RECEIPT DATE 06/12/24 No. 654468
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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

☐ Five Years - \$275.00

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

SOLID WASTE TRANSPORTER PERMIT APPLICATION

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 check or money order, payable to the "State of Delaware," in the amount of \$75.00. ☑ New - ALL OTHERS Submit a check or money order, payable to the "State of Delaware" in the amount of \$350.00. Renewal: Permit # DE-SW-_____Expiration Date _____ Please indicate the term for which you desire your permit to be issued. Submit a check or money order, payable to the "State of Delaware," for the indicated permit fee. **ALL OTHERS** SCRAP TIRES ONLY ☑ One Year - \$350.00 ☐ One Year - \$75.00 ☐ Two Years - \$650.00 ☐ Two Years - \$125.00 ☐ Three Years - \$950.00 ☐ Three Years - \$175.00 Four Years - \$1250.00 ☐ Four Years - \$225.00

☐ Five Years - \$1550.00

☐ Attachment ______ No parent company

2.	Relea	ase to Public	
	Do yo Delav	ou wish to be included on the list of transpoware permitted solid waste transporters?	rters that is provided to persons requesting a list of Yes No
3.	Com	pany Information	
	Comp	pany Name JUNK DOG, LLC	
т.	4	A 11	Mailing Address:
LO	cation	Address:	SAME
		508 MAIN ST.	SAIVIE
		WILM., DE 19804	
Co	ntact:	RALPH V. ESTEP, SR Titl	e: GENERAL MANAGING PARTNER
			x: <u>302-994-7040</u>
E-	mail: I	RESTEP@TAXESBYESTEP.COM	
		nergency Contact Phone: 302-540-7010	
4.		pany Ownership Information	
	(a).	Please indicate the company type: Proprietorship Partnership Corporation - If company is a corporat	ion, indicate city, state, and date of incorporation.
		City: Sta	ite:Date:
		 ☐ Municipality ☐ Public institution ☑ Limited Liability Corporation (LLC) S ☐ Other: (must specify) 	tate: DE
	(b).	For each Owner, Partner, or Corporate O date of birth, and % ownership. Include a shares.	fficer, attach a list with name, title, mailing address ll stockholders owning greater than 5% outstanding
		Attachment YES	
	(c).	If company is owned by or affiliated with address & mailing address, and % owners	a parent company, attach parent company name, nip.

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.
	✓ Attachment YES No Delaware locations
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:
	☐ 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?
	(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

8.	Treatment, Storage, and Disposal Facilities							
	(a).	Do you cross state lines with the waste?						
	(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) WILM. @ 12** 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.						
		☐ Attachment No transporter permits in other states						
	(c).	Indicate your Federal DOT number and Motor Carrier number:						
		DOT# NONE MC# NONE						
	✓ 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.							
	OPERATION IS SOLELY IN THE STATE OF DELAWARE							
10	The transporter must submit proof of financial responsibility as established in section 7.2.4 of Delaware's Regulations Governing Solid Waste. This proof may be established by a Certificate of Insurance, with MCS-90 endorsement where applicable, or by other means approved by the Department. (The Certificate of Insurance must identify the Department of Natural Resources and Environmental Control, Compliance and Permitting Section as the certificate holder.)							
	(a).	Are you for-hire in interstate commerce?						
		Do you transport in the State of Delaware Only (Intrastate)? Yes No Do you transport Interstate? Yes No						

(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-90	\$350,000.00
Commercial Waste	\$750,000.00 + MCS-96	\$350,000.00
Industrial Waste	\$750,000.00 + MCS-9	\$350,000.00
Dry Waste	\$750,000.00 + MCS-9	0 □ \$350,000.00 ☑
Ash	\$750,000.00 + MCS-9	\$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 □
	\$1,000,000.00 + MCS-9	0 □ \$350,000.00 □
Asbestos	(For Hire & Private)	
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.

✓ Spill Control Plan: Attachment YES

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 YES

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 ✓ Yes Is a list of all vehicle operators attached? What tax form do you submit to the IRS for your vehicle operators? 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. 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_____ Print Name RALPH V. ESTEP, SR. Title GEN. MNG. PARTNER

^{**}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.

