

**Exhibit DS-4
Docket TG-181023
Witness: Daniel Stein**

**BEFORE THE
WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION**

In the Matter of the Application of:

SUPERIOR WASTE & RECYCLE, LLC

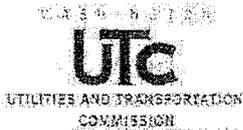
for Authority to Operate as a Solid Waste
Collection Company in Washington

DOCKET TG-181023

**EXHIBIT TO TESTIMONY OF
DANIEL STEIN ON BEHALF OF
SUPERIOR WASTE AND RECYCLE, LLC**

Customer Support Statements

May 15, 2019



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: _____

CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE

Customer Name: Andrew & Kim Betzing

Address: 11000 Quiet Waters Way, Seabeck, WA 98380

Phone Number: 360)440-8265 Fax Number: _____ Email: thebetzings@hotmail.com

Describe the immediate and urgent need for the requested service: Andrew often travels for work. We live 1/2 mile up/down hill from Seabeck Hwy where we would need to drop our cans for W.M. I can't lift the full cans, nor do we have a vehicle that can transport the trash/recycling cans up/down our hill.

If there is an existing company providing the service in the territory, please indicate the existing Company's name (if applicable): Waste Management

Explain why the current company is not able to provide you service: Not sure - maybe road width, and Quiet Waters is a private road.

What date(s) do you need the service? 2-3 times / month

What do you need transported? trash / recycling

Number of days, trips, loads: 2-3 ~~times~~ days / month

Transported from: our home To: ? trash dump / transfer station

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.

Kim Betzing _____ Kim Betzing _____ 11/8/18, Kitsap, WA
Print Name Signature Date, County, State

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TEMPORARY CERTIFICATE OR EXPEDITED TEMPORARY AUTHORITY SUPPORT STATEMENT

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Applicant Name: _____

CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE

Customer Name: Brian & Dairette Stufflebeam

Address: 6878 Larson Lane NW

Phone Number: 360-509-2557 Fax Number: _____ Email: dairettes@gmail.com

Describe the immediate and urgent need for the requested service: We are unable to transport giant garbage cans back and forth. We are old, have bad backs, & heart condition. Garbage will pile up at house without this service

If there is an existing company providing the service in the territory, please indicate the existing Company's name (if applicable): Waste management

Explain why the current company is not able to provide you service: We live 1 mile up a private road. We are expected to transport 3 very large garbage cans (one is for recycle) to the end of this road. Then transport them back home in 24 hours.

What date(s) do you need the service? Every other week

What do you need transported? Garbage, household

Number of days, trips, loads: Continuing, every other week

Transported from: Seabeck To: Dump

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.

Dairette Stufflebeam D Stufflebeam 10/9/2018
Print Name Signature Date, County, State
Kitsap, WA

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Brian and Dainette Stufflebeam
6878 Larson Lane NW
Seabeck, WA 98380
360-509-2557
dainettes@gmail.com

Daniel provides a valuable service, much needed on many of these privately maintained roads in Kitsap County, where Waste Management refuses to go.

Waste Management does not provide household garbage pick up service on our road. If we want this service at all with them, we are required to transport garbage cans a mile down the road, then pick them up and transport them home within 24 hours.

The garbage cans are very convenient to roll a few feet on pavement. However, to lift them requires 2 people with full on body contact with often wet garbage cans.

We are now too old with too many health problems to lift and carry garbage cans of any kind.

The following is just supplemental information:

We have lived at the same address for 23 years. It is on a private road, 2 miles long. It is only partially paved. Waste Management will pick up our garbage and recycle waste at the end of the road only. There are over 120 properties on this road. At least half have homes on them.

We used Waste Management's service for 20 years. We have not ever owned a pickup truck. However, for the first 15 years we lived here, we had children living at home. The kids were pressed into service helping us lift the cans into the back of the van. The back door would not close, so one of the kids would kneel on the far back seat, facing back, holding onto the handle of the can(s) as we drove it down the hill. Then they would help lift it down to the ground. The next day, one of the children would ride down the hill to help hold the can in the back of the van as we would drive it back home. This was a once a week deal. They took turns until only the youngest was still living at home. She did it every week with me until she got her own apartment for about 8 years.

At some point several years ago we were informed that we had to pay for and use a second can for recycle waste. It is the same size as the regular garbage can. This required a second trip every other week.

After our youngest child left home, we did not even have a van. My husband got an SUV with a trailer hitch on the back. The cans will not fit into his SUV, but he got a rack for his trailer hitch and ratcheting straps to hold the cans on the rack. It still required the 2 of us to put the rack on the back of his SUV, load the cans, tie them down, transport them down the hill and unload them. This was okay for awhile. It required us to put on our garbage hauling clothes (these cans are wet in the winter and require full on body contact to lift them.) As we got older and have more health problems, this got to be ridiculous, and we had different work schedules. Finally we quit hauling the cans back and forth. We left them at the end of the road and when we went to work, we dropped a bag of garbage or recycle in the can. This worked great until Kitsap County started leaving threatening notices that we would be fined if we did not pick up our cans in 24 hours.

Sincerely,



Brian and Dainette Stufflebeam

TEMPORARY CERTIFICATE OR EXPEDITED TEMPORARY AUTHORITY SUPPORT STATEMENT

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Applicant Name: _____

CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE

Customer Name: Chela Howard

Address: 6660 Larson LN NW Seabeck, WA 98350

Phone Number: (360)620-9691 Fax Number: N/A Email: chelarae.how@gmail.com

Describe the immediate and urgent need for the requested service: I have a need to have at home garbage service. My husband frequently travels for work and I cannot lift garbage and recycle cans into the back of our truck to get them 1.3 miles away to the waste Management pick-up location.

If there is an existing company providing the service in the territory, please indicate the existing Company's name (if applicable): Waste Management

Explain why the current company is not able to provide you service: Waste Management will only provide service at the bottom of Larson LN. They do not provide service to individual houses along the road. Our house is about 1.3 miles from the trash pick-up spot.

What date(s) do you need the service? Various dates, every other week

What do you need transported? Home garbage and recycle

Number of days, trips, loads: 1 day, every other week

Transported from: Address above To: Disposal site

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.

Chela Howard
Print Name

Chela Howard
Signature

10/10/18, Kitsap, WA
Date, County, State

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ATTACHMENT A

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Applicant Name: Daniel Stein

CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE

Customer Name: Christine Chenevert

Address: 7373 Larson Ln NW Seabeck WA

Phone Number: (530) 598-2136 Fax Number: _____ Email: doug@vinal.net ⁹⁸³⁸⁰
netmont.com

Describe the immediate and urgent need for the requested service: Without at-home garbage/recycling pick-up service I cannot handle loading & unloading refuse cans to take to waste mgmt pickup site or local dump. *Please see attachment.*

If there is an existing company providing the service in the territory, please indicate the existing Company's name (if applicable): There is no company offering at-home pick up service. Waste M. requires transporting waste to a location far from my home.

Explain why the current company is not able to provide you service: They have heavy equipment that is too large/heavy to travel to/from my house. Road is narrow and rutted & dirt. They have not provided at-home refuse pick up to our neighborhood, but do offer it to adjacent Seabeck Heights.

What date(s) do you need the service? twice a month for both refuse & recycling. Days do not matter.

What do you need transported? garbage & recycling

Number of days, trips, loads: Every other week, 2 large plastic bins filled with garbage & recycling.

Transported from: 7373 Larson Ln NW Seabeck WA To: Local Dump in Silverdale

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.

