Three	Hun	d Burbage	No.	\$350.00 1/40- DOLLARS
ACCOUNT PAYMENT BAL. DUE	CASH CHECK MONEY ORDER CREDIT CAPD	FROM # 49.90 E, W.	. TÒ	3-11





STATE OF DELAWARE DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL DIVISION OF WASTE AND HAZARDOUS SUBSTANCES COMPLIANCE AND PERMITTING SECTION

89 KINGS HIGHWAY DOVER, DELAWARE 19901

TELEPHONE: (302) 739-9403 FAX: (302) 739-5060

SOLID WASTE TRANSPORTER PERMIT APPLICATION

Language Preference:

Instructions: You must complete this application in its entirety and attach all applicable documentation. (**Note:** For applicants renewing an existing permit, this application requires the submission of updated information and documentation. References to material submitted under previous applications are no longer accepted.)

The application must be signed by the company owner or a corporate officer. A check or money order payable to the "State of Delaware" must accompany this application and be sent to:

Delaware Department of Natural Resources and Environmental Control Compliance and Permitting Section 89 Kings Highway Dover, DE 19901

1.	Type of Permit ☐ New – SCRAP TIRES ONLY Submit a ch Delaware," in the amount of \$75.00.	neck or money order, payable to the "State of
	☐ New – ALL OTHERS Submit a check or methe amount of \$350.00.	noney order, payable to the "State of Delaware" in
	Renewal: Permit # DE-SW-1753	Expiration Date 6-30-24
	Please indicate the term for which you desire order, payable to the "State of Delaware," for	e your permit to be issued. Submit a check or money or the indicated permit fee.
	SCRAP TIRES ONLY	ALL OTHERS
	☐ One Year - \$75.00	One Year - \$350.00
	☐ Two Years - \$125.00	THERS Submit a check or money order, payable to the "State of Delaware" in \$350.00. mit # DE-SW-1753
	☐ Three Years - \$175.00	☐ Three Years - \$950.00
	☐ Four Years - \$225.00	☐ Four Years - \$1250.00
	☐ Five Years - \$275.00	☐ Five Years - \$1550.00

2.	Rel	ease to Public	
	Do Del	you wish to be included on the list of transpo aware permitted solid waste transporters?	orters that is provided to persons requesting a list of Yes No
3.	Coı	npany Information	
	Con	npany Name <u>Linwood</u> B	urbagio
Lo		n Address:	
-		5 Mile 1995 1995	Mailing Address:
2	54	-00 Honeysuckle Dr	Same
5	ea	Ford Del 19973	Same
Со	ntact:	Linwood Burbage Titl	e: <u>Owner</u>
Bu	siness	s Phone: 30 2-542-1426 Fax	e: <u>Owner</u>
		MA.	,
24	hr En	nergency Contact Phone: 302 - 542-7	<i>.</i>
₩.	Con	npany Ownership Information	
	(a).	Please indicate the company type:	
		Proprietorship Partnership	
			on, indicate city, state, and date of incorporation.
		City: De & Local Stat	e: <u>De</u> . Date:
		☐ Public institution	
		Limited Liability Corporation (LLC) St	ate:
		Other: (must specify)	
	(b).	For each Owner, Partner, or Corporate Of	ficer, attach a list with name, title, mailing address,
		date of birth, and % ownership. Include all	stockholders owning greater than 5% outstanding greater than 5% outstanding
		Attachment	
	(c).	If company is owned by or affiliated with a address & mailing address, and % ownershi	parent company, attach parent company name, p.
		Attachment	
		No parent company	

Solid Waste Transporter Application Page $\bf 3$ of $\bf 6$

5. Company locations in Delaware

	List name and <u>street</u> address of each company location, including freight terminals, within the State of Delaware. 25400 Honey Suckle Dr Attachment September Del. 19973
6.	Company Affiliates
	List name, location and mailing addresses, nature of business relationship of all company Affiliates, which affiliates are engaged in the business of waste transport, treatment, storage, disposal, recovery or reclamation. (Affiliated companies are defined as those companies owned by the same owners corporate officers, or parent company.)
	Attachment No affiliates
7.	Type of Waste to be Transported
	(a). Check all that apply. Refer to Delaware's Regulations Governing Solid Waste for definitions of waste categories.
	Residential waste Commercial waste (from non-manufacturing, non-processing businesses and offices Industrial waste (from a manufacturing or industrial process) Dry waste: construction/demolition debris trees/stumps other (must specify) Ash: municipal incinerator coal ash other (must specify) Infectious waste Non-hazardous petroleum-hydrocarbon contaminated soils Asbestos-containing waste Scrap Tires
	(b). Does your company collect and transport residential (household) waste from single family homes, condominiums and apartment complexes in Delaware? Yes No
	(c). If you answered "YES" to question 7.b., above, does your company provide recycling services to those customers? Yes No N/A
	(d). If you offer recycling services, does your company collect and transport the recyclables separately from the waste generated by your customers? ☐ Yes ☐ No
	(e). If you offer recycling services, are the recyclables ultimately taken to an incinerator (waste-to-energy) or landfill? ☐ Yes ☐ No

