

Type of Solid Waste Authority Requested	Fee Required
<p><u>Permanent Authority</u> – (check appropriate box below) Complete entire application and submit a proposed tariff as outlined in the standard tariff form. (WAC 480-70-091)</p> <p><input type="checkbox"/> New Certificate</p> <p><input type="checkbox"/> Extension of Certificate G-_____</p> <p><input checked="" type="checkbox"/> Transfer of authority – Partial Transfer of Certificate <b>G-87 to G-9</b></p> <p style="padding-left: 20px;"><input type="radio"/> Complete Attachment B</p> <p><input type="checkbox"/> Lease of authority – Certificate G-_____</p> <p style="padding-left: 20px;"><input type="radio"/> Complete Attachment B</p> <p><input type="checkbox"/> Reinstatement of cancelled authority – Certificate G-_____ (must be filed within 30 days of cancellation). Include a statement justifying the reinstatement and complete sections 1, 2, and 8</p>	<p>\$200</p>
<p><input type="radio"/></p>	
<p><input type="radio"/></p>	
<p><input type="radio"/></p>	

**APPLICATION FOR A SOLID WASTE COLLECTION COMPANY CERTIFICATE**

<i>FOR OFFICIAL USE ONLY</i>			
Date Filed:	Insurance:	Docket #-TG-	Cert Issued: G-
Staff Assigned:	Tariff:	ID #:	Map:
DOL/SOL:	Receipt ID:	227 02 032-20	Related App ID#:

*Murray's Disposal Company Inc.*

Murrey's Disposal Co., Inc. G-9  
American Disposal Co., Inc. G-87  
Vashon Disposal G-87  
PO Box 399  
Puyallup, WA 98371

November 30, 2018

Mark L. Johnson  
Executive Director and Secretary  
Attn: Records Section  
Washington Utilities and  
Transportation Commission  
1300 S Evergreen Park Dr SW  
Olympia, WA 98504-7250

RE: Application for Partial Transfer of American Disposal Company, Inc. G-87 into Murrey's Disposal Company, Inc. G-9.

Dear Mr. Johnson:

Please find attached the application to partially transfer American Disposal Company, Inc. G-87 into Murrey's Disposal Company, Inc. G-9. This is a partial transfer as Vashon Disposal; a dba of American Disposal company, Inc. will remain under G-87.

Among the required documents in this filing are the Appendices' A for G-87 American, G-9 Murrey's, and G-87 Vashon. Please note that the G-87 American and G-9 Murrey's appendices' should be combined to reflect the new G-9 service territory. The G-87 Vashon appendices should now only include the highlighted portion describing Vashon Island.

If approved by the Commission, we respectfully ask that this partial transfer become effective January 1, 2019.

If you have any questions regarding this filing, please contact me at (360) 695-4923 or via email at [heatherg@wcnx.org](mailto:heatherg@wcnx.org).

Sincerely,



Heather Garland  
Pricing Manager

**SECTION 1 – APPLICANT INFORMATION**

Legal Name of Applicant: **Murrey’s Disposal Company, Inc.**

Trade Name(s) (if applicable): \_\_\_\_\_

Business Address

Mailing Address (if different from Business Address)

Street: **4822 70<sup>th</sup> Ave East**

Street: PO Box 399

City/State/Zip: **Fife, WA 98424**

City/State/Zip: Puyallup, WA 98371

Phone Number: **360- 695-4923** Fax Number: **360-695-5091**

Email: **heather@wasteconnections.com**

USDOT number: **303749**

**SECTION 2 – BUSINESS INFORMATION**

Unified Business Identifier #: **275-004-739**

State of Inc. **WASHINGTON**

Type of business structure:  Individual  Partnership  Corporation  Other (LP, LLP, LLC)

List the name, title, and percentage of partner or member’s share, or stock distribution for major stockholders.