Christine Chenevert  10/6/18
Print Name Signature Date, County, State

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**ATTACHMENT to Attachment A prepared by Christine Chenevert --
Temporary Certif or Expedited Temporary authority Support statement
Re: Daniel Stein**

**There are Several Reasons for Immediate & Urgent Need for
Requested Service:**

- Without at-home garbage/recycling pick-up service, I personally would not be able to load up and transport my household garbage/recycling either to the remote Waste Mgt pick up spot or to the dump. I have had lower back problems for over 20 years. Several years ago, I had lumbar disc replacement and fusion surgery for 4 levels of my lumbar spine. I am not physically able to lift and load, then unload, large, heavy refuse/recycling bins. The bin with recycling (containing glass bottles, etc) is particularly heavy.
- Many of our neighbors are retired, elderly, physically frail, or otherwise unable to lift, load, and unload refuse bins (similar to me)
- The large/heavy refuse bins are also too large to fit into my small S.U.V. for transport far from my home (about 1 mile away from my home), where Waste Mgmt currently picks up garbage/recycling from our neighborhood.
- Although I currently have a driver's license, if for some reason in the future I do not, then it would be impossible for me to legally transport my refuse bins even if I were physically capable of doing so
- Although Waste Mgmt does offer at-home refuse/recycling pick up from adjacent/neighborhood Seabeck Heights, probably because there is a County maintained paved road leading to the homes in that subdivision, they do not offer such service to my house.
- Although part of Larson Lane (the main road toward my house) is paved, it is privately maintained and very narrow with blind spots. Beyond the paved section, there are dirt / gravel roads that must be traversed to reach my house. The County does not clear snow or otherwise maintain the roads to my house, which may make them difficult to travel upon in winter. If trees fall on the roads or otherwise become obstructed, there is no service to remove them other than good-hearted neighbors that do it voluntarily if they have time. I do not believe Waste Mgt's heavy & large garbage trucks would be able to safely and regularly travel up the paved portion, and it would be

extremely difficult if not impossible to traverse the dirt or gravel roads -- particularly without doing damage to the private roads.

- **If our private roads are damaged, they must be repaired by me and other property owners, not local government. Even a load of gravel to fill pot holes is very expensive.**
- **When I first moved here several years ago, trying to deal with Waste Mgt was a nightmare. Their actual service, and phone service, were both awful. Waste Mgmt has no incentive to offer at-home pick-up service, or quality customer service, because they are huge and extremely profitable without offering it. Daniel Stein's at-home pick up service is totally different than what Waste Mgt offers to me and others in our neighborhood.**
- **When neighbors take their garbage and recycling from their homes down to the Waste Management pick-up site at the base of the road (where Larson & Seabeck Holly meet), they often drop garbage along the way. The dropped garbage is attractive to wild and domestic animals. This creates an eyesore and public nuisance for our neighborhood. Daniel Stein's service avoids this problem.**
- **There have been problems with people leaving their Waste Mgmt bins at the pick-up site at the base of Larson Road for extended periods of time. At one point, notices of violations were placed on the bins by our local government. Although there has been improvement, storing of the bins across from the mailboxes at the base of Larson Road -- even for short periods of time -- creates an eyesore and public nuisance for our neighborhood. Over-filled waste bins are attractive to wild and domestic animals. When garbage bins are tipped or spilled either by animals or strong winds, matters become even worse. Daniel Stein's service avoids this problem for his customers and beautifies the neighborhood in the process.**
- **Because several Waste Mgmt garbage & recycling bins are left by customers of Waste Mgmt. at the base of Larson Road each week, people think it is o.k. to dump their old furniture, sinks, appliances, and other garbage there also. There have been items left there for weeks at a time, until no doubt a good citizen picked them up and hauled them to the dump. Again, this causes an eyesore and public nuisance for our neighborhood.**



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: DANIEL J BONMAN

CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE

Customer Name: DAN BONMAN

Address: 18821 N.W. STAVIS BAY RD SEABECK WA 98380

Phone Number: 360-981-0074 Fax Number: NA Email: BONMAN123@gmail.com

Describe the immediate and urgent need for the requested service: W/M WOULD NOT PROVIDE SERVICE TO ME & WHEN THEY AGREE TO PICK UP THE PRICE WAS OUTRAGEOUS HIGH

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

Explain why the current company is not able to provide you service: WAS HANDLING WASTE WITHOUT PROPER AUTHORITY

What date(s) do you need the service? 2 TIMES A MONTH

What do you need transported? HOUSE HOLD GARBAGE

Number of days, trips, loads: ONCE EVERY 2 WKS

Transported from: 18821 N.W. STAVIS BAY RD To: ?

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.

DANIEL J BONMAN
Print Name

[Signature]
Signature

10/7/18 KITSAP WA
Date, County, State

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Applicant Name: Superior Waste & Recycling

CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE

Customer Name: Dolores Schmit

Address: 13000 Seabeck Hwy, NW Seabeck, WA, 98380

Phone Number: (360) 830-5925 Fax Number: N/A Email: _____

Describe the immediate and urgent need for the requested service: I am a 90 yr old widow lady handicapped with severe arthritis needing to use a cane to walk. With my very steep driveway, I cannot manage to haul the receptacles up to the road (Seabeck Hwy) for "pick up". It is especially dangerous for me when the driveway is icy and slippery.

If there is an existing company providing the service in the territory, please indicate the existing Company's name (if applicable): Waste Management

Explain why the current company is not able to provide you service: It is not their policy to pick up the cans at the residence as does Superior Waste and Recycling.

What date(s) do you need the service? Twice Monthly

What do you need transported? Trash and recycling

Number of days, trips, loads: As scheduled

Transported from: Above address To: The Transfer Station

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.

Dolores Schmit Dolores Schmit 10/22/18 - Kitsap - WA

 Print Name Signature Date, County, State

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Oct. 22, 2018

To Whom It May Concern:

I am so very grateful to Mr. Stein for solving my trash "pick up" problem.

As I stated on the UTC form, I am a 70 yr. old widow lady handicapped with severe arthritis. With the service Superior Waste and Recycling, it has allowed me to have my trash and recycling containers on my deck. It is so convenient for me to have just a few feet to go to deposit my trash and recycling. It is such a wonderful accommodation from a super nice fellow!

Thank God I no longer have to worry about having to drag the bins up my very steep driveway--especially in inclement weather such as dangerous icy and slippery conditions.

Kind Regards,
Dolores Schmitt



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Applicant Name: _____

CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE

Customer Name: Donald W Taylor

Address: 18195 Manley Rd NW Seabeck WA 98380

Phone Number: 360 692-8109 Fax Number: _____ Email: _____

Describe the immediate and urgent need for the requested service:
Handicapped - permanent 24/5656 I can't hold the curb to the street. With only mild pickup less than 100 feet, long driveway and it can no longer have strength or wind to hold the curb - this is a life saver for me.

If there is an existing company providing the service in the territory, please indicate the existing Company's name (if applicable): Superior Waste by Recycling

Explain why the current company is not able to provide you service:
WASTE MANAGEMENT WILL NOT COME ALL THE WAY IN MY DRIVE WAY TO PICK UP CURBS. I CAN'T TRAVEL THEM ANY MORE. THIS SERVICE LETS ME REMAIN IN MY HOME FOR A FEW MORE YEARS.

What date(s) do you need the service? Every other week

What do you need transported? TRASH

Number of days, trips, loads: 2 per month

Transported from: Home (deck) To To: _____

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.

Donald W Taylor
Print Name

[Signature]
Signature

KITSAP / WA
5-10-78
Date, County, State

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Applicant Name: Daniel Stein

CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE

Customer Name: Doug Blangsted

Address: 7373 Lanson Lane NW

Phone Number: ⁵³⁰ 598 2154 Fax Number: _____ Email: CDFDoug@yahoo.com

Describe the immediate and urgent need for the requested service: Waste Management does not pick up at our location. They require us to take the cans 1 1/4 miles down to bottom of hill. We don't have a good way to do that

If there is an existing company providing the service in the territory, please indicate the existing Company's name (if applicable): Waste Management but the closest they get is 1 1/4 miles away

Explain why the current company is not able to provide you service: They do not come to our house to pick up - or to the end of the driveway - we must drive the cans down to Lanson/Seabeck Hill 1.25 miles away. Don't have a good way to take cans down the hill

What date(s) do you need the service? At least twice a month, every month

What do you need transported? 2-3 large trash cans

Number of days, trips, loads: 4

Transported from: 7373 Lanson NW Seabeck To: Refuse Disposal

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.