Solid Waste Transporter Application Page 4 of 6

8.	1100	tment, Storage, and Disposal Facilities	
	(a).	Do you cross state lines with the waste? Yes No	
	(b).	Identify in an attachment <i>all</i> solid waste Treatment, Storage, Disposal Facilities, Reclamation Facilities and Transfer Stations to which the waste will be transported.	
		Delaware Solid Waste Authority locations: (attachment) Clean Earth of New Castle, Inc. (thermal treatment facility for PHC-soils) Delaware Recyclable Products, Inc. (dry waste, commercial, industrial, and PHC-soils) Other in-state solid waste facilities, including private facilities: (attachment) Out of state solid waste TSD facilities: (attachment)	
9.	Oth	er Transporter Permits	
	(a).	Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)	
		Attachment Not applicable-No transporter permit required for these solid waste types in our home state	
	(b).	List solid waste transporter permits held in other states.	
		AttachmentNo transporter permits in other states	
	(c).	Indicate your Federal DOT number and Motor Carrier number:	
		DOT#MC#	
		N/A If N/A, please provide an explanation, on the following page, as to why you are not	
		required to have a DOT or MC number.	
		required to have a DOT or MC number.	
10.	Proo	required to have a DOT or MC number. f of Financial Responsibility	
10.	The Delay	required to have a DOT or MC number.	of ne
10.	The in Delay Insur Depa Environment (a).	required to have a DOT or MC number. f of Financial Responsibility transporter must submit proof of financial responsibility as established in section 7.2.4 overe's Regulations Governing Solid Waste. This proof may be established by a Certificate of ance, with MCS-90 endorsement where applicable, or by other means approved by the transfer of Insurance must identify the Department of Natural Resources and	of ne

(d). Certificate of Insurance must be attached and include minimum automobile liability coverage as follows:

	FOR-HIRE INTERSTATE	ALL OTHERS
Residential Waste	\$750,000.00 + MCS-9	0 □ \$350,000.00 □
Commercial Waste	\$750,000.00 + MCS-9	0 □ \$350,000.00 □
Industrial Waste	\$750,000.00 + MCS-9	0 □ \$350,000.00 □
Dry Waste	\$750,000.00 + MCS-9	0 □ \$350,000.00 □
Ash	\$750,000.00 + MCS-9	0 □ \$350,000.00 □
Infectious Waste	\$1,000,000.00 + MCS-9	0 □ \$750,000.00 + MCS-90 □
Non-Hazardous Petroleum Contaminated Soils	\$750,000.00 + MCS-9	0 □ \$350,000.00 □
Asbestos	\$1,000,000.00 + MCS-9 (For Hire & Private)	0 □ \$350,000.00 □
Scrap Tires Only	\$350,000.00	\$350,000.00

11. Spill Control and Safety

List all spill control and safety equipment which will be carried on each vehicle. (**Note:** Separate lists by type of vehicle and type of waste may be required.) Attach a copy of the Spill Control Plan. The Spill Control Plan **must** contain the following elements: (1) List of safety and spill control equipment carried in the vehicle, (2) Driver preventive measures, (3) Driver immediate corrective actions, (4) Company internal communications, (5) Company external communications including the **Delaware Emergency Reporting Numbers:** 1-800-662-8802 and 302-739-9401, and (6) Cleanup and decontamination measures.

Sp	ill	Control	Plan:	Attachment	
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12. Driver Training

IN SUMMARY OR OUTLINE FORM, describe the procedures that your company takes to ensure that all company drivers are safe and competent drivers. Small owner-operators may describe their years of experience and driving record in lieu of a formal program.

- (a). Include requirements for special licenses (e.g. CDL, including any special endorsements), any special training received, including dates training was received (e.g. asbestos training), and any ongoing company programs. (e.g. weekly safety meetings or annual refresher courses);
- (b). Include your company procedure for periodic checks of the driver's records for moving violations, and your company policy on progressive counseling/discipline based on points;
- (c). Describe how drivers are instructed in the following:
 - (i) Knowledge of proper handling procedures for the type of solid waste being transported.
 - (ii) Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)
 - (iii)Familiarity with the conditions of the solid waste transporter's permit.

Driver Training, attachment	25 ye	9-5	Clean	Record	l
			Linwood	Burbage	

13. Vehicle Identification

On the form provided with this application, list MAKE, MODEL, YEAR, SERIAL NUMBER, LICENSE PLATE NUMBER, STATE OF REGISTRATION, MANUFACTURER'S GVWR and OWNERSHIP of all vehicles used for the transportation of solid waste. You must list both motorized and container units. (If you maintain a list of company vehicles in a computer database you may submit a print out of the vehicles provided it contains the information requested herein.)