			I ICENISE B! ATE # 224 STATE mfar's	mfor	
MAKE - MODEL - YEAR	TYPE	VIN # (Serial Number)	of REGISTRATION	GVWR	OWNERSHIP
2024 ISUZU-NPR	ST	54DC4W1D8RS210590	C66583	11,000	JUNK DOG, LLC
2024 ISUZU-NPR	ST	54DC4W1D8RS210591	C66602	11,000	JUNK DOG, LLC
2023 FORD-F250	PICK-UP	1FT7W2BT1PEC19370	C67734	7,000	JUNK DOG, LLC
2023 BELMONT TRAILER	TRAILER	50PAD1227PL007273	T77674	5,000	JUNK DOG, LLC
2023 BELMONT TRAILER	TRAILER	50PAD1227PL009495	T77660	5,000	JUNK DOG, LLC
2023 BELMONT TRAILER	TRAILER	50PAD1227PL007343	T77627	5,000	JUNK DOG, LLC

SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

- (3) The driver will perform the following pre-trip inspections:
 - 1).
 - 2).
- (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:

 Phone:
- (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.

PARTNER LIST:

NAME	TITLE	OWNERSHIP	<u>DOB</u>
RALPH V. ESTEP, SR.	GENERAL MANAGING PARTNER	50%	
GULSUN ESTEP	LIMITED PARTNER	30%	
ARMAN E. ESTEP	LIMITED PARTNER	20%	

BUSINESS ADDRESS; ALL AT THE SAME ADDRESS: 508 MAIN STREET

WILMINGTON, DE 19804

SPILL CONTROL & SAFETY

WE DO NOT TAKE OR TRANSPORT ANY HAZARDOUS MATERIALS OR ITEMS.

HOWEVER WE DO CARRY TRASH CONTAINERS, FIRE EXTINQUISHERS, AND PAPER TOWELS.

DRIVER TRAINING

BECAUSE WE ARE A SMALL BUSINESS WITH ONLY TWO DUMP TRUCKS, WE HAVE NO WRITTEN TRAINING POLICY. OUR TRUCKS ARE BELOW WEIGHT REQUIREMENT FOR A CDL LICENSE.

HOWEVER, WE DO A BACKGROUND CHECK ON ALL NEW EMPLOYEES, INCLUDING CHECKING DRIVER'S LICENSE TO SAFETY RECORD. BEFORE HIRING, THE GEN. PARTNER WILL RIDE WITH EACH PROSPECT TO CHECK DRIVING AND SAFETY SKILLS.

ADDITIONALLY, OUR INSURANCE CARRIER WILL CHECK EACH NEW APPLICANT'S RECORDS TO DETERMINE IF THEY WILL ACCEPT THE NEW EMPLOYEE FOR AUTO INSURANCE.

LASTLY, WE ARE INSTALLING MONITORING DEVISES IN ALL THE TRUCKS, WHICH OUR INSURANCE CARRIER (PROGRESSIVE INS. CO.) WILL MONITOR AND REPORT AND CONCERNS.

VEHICLE OPERATORS

THIS IS A NEW BUSINESS AND HAS NOT YET BEGUN OPERATION. WE HAVE NOT HIRED ANY EMPLOYEES YET. THEREFORE, THE GENERAL MANAGING PARTNER, RALPH V. ESTEP IS THE ONLY PERSON WHO WILL BE DRIVING THE TRUCKS UNTIL OPERATIONS BEGIN.

The driver will perform the following pre-trip inspections:

BEFORE OPERATION OF VEHICLES, DRIVERS WILL INSPECT FOR ANY VEHICLE DAMAGE, TIRE PRESSURE, SIGNALING LIGHTS AND DASH INDICATORS.