Doug Blangsted Doug Blangsted 10/18/18 Kitsap, WA
Print Name Signature Date, County, State

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UTILITIES AND TRANSPORTATION COMMISSION

ATTACHMENT A

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Applicant Name: _____

CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE

Customer Name: DUANE KESTI, CHARIE KESTI

Address: 7101 BUG ALLEY LN NW SEABECK, WA

Phone Number: 360 710 6717 Fax Number: _____ Email: _____

Describe the immediate and urgent need for the requested service: THE BIG TRUCKS HAVE NO TURN AROUND, DAMAGE THE BEST ROAD AND THE ROAD IS TOO NARROW TO ACCESS OUR PLACE. I'M DISABLED AND CANT HAUL A CAN 2000 YARD

If there is an existing company providing the service in the territory, please indicate the existing Company's name (if applicable): SUPERIOR WASTE & RECYCLE

Explain why the current company is not able to provide you service: R.CW 81.77.010(7)

What date(s) do you need the service? ONCE PER MONTH

What do you need transported? GARBAGE

Number of days, trips, loads: 1 LOAD PER MONTH

Transported from: 7101 BUG ALLEY, SEABECK To: LANDFILL

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.

DUANE KESTI
Print Name

10-9-18
Date, County, State

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Applicant Name: Superior Waste and Recycling

CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE

Customer Name: Erenn Kiriaell and Karen Boeve

Address: 11292 NW Quiet Waters Way, Seabeck, WA. 98380

Phone Number: 360.550.4281 Fax Number: _____ Email: 60holland54@gmail.com

Describe the immediate and urgent need for the requested service: We live over a quarter mile from the Waste Management pick up site at Seabeck Hwy. We live up a hill and do not own a truck to remove our trash and recycling.

If there is an existing company providing the service in the territory, please indicate the existing Company's name (if applicable): Brem-Air Disposal. Waste Management

Explain why the current company is not able to provide you service: Brem-Air Disposal offers pick up of trash and recycling at Seabeck Hwy. They do not offer pick up of trash and recycling on roads extending off of Seabeck Hwy. We sincerely appreciate the UTC allowing Superior Waste and Recycling to provide us with trash and recycling services that Waste Management does not offer us. Ideally Tuesdays every 2 weeks.
What date(s) do you need the service?

What do you need transported? Trash and Recycling

Number of days, trips, loads: (Tuesday) 1 day every two weeks usually 1 bin of each

Transported from: 11292 NW Quiet Waters Way Seabeck, WA 98380 To: Kitsep County dump and recycling

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.

Erenn Kiriaell

Print Name

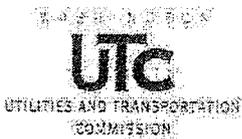
Erenn Kiriaell

Signature

14 October 2018
Kitsap Co. WA 98380

Date, County, State

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Applicant Name: FRED GILBERT

CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE

Customer Name: FRED GILBERT

Address: 16707 NW LUSBY LN SEASIDE WA 98380

Phone Number: 360-830-9293 Fax Number: _____ Email: FGILBERT69@hotmail.com

Describe the immediate and urgent need for the requested service: AS A SENIOR AND A 70% DISABLED VET I NEED ASSISTANCE. WASTE MANAGEMENT DOES NOT PROVIDE AT MY DRIVEWAY THEREFORE I MUST HAUL IT 1/2 mile AWAY. DUE TO CAN SIZE & AMOUNT I CAN NOT LIFT CANS INTO MY VEHICLE FOR HAULING

If there is an existing company providing the service in the territory, please indicate the existing Company's name (if applicable): WASTE MANAGEMENT - 1/2 mile away

Explain why the current company is not able to provide you service: THEY REFUSE TO DRIVE DOWN MY ROAD TO MY HOUSE FOR PICK-UP

What date(s) do you need the service? FLEXIBLE - ABOUT 2 days PER MONTH

What do you need transported? SOLID WASTE (INCLUDING RECYCLING)

Number of days, trips, loads: 2 day PER MONTH

Transported from: HOUSE To: TRANSFER STATION

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.

FRED GILBERT
Print Name

Signature

10/9/2018 KITSAP, WA
Date, County, State

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Applicant Name: Superior Waste & Recycling

CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE

Customer Name: Gerald A. Hockett

Address: 12001 Seabeck Hwy NW

Phone Number: 360-509-1423 Fax Number: _____ Email: gchockett@cwaweco.com

Describe the immediate and urgent need for the requested service: I am 74 years old and have a knee replacement, my wife is 63 and has two knee replacements, we do not have the strength or ability to deal with heavy garbage cans. Daniel Stein provided a much needed service to us in hauling the trash for us.
If there is an existing company providing the service in the territory, please indicate the existing Company's name (if applicable): None

Explain why the current company is not able to provide you service: Solid Waste will not come up to the house for pickup. We have a steep winding 1000ft driveway

What date(s) do you need the service? first and fifteenth of the month

What do you need transported? 7 50 gallon waste cans

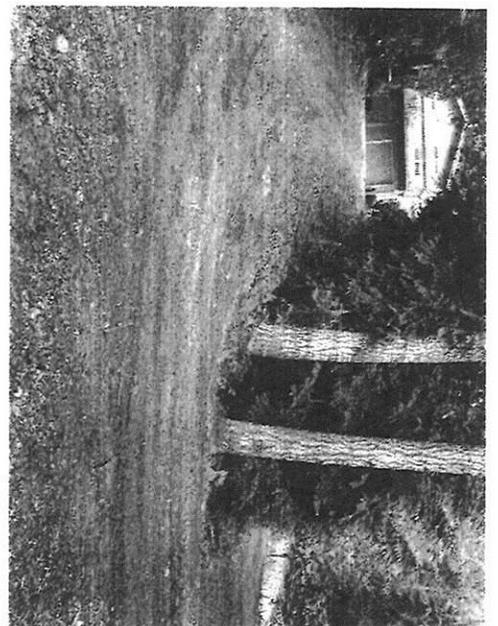
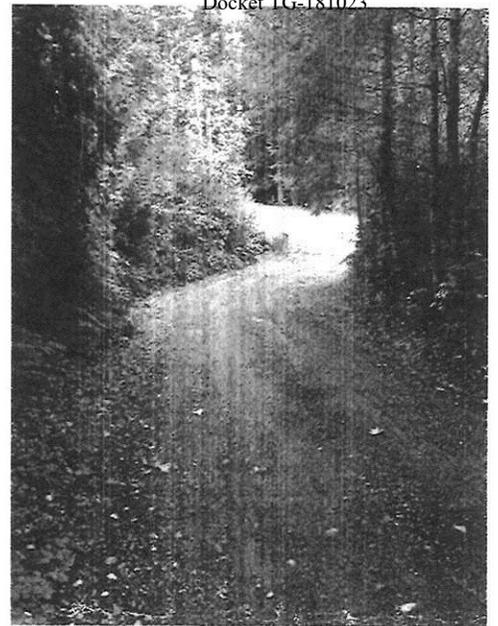
Number of days, trips, loads: 2 day, Trips, and Loads - 100 lbs ea

Transported from: 12001 Seabeck Hwy NW To: Transfer Station

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.