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or % of Shares</u>
<b>Waste Connections</b>		<b>100%</b>
_____	_____	_____
_____	_____	_____

Do you currently hold, or have you ever held a solid waste certificate?  
 No  Yes If yes, please indicate your certificate number: **G-9**

Have you ever applied for and been denied a certificate to transport solid waste?  
 No  Yes If yes, please explain: \_\_\_\_\_

Indicate the commodity to be hauled: **SOLID WASTE AND RECEYCLABLES**

Please describe the territory in which you wish to operate, include the name, address, and county for disposal of waste and the name, address and county where residential recycling materials will be delivered. (NOTE: Territory must be described using boundaries such as streets, avenues, roads, highways, townships, ranges, city limits, county boundaries or other geographic description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(SEE ATTACHED DESCRIPTION)

Please attach a map that meet the requirements of WAC 480-70-056 and clearly shows the territory described above.

State below the conditions that justify granting of this application. If you are applying for temporary certificate authority, be sure your statement addresses and support the question of "immediate and urgent need": **The partial transfer between two affiliated certificated solid waste collection companies is sought to consolidate certain administrative functions to streamline operations and enhance operating efficiencies.**

Please tell us about your experience and knowledge of transportation or solid waste, including knowledge of motor carrier driver and equipment safety requirements: **Murrey's Disposal and its predecessors have served the public in Washington as a regulated solid waste collection service since the inception of solid waste regulation by the UTC in 1961.**

Have you been cited for violation of state laws or Commission rules?  No  Yes

If yes, please explain: **To the best of applicant's knowledge and upon review of the Commission's website, applicant is not aware of any citations in the past few years.**

### **SECTION 3 – FINANCIAL STATEMENT**

Please include a Balance Sheet, Profit and Loss Statement, or business plan.

ASSETS		LIABILITIES	
Cash in Bank	\$ See attached.	Salaries/Wages Payable	\$ See attached.
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Contracts and Bonds Payable	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$
Land and Buildings	\$	<b>NET WORTH</b>	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES AND NET WORTH</b>	\$

### **SECTION 4 - RATES AND TARIFFS**

Is this application to operate under a contract?  No  Yes If yes, submit a copy of each contract under which service will be performed. The contract must contain all the elements states in WAC 480-70-146.

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

If this application is for a transfer or 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 ([www.utc.wa.gov](http://www.utc.wa.gov)) or you must seek approval to use an alternate format.

Indicate which option you will use: Check one -  Adopt  File New Tariff

### SECTION 5 - EQUIPMENT LIST

Describe the equipment that will be used (attach additional sheets if necessary)

Ownership: Lease, own, or plan to purchase?	Year	Make	License Number	Vehicle ID number	Gross Vehicle Weight	Type of Vehicle
			(See Attached.)			

### SECTION 6 - SAFETY AND OPERATIONS

<p>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.</p>	
<b>SAFETY RESPONSIBILITIES</b>	
<p><b>COMMERCIAL DRIVERS LICENSE (CDL) REQUIREMENTS (Title 49, Code of Federal Regulations Part 383)</b> Any driver who operates a vehicle that meets the definition of a commercial motor vehicle must have a valid CDL.</p>	
Name: <b>Josh Metcalf</b>	Position: <b>District Manager</b>
<p><b>DRIVER QUALIFICATION REQUIREMENTS (Title 49, Code of Federal Regulations Part 391)</b> Driver's must meet minimum qualification requirements and each company must maintain driver qualification files for each driver.</p>	
Name: <b>Josh Metcalf</b>	Position: <b>District Manager</b>
<p><b>DRIVERS HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395)</b> Drivers must maintain logs and each company must maintain true and accurate hours of service records for each driver.</p>	
Name: <b>Josh Metcalf</b>	Position: <b>District Manager</b>
<p><b>CONTROLLED SUBSTANCES AND ALCOHOL TESTING (Part 382)</b> 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.</p> <p>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).</p>	
Name: <b>Josh Metcalf</b>	Position: <b>District Manager</b>
<p><b>INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396)</b> Every motor carrier shall systematically inspect, repair, and maintain all motor vehicles subject to its control.</p>	