Ralph Estep

Web: www.wisdominsurance.com

E-mail: jennifer@wisdominsurance.com

From: Sent: To: Cc: Subject: Attachments:	Jennifer Novak <jennifer@wisdominsurance.com> Thursday, June 6, 2024 12:55 PM Toby Stubbs; Ralph Estep Mariya Hertsun-Caudle Re: INSURANCE REQUJIREMENT DepartmentofNaturalResourcesandEnvironmentalControlComplianceandPermiting1510 9777.pdf; Dept of natural res.pdf</jennifer@wisdominsurance.com>
Please see attached COIs.	
Thank you!	
Jennifer Novak	
×	
An Insurance Associates of An	nerica Member
Please remember that you ca	nnot bind, alter, or terminate insurance via the voicemail or e-mail system
2309 Silvernail Road	
Pewaukee, WI 53072	
Office: 800-236-2596 Ext. 70	01
Cell: (630)854-8087	

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/6/2024

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 enfor rights to the cortificate holder in liqu of such andersament(s)

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ADDITIONAL DESCRIPTION PROPERTY PROPERTY	Wisc	iom Insurance Agency Inc.					(A/C, No.	Ext): (262) 40	08-5019		(262) 66	1-/4/5
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	AGENCY CUSTOMER ID:	
-	LOC #:	-
ACORD® ADDITION	ONAL REMARKS SCHEDULE	Page 1 of 1
GENCY	NAMED INSURED	
Wisdom Insurance Agency Inc.	Junk Dog, LLC	
OLICY NUMBER		
N9WC811013, 981649575		
ARRIER	NAIC CODE 20052J, 117 EFFECTIVE DATE:	
NATIONAL LIABILITY & FIRE INSURANCE DDITIONAL REMARKS	200323, 117	
HIS ADDITIONAL REMARKS FORM IS A SCHEDULE	TO ACORD FORM.	
ORM NUMBER: 25 FORM TITLE: Certifica	ite Of Liability Insurance	
**Certificate Holder Name:		
	ontrol. Compliance and Permiting	
Department of Natural Resources and Environmental Co	ontrol, Compliance and Permiting	
		×



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/06/2024

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).					
PRODUCER	CONTACT NAME:				
Next First Insurance Agency, Inc.	PHONE (A/C, No, Ext): (855) 222-5919 FAX (A/C, N	o):			
PO Box 60787 Palo Alto, CA 94306	E-MAIL ADDRESS: support@nextinsurance.com				
	INSURER(S) AFFORDING COVERAGE	NAIC#			
	INSURER A: Next Insurance US Company	16285			
INSURED	INSURER B :				
Junk Dog, LLC 508 Main St	INSURER C:				
Wilmington, DE 19804	INSURER D :				
	INSURER E :				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER: 146479016	REVISION NUMBER				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,					

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) INSR LIMITS TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY \$1,000,000.00 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) s100,000.00 CLAIMS-MADE | X | OCCUR \$15,000.00 MED EXP (Any one person) 05/28/2024 05/28/2025 \$1,000,000.00 NXTF9I PCVC-00-GL PERSONAL & ADV INJURY X \$2,000,000.00 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: \$2,000,000.00 PRODUCTS - COMP/OP AGG POLICY \$ OTHER: COMBINED SINGLE LIMIT \$ AUTOMOBILE LIABILITY (Ea accident) S BODILY INJURY (Per person) ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ 1,000,000.00 05/28/2024 05/28/2025 NXTF9LPCVC-00-GL **EACH OCCURRENCE UMBRELLA LIAB** OCCUR \$ 1,000,000.00 **EXCESS LIAB** AGGREGATE CLAIMS-MADE RETENTION \$ DED WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? NIA E.L. DISEASE - EA EMPLOYEE \$ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$25,000.00 Each Occurrence: \$50,000.00 05/28/2024 05/28/2025 Aggregate: NXTF9LPCVC-00-GL Contractors Errors and Omissions Х DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Certificate Holder is Department of Natural Resources & Environmental Control-DE. This Certificate Holder is an Additional Insured on the General Liability policy and Umbrella/Excess Liability policy per the Additional Insured Automatic Status Endorsement. All Certificate Holder privileges apply only if required by written agreement between the Certificate Holder and the insured, and are subject to policy terms and conditions.