Gerald A. Hockett Gerald A. Hockett 10/10/18, Kitsap, WA
Print Name Signature Date, County, State

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3rd curve



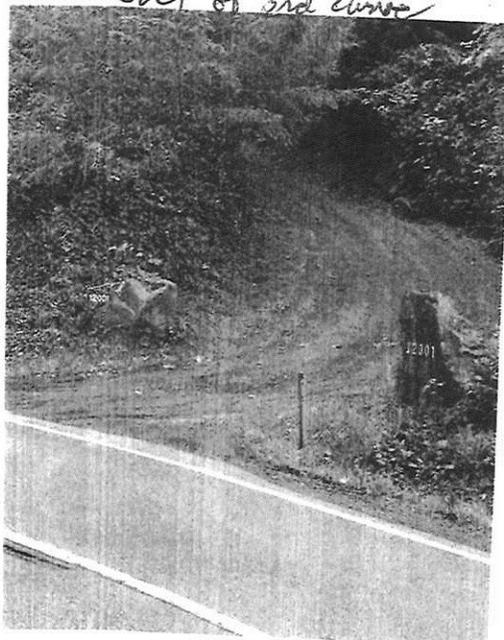
out of 3rd curve



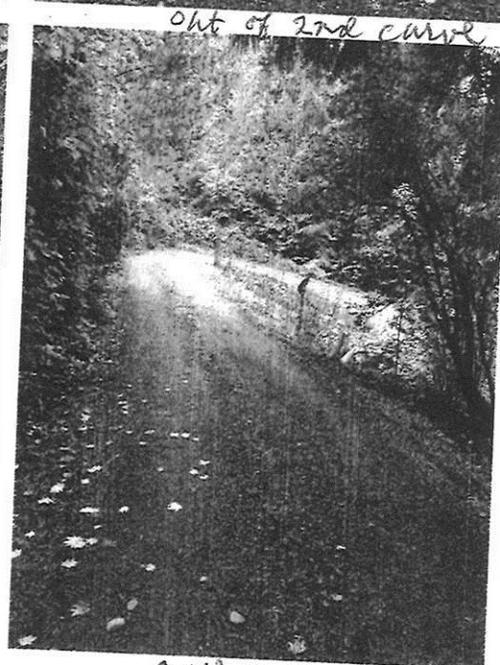
out of 2nd curve



approach to
Road.



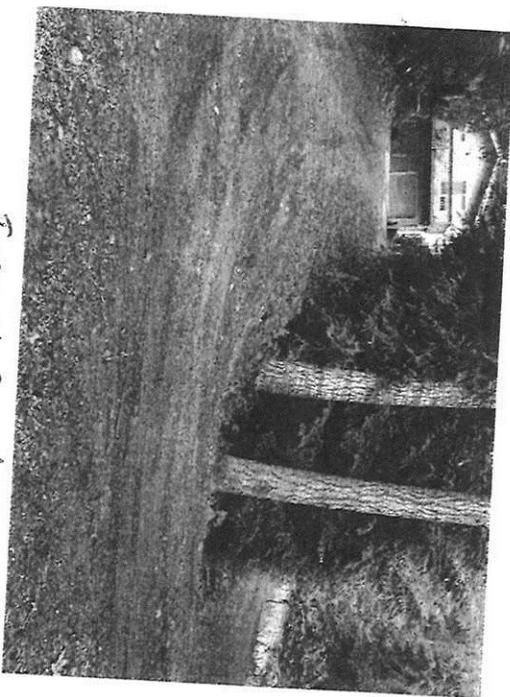
Bottom
pick up site



2nd curve

These pictures are all along the same
Road to the street + the bottom pickup site!

Gerald A. Hoopsett



Top of Road, 1st curve
+ House

The house is some 160 ft above
Suspect's driveway

Ronald G. Harpell

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: _____

CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE

Customer Name: James R. Poole

Address: 14880 NW Goerke Ln, Seabeck, WA 98380

Phone Number: 360-692-6782 Fax Number: _____ Email: olyridge5@gmail.com

Describe the immediate and urgent need for the requested service: Please see attached letter.

If there is an existing company providing the service in the territory, please indicate the existing Company's name (if applicable): Waste Management, Inc

Explain why the current company is not able to provide you service: Please see attached.

What date(s) do you need the service? asap

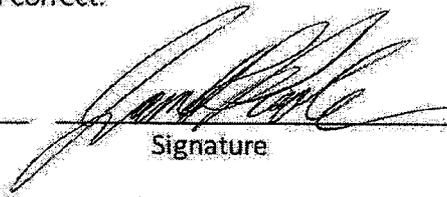
What do you need transported? 2 cans, every two weeks

Number of days, trips, loads: 2 cans, every two weeks

Transported from: home address To: dump

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.

James R. Poole
Print Name


Signature

Oct. 9th, 2018, Kitsap
Date, County, State WA

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

James R. Poole

14880 NW Goeske Ln
(PO Box 883)
Seabeck, WA 98380
(360) 692-6382
olyridge5@gmail.com

9th October 2018

Washington State Utilities & Transportation Commission

To whom it may concern,

I am a retired federal employee with 34 years of honorable civilian service to the Navy. I reside at the far end of a long lane, and have both a heart condition and back problems. This makes it medically difficult and risky for me to lift and haul my waste cans all the way (.3 miles) to Seabeck-Holly Road and back. The intersection of Seabeck-Holly Road and Goeske Lane is the closest Waste Management, Inc (WM) pickup point to my home.

To avoid placing my health at increased risk, I have an urgent need for waste pickup at my home. WM will not provide this service unless I pay an exorbitant and prohibitive additional fee. This fee would increase the cost of my service by over 650% (please see attached).

I require service every two weeks, for two garbage cans each time.

I strongly urge the Washington Utilities and Transportation Commission to authorize waste collection enterprise(s) to perform this essential service at a reasonable price. This will greatly benefit both myself and any other customers requiring such service to their homes. For example, my son lives three miles up a narrow winding road (Larson Lane, then Blue Mountain Lane) that is dangerous to walk on, and he has no operating vehicle in which to transport waste cans. He has been threatened by Kitsap County with removal of his waste cans if he leaves the cans at the WM pickup location. At the rates quoted in the attached, WM would increase the fees charged my son by over 6,500% to provide service to his home, assuming they would even be able to get their large vehicles up such a steep, narrow winding road.

Sincerely,



James R. Poole

10/9/2018

Gmail - ATTN: Contact Us Form Submission

Deby
Waste Management Customer Service
Helpful solutions are just a click away. Visit us at www.wm.com today!

On 10/8/2018 1:38 PM, olyridge5@gmail.com wrote:

[WM.com](#) | [My Account](#) | [Customer Service](#)



THINK GREEN.®

ATTN: Contact Us Form Submission - CSR

We have received a Contact Us Form submission.
Please read the details below:

Submission Details

Channel: WM.COM

Type of Customer: Residential

Request date: 10/08/2018

Type of question: Other service related questions

Message/Comments: I request service to my home on Goeske Lane. Current service pickup point is at the intersection of Goeske Lane and Seabeck-Holly Road. This pickup location is too far from my home which is 1/3 mile down to the end of Goeske Lane. Can you provide pickup for two cans every two weeks all the way to my home? My address is 14880 NW Goeske Ln, Seabeck, WA 98380. Please contact me at your earliest convenience. Thank you, James Poole olyridge5@gmail.com 360-692-6382

Contact Information

First name: James

Last name: Poole

Email address: olyridge5@gmail.com

Daytime telephone: (360)692-6382

Account Information

WM ezPay Account ID: 00018-60171-03009

Service Address: 98380

Inquiry Status

Inquiry Type: Service Inquiry



Lisa Poole <olyridge5@gmail.com>

ATTN: Contact Us Form Submission

pnwrsservices@wm.com <pnwrsservices@wm.com>
To: olyridge5@gmail.com

Tue, Oct 9, 2018 at 9:56 AM

Good morning James,

Thank you for contacting Waste Management regarding our drive-in service. I see that for an additional charge, we can drive up to your home to service. The charge is per can. It is \$21.67 per month, up to 1/10 of a mile. Each additional 1/10 of a mile would be an extra \$21.67.

I am sorry for this inconvenience, and can understand any frustration this may have caused you.

Our monthly rates are as follows:

Curbside Garbage Services**Waste Management Provided Containers**

96-gallon container, serviced 1x/week: \$22.98 per month.
64-gallon container, serviced 1x/week: \$17.75 per month.
35-gallon container, serviced 1x/week: \$14.07 per month.
20-gallon container, serviced 1x/week: \$10.71 per month.
35-gallon container, serviced every other week: \$10.00 per month.
35-gallon container, serviced 1x/month: \$7.13 per month.