Name: <b>Don Kenney</b>	Position: <b>Maintenance Manager</b>
<b>OPERATIONAL RESPONSIBILITIES</b>	
<b>TARIFF RATES AND CHARGES (WAC 480-70-226 through WAC 480-70-351)</b> 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: <b>Heather Garland</b>	Position: <b>Pricing Manager</b>
<b>ANNUAL REPORTS and REGULATORY FEES (WAC 480-70-071 &amp; 076)</b> Companies must annually file a report of their financial operations and pay regulatory fees.	
Name: <b>Heather Garland</b>	Position: <b>Pricing Manager</b>
<b>BIOMEDICAL WASTE (WAC 480-70-426 through 476)</b> 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: <b>Josh Metcalf</b>	Position: <b>District Manager</b>
<b>CUSTOMER SERVICE</b> –Person responsible for customer service complaints, customer notice requirements, and compliance with county solid waste plans.	
Name: <b>Andrea Ditzler</b>	Position: <b>Office Manager</b>
<b>STATE OF WASHINGTON – general laws, rules and regulations:</b> 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, <u>but not limited to</u> : 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, Internal Revenue Service (taxes); and Employment Security.	
Name: <b>Josh Metcalf</b>	Position: <b>District Manager</b>

### 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: <b>2</b>	Amount of time: <b>1 Hour</b>
Will an attorney be representing you? If yes, complete the following:	
Attorney's name: <b>David W. Wiley/Blair I. Fassburg</b>	Attorney's phone number: <b>206-628-6600</b>
Attorney's address:	Fax Number: <b>206-628-6611</b>
Street: <b>601 Union Street, Suite 4100</b>	E-mail: <a href="mailto:dwiley@williamskastner.com">dwiley@williamskastner.com</a>
City, State, Zip <b>Seattle, WA. 98101</b>	<a href="mailto:bfassburg@williamskastner.com">bfassburg@williamskastner.com</a>

**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 collections 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.

Printed name of applicant: Murrey's Disposal, Inc.

Signature of application:  Title: Region Vice President

Date: 11/27/18

County/State: Clark, WA

**ATTACHMENT B**

**JOINT APPLICATION FOR TRANSFER OR LEASE OF CERTIFICATED AUTHORITY**

This attachment must be completed when filing a joint application for permission to transfer or lease rights under Certificate of Public Convenience and Necessity: Certificate Number G-87

Check appropriate box:

Transfer All\*       Transfer Portion\*       Lease All\*\*       Lease Portion\*\*

**American Disposal Company, Inc.-G-87**

Current Name on Certificate (Seller/Lessor)

**American Disposal Company, Inc. (excluding dba Vashon disposal)**

Current Trade Name on Certificate (Seller/Lessor)

**501 SE Columbia Shores Blvd #350; Vancouver, WA 98661; 360-695-4923**

Address (Seller/Lessor)

Phone Number

Have all fines and/or penalties been paid?       No     Yes

Has the closing annual report been filed?       Yes

**Note: WAC 480-70-071(1)(e) requires a company transferring operations to submit an annual report for that portion of the year in which the company operated.**

Does the buyer/lessee agree to begin service as soon as the Commission authorizes the transfer or lease?

Yes

No    If no, then when? \_\_\_\_\_

If the Commission assigns this application for formal hearing, does both the seller/lessor and the buyer/lessee agree to be present at the hearing?       Yes     No

This application must include a map and copy of the certificate authority to be transferred/leased. If applying for permission to transfer or lease a portion of the certificated authority, then the application must include a map and description of both the portion to be transferred/leased and the portion to be retained by the existing certificate holder.

Both the seller/lessor and the buyer/lessee certify that this application is not made for the purpose of hindering, delaying or defrauding creditors.

**We, as applicants, hereby jointly declare and affirm that all information is true and correct to the best of our knowledge.**

*Don blood*  
 Seller's/Lessor's Signature

11/29/18, CLARK CO, WA  
 Date, County, State

*Don blood*  
 Buyer's/Lessee's Signature

11/29/18, CLARK CO, WA  
 Date, County, State

**\*If this application is for transfer, please attach a copy of the sales or other agreement to sell.**

**\*\*If this application is to lease, please attach a copy of the executed lease agreement.**