during the term of this Agreement, carry insurance sufficient to meet the requirements of all State agencies with jurisdiction over the Carrier's activities.
6. Failure on the part of either party to enforce its rights under this Agreement shall not constitute a waiver of any of the terms of this Agreement or a forfeiture of any such rights.
7. This Agreement shall endure to and be binding upon the successors and assignees of the parties hereto, except that Carrier shall not assign or transfer this Agreement in whole or in part, without the express advance written consent of Shipper.
8. This Agreement contains all of the understandings of the parties and supersedes and replaces all prior written or oral agreements between them relating to the subject matter herein. No amendment or modification of this Agreement shall be binding upon either party unless accepted in writing by both parties. If any provision or any tariff or rate schedule, the provisions of this Agreement shall apply.
9. All notices, requests, demands and other communications required by or necessary to this Agreement shall be given in writing. Such notices shall be deemed to have been given when delivered personally, deposited in the United States Mail, or transmitted electronically or by wire services, addressed as follows:

To Shipper:

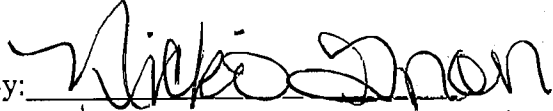
Nature's Path Foods USA, Inc.
2220 Nature's Path Way
Blaine, WA 98230

To Carrier:

Northwest Liquid Transport I, Inc.
530 H Street Road
Lynden, WA 98264

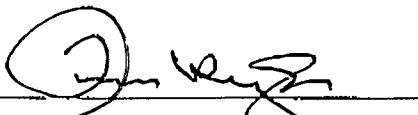
In Witness whereof, the parties hereto have caused this Agreement to be executed by their duly authorized representative on the day and year first above written.

Carrier: Northwest Liquid Transport I, Inc.

By: 

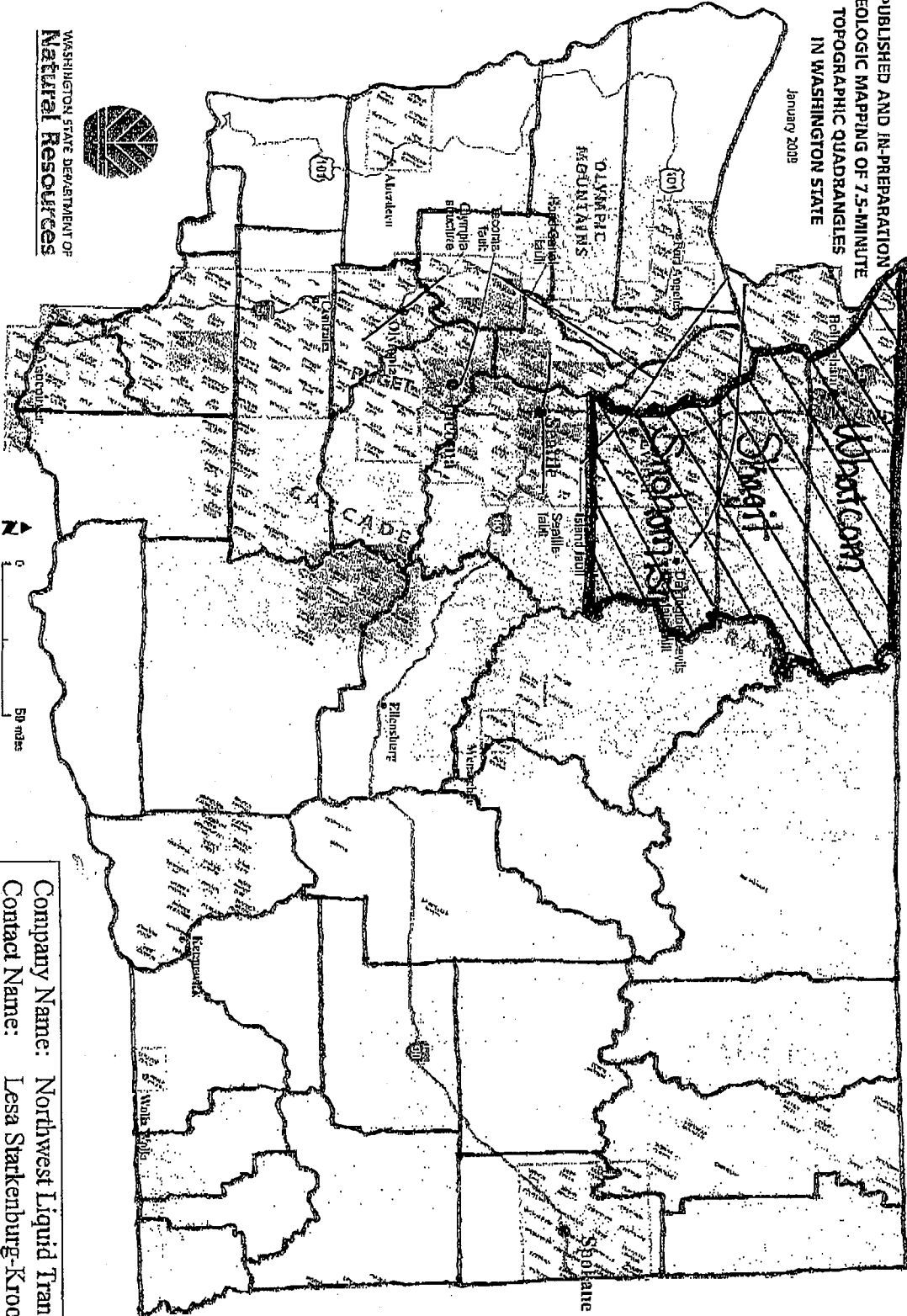
Title: Vice President

Shipper: Nature's Path Foods USA, Inc.

By: 

Title: Plant Manager



PUBLISHED AND IN-PREPARATION
GEOLOGIC MAPPING OF 7.5-MINUTE
TOPOGRAPHIC QUADRANGLES
IN WASHINGTON STATE
January 2009



WASHINGTON STATE DEPARTMENT OF
Natural Resources



Map Legend

-  = County border
-  = Territory sought to operate in

Company Name: Northwest Liquid Transport I, Inc.
 Contact Name: Lesa Starkenburg-Kroontje
 Contact Phone: (360) 354-7822

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/22/2009

PRODUCER (360)734-1161 FAX: (360)734-1173
Rice Insurance LLC
 1400 Broadway
 P.O. Box 639
 Bellingham WA 98227

INSURED
 Northwest Liquid Transport 1, Inc.
 530 H Street
 Lynden WA 98264

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.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Safeco Insurance Group	
INSURER B:	
INSURER C:	
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
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurr/rent) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/DP AGG \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	01CR79605820	4/1/2009	4/1/2010	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

CERTIFICATE HOLDER

State of Washington
 PO Box 44450
 Olympia, WA 98504

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
 James Fritts/AMD