Included Curbside Recycling Services**Waste Management Provided Containers**

64-gallon container, serviced every other week: \$7.10 per month. (mandatory service)

Ready to start service? Great! In order to proceed with account setup, please reply with the following information requested:

First and Last Name:

Additional Authorized Contacts (Optional):

Phone Number on Account:

Email Address:

Full Service Address:

Billing Address (If different service address):

New Service Effective Week:

Services Requested (Please list cart types and sizes):

Are any Waste Management containers currently on site? (If so, what sizes and types):

Once we receive your information, we will complete the setup then send you a confirmation with the new account details via email.

If you have any additional questions or concerns, do not hesitate to reply to this email or contact us on Waste Management live chat at www.wm.com.

Thank you again for contacting Waste Management. We truly appreciate your business and allowing us to serve your waste service needs.



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: JENNIFER SLANE

CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE

Customer Name: JENNIFER SLANE

Address: 9217 PRIDDY CISTA AONW

Phone Number: 3606891125 Fax Number: _____ Email: _____

Describe the immediate and urgent need for the requested service:
SUPERIOR DRIVES UP MY DRIVEWAY TO MY TRASH CANS AND REMOVES MY TRASH WITHOUT MY NEEDING TO MOVE THE CANS. NO OTHER SERVICE LIKE THIS IS AVAILABLE TO ME.

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

Explain why the current company is not able to provide you service: _____

What date(s) do you need the service? NOW, TODAY

What do you need transported? MY TRASH

Number of days, trips, loads: 2 X AMONTI

Transported from: MY HOUSE To: FILL

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.

	<u>JENNIFER SLANE</u>	<u>10-29-18</u>
Print Name	Signature	Date, County, State

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



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: Daniel Stein

CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE

Customer Name: Jim & Debra Rye

Address: 6192 Larson Ln NW (PO Box 927) Seabeck WA 98380

Phone Number: 360 478 7022 Fax Number: [empty] Email: [empty]

Describe the immediate and urgent need for the requested service: We have some medical issues & age issues which makes it difficult to haul trash & recycle down to the road (about 2 miles). Trash pickup by WM does not come our road

If there is an existing company providing the service in the territory, please indicate the existing Company's name (if applicable): Waste Management

Explain why the current company is not able to provide you service: they do not come up our road

What date(s) do you need the service? Jan 2019

What do you need transported? trash & recycle cans

Number of days, trips, loads: 1 of each, each week

Transported from: our house To: dump

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.

Debra Rye Debra Rye 12/28/18 Kitsap Co, WA
Print Name Signature Date, County, State

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ATTACHMENT A

UTILITY AND TRANSPORTATION
COMMISSION

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: _____

CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE

Customer Name: Jim and Mary Farrell

Address: 6212 Larson Ln. NW Seabeck, WA 98380 (PO Box 455 Seabeck, WA 98380)

Phone Number: (360) 830-4612 Fax Number: — Email: Mary.Margaret.Farrell@gmail.com

Describe the immediate and urgent need for the requested service: Waste Management does not provide "at home" pick-up. Transfer station is miles down the road in Belfair, WA. We both have physical restrictions.

If there is an existing company providing the service in the territory, please indicate the existing Company's name (if applicable): Waste Management (WM)

Explain why the current company is not able to provide you service: WM does not pick-up on Larson Ln. or spur roads.

What date(s) do you need the service? twice monthly

What do you need transported? garbage receptacle (Four (4) 13 gal. garbage bags twice monthly)

Number of days, trips, loads: twice monthly

Transported from: 6212 Larson Ln. NW Seabeck. To: Transfer station Belfair, WA

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.

Mary M. Farrell

Mary M. Farrell

James L. Farrell

James L. Farrell

Oct. 16, 2018, Kitsap, WA

Print Name

Signature

Date, County, State

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Further explanation regarding Waste Management (WM):

WM does not provide service to Larson Lane NW nor it's spur roads. Residents are required to haul, by private vehicle, their garbage recepticle (s) to the intersection of Larson Ln, NW and Seabeck Hwy for weekly pick-up. For us that is three (3) miles. The recepticle (s) then need to be hauled back to the customer's property by the customer via private vehicle.

We are retired and on a fixed income. Mary has MS and uses a power chair. She in no way can paticipate in any part of this process. Jim has had abdominal surgery and has a weight lift restriction. The expectation of WM on the part of residents is unrealistic and doesn't address customer needs. There is a vital "need" gap left by WM's refusal to meet waste and recycling needs and to service our neighborhood which Daniel Stein fills. Not sure what we'd do without him!

Mary and Jim Farrell



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: Daniel Stein

CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE

Customer Name: Kristan and Tara Guenterberg

Address: 13585 NW Dragonfly Dr, Seabeck, WA 98380

Phone Number: 614-406-8564 Fax Number: _____ Email: TaraLynnG5@gmail.com

Describe the immediate and urgent need for the requested service: Transporting the garbage in our car and van is a major health risk for our children who crawl all over the area where it has leaked previously. Daniel provides an invaluable service that we greatly appreciate and that helps keep our life flowing without added fear for our health.

If there is an existing company providing the service in the territory, please indicate the existing Company's name (if applicable): Waste Management

Explain why the current company is not able to provide you service: The closest collection spot is 3/4 mile away which means it must be transported in our car or van to the pickup point, causing many concerns, difficulties, and inconveniences.

What date(s) do you need the service? Every other week on a regular basis

What do you need transported? Recycles and garbage

Number of days, trips, loads: 1 load every other week

Transported from: my home (address above) To: the local garbage collection 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.

Tara Lynn Guenterberg Tara Lynn Guenterberg 10/20/18
Print Name Signature Date, County, State
Kitsap County, WA

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10/24/18

To Whom It May Concern,

My wife and I have been customers of Daniel Stein's for the last several years for garbage pickup service. When we first moved to town we were using Waste Management. It was difficult because we only had cars and no trucks, however we had to take our trash 0.7 miles in order to have it taken away. There was no good way to transport the garbage. There was often waste that would leak out of the bag and cause the vehicles to stink. I was also quite concerned about the hygiene of having the trash in the car. We were told by Waste Management that they couldn't come to our house for trash pick-up.

We pay twice the rate with Mr. Stein as we did with Waste Management. I would prefer the lower rate, however we consider it a valuable service that makes it worth the price difference. His service has allowed us to have reliable trash pick-up without soiling our vehicles.

I appreciate you taking the time to read this. Please feel free to contact me directly with any questions.

Thank you.



Kristan Guenterberg, MD

360-525-3870

kristandg@gmail.com

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: SUPERIOR WASTE + RECYCLING

CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE

Customer Name: KURT SCHNUIT

Address: 12990 SEABECK HWY NW SEABECK WA 98380

Phone Number: 360 710 9361 Fax Number: _____ Email: robmandkurd@seawest.com

Describe the immediate and urgent need for the requested service: DUE TO PHYSICAL Limitations, the length and steepness of my driveway, I need a garbage service that will come to my door.

If there is an existing company providing the service in the territory, please indicate the existing Company's name (if applicable): Waste Management Does not provide the service.

Explain why the current company is not able to provide you service: They are not able, nor do I want their trucks (large) on my tenuously thin asphalt. - I have bad shoulders, and Dan puts the can liners in the garbage cans for me as well.

What date(s) do you need the service? ALWAYS

What do you need transported? WASTE

Number of days, trips, loads: ~~1~~ 1 / 2 weeks

Transported from: MY DECK To: Proper 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.

KURT SCHNUIT  25 Oct 18, KITSAP, WA
Print Name Signature Date, County, State

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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: _____

CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE

Customer Name: Larry Dunn & Terry Tackett

Address: 13201 Deer Haven Ln. NW Seabeck, WA 98380

Phone Number: 206-473-1456 Fax Number: _____ Email: larrymdunn@gmail.com

Describe the immediate and urgent need for the requested service: we live on a private road with no service for trash pickup.