NOTE: You must notify CAPS in writing of any changes to information contained within this application, such as additions or deletions of vehicles, in accordance with conditions of the issued permit. ☐ Vehicle List Attached 14. Vehicle Operator Information Is a list of all vehicle operators attached? ☐ Yes What tax form do you submit to the IRS for your vehicle operators? Unwood Burbage Form W-2 ☐ Form 1099-Misc Other 15. Environmental Record List all criminal citations, arrests, convictions, civil or administrative violations, and civil or administrative enforcement actions, and the disposition(s) thereof for the violation or alleged violation of any environmental statute, regulation, permit, license, approval, or order, regardless of the state in which it occurred. Indicate whether it was a local, state, or federal violation or alleged violation. List all such items for the applicant, and if the applicant is other than an individual, for any employee while employed by the applicant, or any partner, officer, or director of the applicant as an individual or for any former business of such partner, officer, or director. For civil or administrative violations or alleged violations, list all such items for the last five (5) years from the date of the application. Information submitted under this section is subject to verification. Failure to submit complete and accurate information may lead to permit denial or revocation. Attachment _______ No violations within the specified time period 16. Certification I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, upon personal knowledge and information, the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information. ** Signature Linux But Date 5/24/24

Print Name Unused Burbage Title Owern

^{**}A legal owner or corporate officer must sign the application **

VEHICLE INFORMATION - See Item 13 of the application.

Use this form, or other format which provides the same information, to answer the VEHICLE IDENTIFICATION requirement of the application. List all vehicles, both motorized and container (if a license plate is required on the container) to be used to haul solid waste in the state of Delaware. In addition, list the vehicle owner, owner's address, and domicile address if different from the company address provided in the application.

MAKE - MODEL - YEAR	TYPE	VIN # (Serial Number)		mfgr's GVWR	OWNERSHIP
2003 Str=ing	ROLLOG	2 FzHez 99599	0140020 Del	52000	Cinwood Burbuge
1997 VOLVO	Roll of	4 V 55 Cb-flages 1727		52 000	Cinword Burbugo
1					

SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

- (1) Spill control and safety equipment carried in each vehicle:
 - 1). Reflectors and/or flares
 - 2). Fire extinguisher
 - 3). First aid kit
 - 4). Heavy-duty gloves, hard hat
 - 5). Flashlight
 - 6).
- (2) All loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the disposal facility.
- (3) The driver will perform the following pre-trip inspections:
 - 1). TIRE 5 Inspections
 - 2). Leaks
- (4) If there is an accident or other emergency which causes a portion of the load to be spilled, the driver, if uninjured, will contact the following designated company coordinator:

Name: Linuard Burbage Phone: 302-542-1426

(5) The designated coordinator will contact the state and municipal authorities where the accident occurred. If the accident or spill has the potential to cause environmental damage, (either due to the nature of the waste, location of the accident, or additional factors such as leaking oil, gasoline, or hydraulic fluid) the person contacted will notify the state emergency response team, by calling one of the following numbers:

Delaware: 911, (302) 739-9401 or 1-800-662-8802 (Other numbers may be listed as follows, however, the listed Delaware numbers must be included in the spill control plan.)

Maryland:

New Jersey:

- (6) The designated coordinator will contract for clean-up services with another company. (This is optional, however, if another company is to be contracted, please append a list of cleanup companies by either region or state.)
- (7) This plan will be carried in all vehicles, along with the permit.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/24/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

	te Farm Eric Cline				NAME; PHONE	202.62		FAX		
Jla					(A/C, No.	Ext): 302-62	nvm5@ctate	(A/C, No):		
(22366 Sussex Hwy				ADDRES		nxm5@state			NAIC#
	Conford			DE 19973				DING COVERAGE omobile Insurance Company		25178
	Seaford			DE 19973			m Muluai Aulo	official ensurance Company	,	
INSU					INSURE					
	Burbage, Linwood				INSURE					
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	0545000			DE 199738669	INSURE				-	
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NSR LTR	TYPE OF INSURANCE	ADD	SUB	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
-110	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
	OD WHO WASE							MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:								\$	
	AUTOMOBILE LIABILITY			002 6386-C05-08D		03/05/2024	09/05/2024	COMBINED SINGLE LIMIT (Ea accident)	s	
	ANY AUTO			002 0300-003-005		03/03/2024	09/03/2024	BODILY INJURY (Per person)	\$ 500,0	00
Α	OWNED SCHEDULED AUTOS ONLY	N	N					BODILY INJURY (Per accident)	\$ 500,0	00
	HIRED NON-OWNED							PROPERTY DAMAGE (Per accident)	\$ 100,0	00
	AUTOS ONLY AUTOS ONLY							Mark Control of the C	s	
_	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	s	
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	DED RETENTION \$								s	
	WORKERS COMPENSATION							PER OTH- STATUTE ER	\$	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE ANY PROPRIETOR/PARTNER/EXECUTIVE ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under							E.L. DISEASE - POLICY LIMIT	\$	
_	DÉSCRIPTION OF OPERATIONS below				72					
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	FS (ACORE	101. Additional Remarks Sched	ule, may b	e attached if mo	re space is requi	red)		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	LLO (AOOINE	7 to 1, Additional Contains Conse						
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