CERTIFICA	TE HOLDER
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Department of Natural Resources & Environmental Control-DE 715 Grantham Ln New Castle, DE 19720



CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Davis, DaQuan (DNREC)

From:

Ralph Estep <restep@taxesbyestep.com>

Sent:

Thursday, June 13, 2024 1:04 PM

To:

WHStransporters

Subject:

RE: Delaware Solid Waste Transporter Permit

Attachments:

DNREC ANSWERS.pdf

Mr. Davis.

In response to the queries noted in your email below. I've provided my answers in red print after your questions.

Additionally, please see the attachment hereto of copies of documents you requested.

Thanks for your assistance and please let me know when you've assigned me an account number.

Kindest regards, Ralph

RALPH V. ESTEP, EA, ABA, ATA, ATP c/o RALPH V. ESTEP, E.A., P.A. ACCOUNTING RESOURCE CENTER 508 MAIN STREET WILMINGTON, DELAWARE 19804

Phone: (302) 998-2008 / Fax: (302) 994-7040

Confidentiality NOTICE: As a recipient of the attached email, it is understood all materials here within are only applicable and shared by above recipients. This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to which they are addressed! If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail. Please notify the sender immediately by e-mail if you have received this e-mail by mistake and delete this e-mail from your system. If you are not the intended recipient you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited

From: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> On Behalf Of WHStransporters

Sent: Wednesday, June 12, 2024 2:45 PM **To:** Ralph Estep <restep@taxesbyestep.com>

Subject: FW: Delaware Solid Waste Transporter Permit

Hi Mr. Estep,

Thank you for submitting your application to obtain your Delaware solid waste transporter permit. Upon review, I have found that some information is missing or needs to be updated. Please address the items listed below:

• Item 5- Do have any other company Delaware locations besides 508 Main ST, Wilmington, DE 19804? NO, I HAVE ONLY THE ONE LOCATION.

Hi Mr. Estep,

Thank you for submitting your application to obtain your Delaware solid waste transporter permit. Upon review, I have found that some information is missing or needs to be updated. Please address the items listed below:

- Item 5- Do have any other company Delaware locations besides 508 Main ST, Wilmington, DE 19804?
- Item 10- Please provide an updated Certificate of Insurance and add the Department of Natural Resources and Environmental Control address to the Certificate Holder section. The address is 89 Kings Hwy, Dover, DE 19901.
- Item 11- The spill control plan lacks a designated emergency coordinator. Please update the list, and add the emergency coordinator's name, and phone number.
- Item 13- The vehicle list you submitted is missing the state of registration please update and add for each vehicle.
- Item 16- The application was not signed and dated. Please have an owner sign and date the application.

Please provide the information requested above via e-mail within five (5) days.

Sincerely,

DaQuan Davis



DaQuan L. Davis

Environmental Scientist I

Division of Waste and Hazardous Substances

- 302-739-9403
- daquan.davis@delaware.gov
- 89 Kings Hwy SW, Dover, DE 19901
- dnrec.delaware.gov





DaQuan L. Davis

Environmental Scientist I

Division of Waste and Hazardous Substances

- 302-739-9403
- daquan.davis@delaware.gov
- 89 Kings Hwy SW, Dover, DE 19901
- dnrec.delaware.gov



Solid Waste Transporter Application Page 6 of 6

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.

V	Vehicl	e List	Attac	hed
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14. Vehicle Operator Informat	tion	П
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Is a list of all vehicle operators attached?	☑ Yes
What tax form do you submit to the IRS of Form W-2 ☐ Form 1099-Misc ☐ Other	for your vehicle operators?

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	
V	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

**Signature

Print Name RALPH V. ESTEP, SR.

Title GEN. MNG. PARTNER

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/13/2024

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.