If there is an existing company providing the service in the territory, please indicate the existing Company's name (if applicable): Waste Management

Explain why the current company is not able to provide you service: they will not come on private road system and the distance is over a mile to their pickup point. Also the cars at the Hwy where they do pickup are unsightly and way too many and are a disservice to those who live there.
What date(s) do you need the service? every two weeks

What do you need transported? Three dumpsters

Number of days, trips, loads: _____

Transported from: house To: pick up point at Hwy

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.

Larry Dunn _____ Larry Dunn _____ 10/9/18
Print Name Signature Date, County, State
Kitsap, WA

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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: _____

CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE

Customer Name: Lennie Harris

Address: 6368 Glory Ln. N.W. Seabeck WA 98080

Phone Number: _____ Fax Number: _____ Email: _____

Describe the immediate and urgent need for the requested service: where waste management picks up solid waste is 3 miles from my home and I am unable to transport waste to that location; it is imperative that my garbage be picked up at my home and also to keep from a monopoly from waste management company

If there is an existing company providing the service in the territory, please indicate the existing Company's name (if applicable): Superior waste & recycling

Explain why the current company is not able to provide you service: Because you have given an order to Cease & Desist

What date(s) do you need the service? Every other Monday

What do you need transported? Garbage

Number of days, trips, loads: 1

Transported from: 6368 Glory Ln. N.W. Seabeck WA To: Garbage dump

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.

Lennie Harris Lennie Harris 10/8/12 Kitsap, Wa
Print Name Signature Date, County, State

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UTILITIES AND TRANSPORTATION
COMMISSION

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: _____

CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE

Customer Name: Linda Grinstead

Address: 6509 Larson Lane NW, Seabeck WA 98380

Phone Number: 360-633-5533 Fax Number: _____ Email: lgrinsway01@yahoo.com

Describe the immediate and urgent need for the requested service: I live 1 1/2 miles up a private Rd - I am a senior 63 yrs with back problems I cannot in any way lift the Garbage and Recycling into a vehicle to transport down to the bottom of the hill for pick up.

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

Explain why the current company is not able to provide you service: They only pick up at the bottom of Larson Lane 1 1/2 miles from my home Superior waste & Recycling pick up at my door Daniel is excellent, professional, courteous, Great help!

What date(s) do you need the service? 2x per month, - Mondays

What do you need transported? garbage and Recycle

Number of days, trips, loads: 2 x per month

Transported from: 6509 Larson Ln. To: _____

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.

Linda Grinstead Linda Grinstead 10/8/18 Kitsap WA
Print Name Signature Date, County, State

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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: Daniel Stein

CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE

Customer Name: Lynda Lamb

Address: 2696 NW Dosewallips Way Seabeck WA 98380

Phone Number: 360-981-4293 Fax Number: --- Email: lynda.lamb@wavecable.com

Describe the immediate and urgent need for the requested service: we can no longer lift the waste management cans into our car to take down to Seabeck Highway getting the cans out of our car on the busy highway is unsafe.

If there is an existing company providing the service in the territory, please indicate the existing Company's name (if applicable): Waste Management

Explain why the current company is not able to provide you service: our neighborhood has made many requests to service our subdivision we live on a steep curvy hill and must haul our trash down to Seabeck Highway curbside service not available

What date(s) do you need the service? now

What do you need transported? garbage + recycling

Number of days, trips, loads: _____

Transported from: my home To: _____

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.

Lynda Lamb
Print Name

Lynda Lamb
Signature

10-29-2018 Kitsap WA
Date, County, State

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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: _____

CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE

Customer Name: M. J. Riplinger

Address: 7261 Seabeck-Holly Rd NW Seabeck, WA 98380

Phone Number: (360)830-5026 Fax Number: _____ Email: _____

Describe the immediate and urgent need for the requested service: We have a long driveway & we're senior citizens.

If there is an existing company providing the service in the territory, please indicate the existing Company's name (if applicable): Waste Management

Explain why the current company is not able to provide you service: They only collect cans on main roads (county, state)

What date(s) do you need the service? twice / month

What do you need transported? household trash

Number of days, trips, loads: 2 days @ 1 car @ load

Transported from: Seabeck To: Kitsap Co. Collection @ Airport

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.

Michael J. Riplinger Michael J. Riplinger 10-10-18 Kitsap, WA
Print Name Signature Date, County, State

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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: Superior Waste & Recycling

CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE

Customer Name: Marcela & Frank Heidt

Address: 14910 NW Goeske Ln, Seabeck WA 98380

Phone Number: 360-830-0394 Fax Number: _____ Email: heidt.marcela@gmail.com

Describe the immediate and urgent need for the requested service: We are not able to lift our cans & haul them to the county road. We are a large household with elderly people and need the pick up at our house. WAA

If there is an existing company providing the service in the territory, please indicate the existing Company's name (if applicable): Waste management

Explain why the current company is not able to provide you service: Wm does not pick up at our property. They do not come down our private road to collect cans, they require that we take the cans to a pick up site over half mile away.

What date(s) do you need the service? ~~weekly~~ bi-monthly

What do you need transported? 3 cans trash 1 can recycling

Number of days, trips, loads: _____

Transported from: residence, Seabeck WA To: Transfer station (Silverdale dump)

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.

Marcela Heidt Marcela Heidt 10/17/18 Kitsap, WA
Print Name Signature Date, County, State

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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: Nicole Board

CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE

Customer Name: Nicole Board

Address: 10965 Warren Rd. N.W. Silverdale, WA

Phone Number: 360 981 3353 Fax Number: _____ Email: nickiah@me.com

Describe the immediate and urgent need for the requested service: I have a spinal cord injury impairing my ability to lift or drive and my 750 lb husband has a circulatory problem that reduces his strength. We must place our cans in our SUV and drive 2mi to

If there is an existing company providing the service in the territory, please indicate the existing Company's name (if applicable): none

Explain why the current company is not able to provide you service: W.M does not drive down private roads and requires customers to place their cans at main road side. One must lift heavy cans into vehicles large enough to hold them. This

What date(s) do you need the service? we are able to get by with household pickup every 2 weeks.

What do you need transported? 2-3 50 gallon bins full.

Number of days, trips, loads: W.M = 1 day a week 4 trips to put out and bring in cans

Transported from: 10965 Warren Rd NW To: Anderson Hill Rd

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.

Nicole Board Nicole Board 10/10/18 Kitsap WA
Print Name Signature Date, County, State

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

reach
the main road
for pickup

Utilities and Transportation Commission

Nicole Boand
10965 Warren Rd. NW
Silverdale, WA 98383
10/10.'18. 360-981-3353

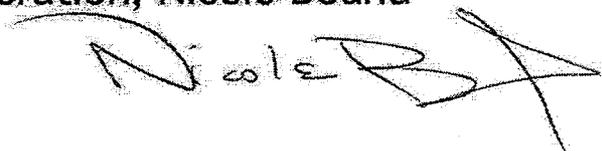
To Whom It May Concern,

My husband and I are requesting the continued service of Superior Waste & Recycling service due to our special needs. I have a spinal cord injury making it impossible to lift heavy bins into an SUV, required for delivering our bins out to the road for other services. My 75 year old husband has a circulatory problem making it extremely difficult for him to lift the heavy bins in and out of our SUV. We must then drive down our private road to Anderson Hill Road to place the cans on the curb side. This is a weekly process and requires at least two trips each way rolling the bins down a steep driveway.

We used to pay a neighbor boy to do this for us but he has gone off to collage. Superior Waste & Recycling has been a true gift in making our lives easier. At this point our mutual health has degraded to the point that we are unable to transport our trash at all and are dependent on the services of Superior Waste & Recycling.

We deeply hope you will allow this business to continue to serve us.

Thank you for your consideration, Nicole Boand

A handwritten signature in black ink, appearing to read "Nicole Boand", with a stylized flourish at the end.

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: _____

CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE

Customer Name: Noreen Fitzwater

Address: 12789 Seabeck Ave NW Sea Beck WA 98380

Phone Number: 360 830 0135 Fax Number: _____ Email: lanore49@GMail.com

Describe the immediate and urgent need for the requested service: I am a disabled woman who is 600' from where the present Co picks up waste. I am 87 years old and have back fusion and use of only one arm. I could never lift and load cans into my car. Rely on friends, not always find them available.

If there is an existing company providing the service in the territory, please indicate the existing Company's name (if applicable): Whoever serves Kitsap County - unknown

Explain why the current company is not able to provide you service: I live 600' from the highway pick up location. They do not come to individual homes.

What date(s) do you need the service? Bi-weekly

What do you need transported? Garbage & Recycle materials

Number of days, trips, loads: 1 day bi-weekly 1 can for each (2 total)

Transported from: Seabeck Home To: Superior's location

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.

Noreen Fitzwater Noreen Fitzwater 10-11-18 Kitsap WA
Print Name Signature Date, County, State

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October 11, 2018

To: UTC

Re: Superior Waste & Recycling
Daniel Stein

I would like to stress my need for the services of Superior Waste and Recycling in the Seabeck area. I live at 12289 Seabeck Highway NW, Seabeck, Wa. 98380.

The company that serves this area does not come to my residence. One has to transport the garbage and recycling waste to the Seabeck Highway. I live down a steep hill about 600 feet from the highway. I am a disabled senior 88 years old living alone. I only have the use of one arm and my back has been fused, preventing me from loading and unloading heavy cans from the back of my vehicle. I presently have to prevail upon friends and neighbors to take my waste to the Dickey Road dump. Often they are on vacation or away due to their job requirements so my garbage mounts up, causing odor and unsanitary conditions.

I was so relieved to have Superior began a service that would come to my home. It is an immense help to me and I greatly appreciate their efforts. I hope whatever issues have put their services on hold can be resolved in a timely manner and service can be resumed.

Thank you for your consideration,


Noreen Fitzwater
Seabeck, Wa.



TEMPORARY CERTIFICATE OR EXPEDITED TEMPORARY AUTHORITY SUPPORT STATEMENT

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Applicant Name: Patrick Crispin Daniel Stein

CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE

Customer Name: Patrick Crispin

Address: 5156 Glory Ln NW, Seabeck 98380

Phone Number: 360-731-0309 Fax Number: N/A Email: p.v.crispin@att.net

Describe the immediate and urgent need for the requested service: The present company Refuses to come up out road and if they do drop a dumpster off, they Refuse to Recycle. Superior Waste & Recycle picks up Garbage and also will Recycle

If there is an existing company providing the service in the territory, please indicate the existing Company's name (if applicable): No - Not House to Land Fill

Explain why the current company is not able to provide you service: The state of Wash. has ordered a cease and desist compensated service

What date(s) do you need the service? _____

What do you need transported? Household trash and recycle

Number of days, trips, loads: min of every 3 weeks

Transported from: 5156 Glory Ln NW, 98380 To: Waistland Sill

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.

Patrick R Crispin Patrick R Crispin 10-6 2018
Print Name Signature Date, County, State

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UTILITIES AND TRANSPORTATION
COMMISSION

ATTACHMENT A

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Applicant Name: Daniel Stein

CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE

Customer Name: Paula S. Pippin

Address: 10999 Warren Rd NW Silverdale, WA 98383

Phone Number: 206-707-5652 Fax Number: n/a Email: paula.pippin@1@gmail.com

Describe the immediate and urgent need for the requested service: I will be 85 years old in December. I am physically unable to haul my trash the half mile to the waste management collection point, nor can I lift the cans to get them into or out of the back of my car. I must ask for volunteer help every time.

If there is an existing company providing the service in the territory, please indicate the existing Company's name (if applicable): Waste Management

Explain why the current company is not able to provide you service: WM does not pick up on Warren Rd. They require me to haul my trash the half mile from my home to their collection point on Anderson Hill Rd.

What date(s) do you need the service? continually

What do you need transported? household garbage and mixed recycling

Number of days, trips, loads: one load of each, every 2 weeks

Transported from: 10999 Warren Rd NW To: Ritsap county transfer station

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.

Paula S. Pippin Paula Pippin October 9, 2018
Print Name Signature Date, County, State
Ritsap County, WA

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3 January 2019

From: Sondra Even
10999 Warren Rd NW
Silverdale WA 98383

To: Daniel Stein
PO Box 480
Seabeck WA 98380

Daniel,

This letter is to provide details on my attempt get trash pickup service from Waste Management for my mother.

Summary: My mother Paula Pippin, age 85, is unable to take the trash to Waste Management's nearest pick-up location on Anderson Hill Rd, a distance of half a mile from her house on a busy road. I contacted Waste Management to request pack-out service or even pick-up at the end of her driveway. I spoke with Christina at Waste Management on December 18, 2018. She stated she would call back once their dispatcher had evaluated the route.

The next day I received a voice mail from Christina that Waste Management would be unable to provide the service "because there wasn't enough room for the truck to turn around". Please note that the entire length of Warren Rd to our house is paved and there is plenty of room to turn-around at the end of the road, just 50 feet past the driveway. My mother receives regular deliveries from UPS, Fedex and even large moving trucks with furniture and appliances. Additionally, I note that a friend who lives down a tight muddy single lane dirt road off Tracyton in East Bremerton gets trash service at the end of her drive way, in spite of an even smaller turn-around area.

Since I don't have anything in writing, I am providing this letter to document the situation thus far. I am also writing Waste Management to ask they re-evaluate their criteria for pick-up locations and pack-out services. Other utilities such as Kitsap Transit go to considerable lengths to ensure services to our senior citizens and people with disabilities. If Waste Management is to in effect claim the rights of a monopoly on the basis of being a utility, they should be held to the same standards. If not, then the Commission should allow someone else meet these needs.

Sincerely,



Sondra Even

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: Daniel Stein dba Superior Waste + Recycling

CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE

Customer Name: Raymond + Marianne Gleason

Address: 7293 Larson Ln NW Seabeck WA 98350

Phone Number: 2062952346 Fax Number: _____ Email: regleason@live.com

Describe the immediate and urgent need for the requested service: We are in our 70's, we are 1.4 miles from W/M pickup site, there is no way we can load the garbage cans in our car and take the cans to the pick up site

If there is an existing company providing the service in the territory, please indicate the existing Company's name (if applicable): Superior Waste + recycling

Explain why the current company is not able to provide you service: W/M will not drive up Larson Ln NW to pick up garbage. There are many other families that are in the same problem with the garbage problem. Some must drive over 2 miles to pickup site.

What date(s) do you need the service? Every two weeks work's well for us

What do you need transported? Garbage + recycling

Number of days, trips, loads: 2 to 3 loads per month

Transported from: 7293 Larson Ln NW To: Garbage dump

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.

Raymond Gleason
Print Name

Raymond Gleason
Signature

10/12/2018
Date, County, State

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UTILITY AND TRANSPORTATION
COMMISSION

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Applicant Name: 2

CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE

Customer Name: 2 ROBERT LONG

Address: 10945 WOODMAN RD N.W

Phone Number: 360 340 1455 Fax Number: - Email: -

Describe the immediate and urgent need for the requested service:
UNABLE TO TAKE GARIBOLDI TO TRANSFER SCHOOL DUE TO INABILITY TO DRIVE

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

Explain why the current company is not able to provide you service: LOWR ROCKS W/ GARIBOLDI ON ROAD SIDE - APPROX 4 HOURS FROM RESIDENCE

What date(s) do you need the service? EVERY 7 WEEKS

What do you need transported? CRADLE

Number of days, trips, loads: 1 # (2+2)

Transported from: home To: TRANSFER SECTION

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.

ROBERT LONG Robert Long 10/11/18
Print Name Signature Date, County, State

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Robert Long
10945 Warren RD NW

Silverdale, WA 98383.

My experience with WM:

I have had 2 instances where WM delivered and To Whom it may concern:

pick-ed up 4 large dumpsters. They were on time, however the pickup required a second call and a 4 day wait to get them to pick up the second dumpster. This caused some parking problems

Some time passed and several medical emergencies occurred, resulting in ordering a small dumpster, one half the size of that previously attempting to use WM for a garbage disposal service.

I attempted to use AMI on a future scheduling of garbage, but was told they could not deliver to the house due to insufficient turn-around space. Even after being advised that previously I had 3 large dumpsters and 4 small units delivered and picked up with no questions.

I have had relied on family to assist me in transport garbage to a transfer station.

It is unfortunate that I have to rely on 'others' to take garbage to the transfer station—especially so as WM, with no apparent reason, Decided they cannot provide a service they are contracted for.

In an attempt to find out specify what the problem was, went avail.

I am sure Superior Waste and Recycling can and will provide a personal service unlike WM.

Robert Long



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Applicant Name: Daniel Stein

CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE

Customer Name: Rod Schlosser

Address: 7183 Seabeck Holly Rd NW, Seabeck, WA 98380

Phone Number: 360-865-0638 Fax Number: _____ Email: rod.schlosser@me.com

Describe the immediate and urgent need for the requested service: I am a disabled veteran and Dan provides service at my house whereas other trash companies force me to take trash to end of my driveway to be picked up on main road.

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

Explain why the current company is not able to provide you service: They all require transporting to main road at the end of my driveway.

What date(s) do you need the service? Twice monthly

What do you need transported? household garbage and recycling

Number of days, trips, loads: 2, 2, 1

Transported from: Residence To: Kitsap recycle center

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.

Rod Schlosser
Print Name

[Signature]
Signature

22 OCT 18 KITSAP, WA
Date, County, State

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TEMPORARY CERTIFICATE OR EXPEDITED TEMPORARY AUTHORITY SUPPORT STATEMENT

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Applicant Name: Superior Waste + Recycling

CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE

Customer Name: Scott Coulter

Address: 6545 Cheyney Ln, Seabeck, WA 98382

Phone Number: 360.620.9720 Fax Number: _____ Email: Scott.Kitsap@gmail.com

Describe the immediate and urgent need for the requested service: Due to a Bad Back & an extensive travel schedule we need someone to come our property to remove trash

If there is an existing company providing the service in the territory, please indicate the existing Company's name (if applicable): No company will come on our property

Explain why the current company is not able to provide you service: Won't come on property

What date(s) do you need the service? ^{At least twice} A Monthly; - Service is every 2 weeks

What do you need transported? Waste + Recycling

Number of days, trips, loads: 2-45 gallon containers every 2 weeks

Transported from: 6545 Cheyney To: Dump

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.

Scott E. Coulter [Signature] 10/10/18 Kitsap, WA
Print Name Signature Date, County, State

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Applicant Name: SKYLER TAYLOR

CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE

Customer Name: SKYLER TAYLOR

Address: 11767 OLYMPIC VIEW RD NW SILVERDALE, WA 99383

Phone Number: (360) 271-8252 Fax Number: _____ Email: _____

Describe the immediate and urgent need for the requested service: WASTE MANAGEMENT WAS PROVIDING UNSATISFACTORY SERVICE AND MADE MULTIPLE MISTAKES. INCLUDING NOT PICKING UP GARBAGE ON SCHEDULED DATES. WE HAVE A VERY LONG DRIVEWAY.

If there is an existing company providing the service in the territory, please indicate the existing Company's name (if applicable): WASTE MANAGEMENT

Explain why the current company is not able to provide you service: AS LISTED ABOVE, THEY WERE UNABLE TO MEET OUR NEEDS AND WOULDN'T FIX THE PROBLEMS THEY CREATED.

What date(s) do you need the service? 1/12/19

What do you need transported? GARBAGE, RECYCLING.

Number of days, trips, loads: AT LEAST (2) TIMES A MONTH.

Transported from: MY HOUSE To: LAND FILL

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.

SKYLER TAYLOR
Print Name

Signature

1/12/19, KITSAP, WA
Date, County, State

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UTILITIES AND TRANSPORTATION
COMMISSION

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Applicant Name: 1

CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE

Customer Name: TONI ROBERTS T JONATHAN SIOK

Address: 6439 GLORY LANE NW SEASBECK WA 98380

Phone Number: 206-619-6559 Fax Number: _____ Email: TKROBERTSTK@MSN.COM

Describe the immediate and urgent need for the requested service: WE LIVE AT THE TOP OF A HILL ON AN UNPAVED PRIVATE ROAD, OVER 2 MILES FROM THE PAVED OUTLET WHERE THE COUNTY WASTE MANAGEMENT PICKS UP GARBAGE CANS. THE COUNTY WILL NOT ALLOW TRASH RECEPTACLES TO STAY AT THE PICK UP SITE FOR LONGER THAN 24 HOURS. MY HUSBAND IS ON DISABILITY AND IS PHYSICALLY UNABLE TO TRANSPORT OUR GARBAGE CAN.
If there is an existing company providing the service in the territory, please indicate the existing Company's name (if applicable): NO COUNTY ROAD, NATURE

Explain why the current company is not able to provide you service: THEY (COUNTY WASTE MANAGEMENT) DO NOT SERVICE OUR PRIVATE ROAD. THEY WILL ONLY PICK UP WASTE RECEPTACLES IF LEFT FOR A 12 HOUR PERIOD OF TIME OVER 2 MILES AWAY.
What date(s) do you need the service? IMMEDIATELY 10/2018 - INDEFINITELY
WE ALSO DO NOT HAVE A VEHICLE THAT CAN ACCOMMODATE THE TRANSPORT OF OUR GARBAGE CANS, RECYCLING AND YARD WASTE. THEREFORE, WE ARE LEFT WITH NO REASONABLE OPTIONS FOR WASTE MANAGEMENT.

What do you need transported? GARBAGE CANS, RECYCLING CANS, YARD WASTE

Number of days, trips, loads: WEEKLY

Transported from: 6439 GLORY LANE NW, SEASBECK To: TRANSFER STATION

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.

TONI ROBERTS Toni Roberts 10/21/18 KITSAP, WA
Print Name Signature Date, County, State

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UTILITIES AND TRANSPORTATION
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Applicant Name: SUPERIOR WASTE & RECYCLING

CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE

Customer Name: WILLIAM BECKUM

Address: 7026 BUE ALLEY NE SEABECK, WA 98380

Phone Number: 360 265-1641 Fax Number: — Email: WBECKUM@HOTMAIL.COM

Describe the immediate and urgent need for the requested service: MY WIFE & I ARE 67 YRS OLD AND HAVE TO DRAG 2 HUGE TRASH CANS UP AND DOWN A HILLY DIRT ROAD FOR 1/4 MILE IF WE DO NOT USE SWR'S SERVICES. WASTE MGMT DOES NOT PICK UP TRASH AT MY DOOR. THIS IS AN EXTREMELY DIFFICULT TASK FOR ME TO ACCOMPLISH DURING GOOD WEATHER. FORGET ABOUT IT HAPPENING THE OTHER 9 MOS. OF THE YEAR

If there is an existing company providing the service in the territory, please indicate the existing Company's name (if applicable): NO ONE!

Explain why the current company is not able to provide you service: YOU WOULD HAVE TO ASK THEM. ~~THEY ARE NOT~~

What date(s) do you need the service? AT LEAST EVERY OTHER WEEK.

What do you need transported? TRASH AND RECYCLABLES

Number of days, trips, loads: 1 LOAD OF TRASH & 1 LOAD OF RECYCLABLES X 2 WKS

Transported from: MY HOME To: THE DUMP

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.

WILLIAM BECKUM William Beckum 10/8/17 KITSAP WA
Print Name Signature Date, County, State

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