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this certificate does not confer rights to	the c	ertii		CONTAC NAME:					
				NAME: PHONE	Toby Stub	008	FAX (A/C, No):	(262) 66	1.7475
Wisdom Insurance Agency Inc.			1	(AJC, No.	Ext): (262) 40	08-5019 dominsurance	[(A/C, No):	(262) 66	1-/4/3
2309 Silvemail Rd				ADDRES			The state of the s		NAIG #
December 2			WI 52070				CAS CO	\rightarrow	NAIC #
Pewaukee SURED		_				FINANCIAL			11770 20052J
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08 MAIN ST				INSURE	RD:				
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VILMINGTON		Town Street	THE PERSON NAMED IN TAXABLE OF THE PERSON OF	INSURE	RF:				
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AUTOS ONLY AUTOS NON-OWNED			981649575		05/28/2024	05/28/2025	PROPERTY DAMAGE (Per accident)	\$	
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EXCESS LIAB CLAIMS-MADE							AGGREGATE	s	
DED RETENTION \$							AGIPER I TOTH-	S	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							X STATUTE OTH-		
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		N9WC811013		05/28/2024	05/28/2025	E.L. EACH ACCIDENT	S	1,000,0
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/13/2024

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							require an endorsement	. A SI	atement on
	DUCER				CONTAC NAME:					
Nex	t First Insurance Agency, Inc.				PHONE (A/C. No	(855) 22	2-5919	FAX (A/C, No):		
	30x 60787 Alto, CA 94306				E-MAIL ADDRES		@nextinsuranc			
							URER(S) AFFOR	IDING COVERAGE		NAIC#
					INSURE		urance US Cor			16285
INSU	RED				INSURE					
Juni	c Dog, LLC Main St				INSURE					
	nington, DE 19804				INSURE	RD:				
					INSURE	RE:				
					INSURE	RF:				
				NUMBER: 811122578				REVISION NUMBER:		
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	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
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	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
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Α	Contractors Errors and Omissions	Х		NXTF9LPCVC-00-GL		05/28/2024	05/28/2025	Aggregate:	\$50,00	0.00
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and	Certificate Holder is Delaware Department Umbrella/Excess Liability policy per the Ado veen the Certificate Holder and the insured	dition	al Insi	ured Automatic Status Endor	sement.	All Certificate	ate Holder is a Holder privileg	n Additional Insured on the es apply only if required by	Genera written	agreement
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					AUTHO	RIZED REPRESE		2 5		
							(Par Kypon		
				Click or scan to view				U		

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)	LICENSE PLATE # and STATE of REGISTRATION	mfgr's GVWR	OWNERSHIP
2024 ISUZU-NPR	ST	54DC4W1D8RS210590	C66583 ⊅E	11,000	JUNK DOG, LLC
2024 ISUZU-NPR	ST	54DC4W1D8RS210591	C66602 DE	11,000	JUNK DOG, LLC
2023 FORD-F250	PICK-UP	1FT7W2BT1PEC19370	C67734 DE	7,000	JUNK DOG, LLC
2023 BELMONT TRAILER	TRAILER	50PAD1227PL007273	T77674 DE	5,000	JUNK DOG, LLC
2023 BELMONT TRAILER	TRAILER	50PAD1227PL009495	T77660 DE	5,000	JUNK DOG, LLC
2023 BELMONT TRAILER	TRAILER	50PAD1227PL007343	T77627 DE	5,000	JUNK DOG, LLC
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NOTE:

ALL DE REGISTRATIONS

SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

(2) All loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during

(1) Spill control and safety equipment carried in each vehicle:

Reflectors and/or flares
 Fire extinguisher
 First aid kit

transport to the disposal facility.

5). Flashlight

6).

4). Heavy-duty gloves, hard hat

(4) If there is an if uninjured, Name:	accident or other emergency which causes a p will contact the following designated compar Phone:	portion of the load to be spilled, the driver, by coordinator:
(5) The designa occurred. If nature of the hydraulic flu	ed coordinator will contact the state and a the accident or spill has the potential to cause waste, location of the accident, or additional id) the person contacted will notify the state of ing numbers:	environmental damage, (either due to the factors such as leaking oil, gasoline, or emergency response team, by calling one
Delawar however, Maryland New Jers	the listed Delaware numbers must be includ :	2 (Other numbers may be usted as follows, ed in the spill control plan.)
however, Maryland New Jers (6) The designat optional, ho	the listed Delaware numbers must be included: ey: ed coordinator will contract for clean-up serveyer, if another company is to be contracted to the contracted of the contra	ed in the spill control plan.) rices with another company. (This is l, please append a list of cleanup
however, Maryland New Jers (6) The designat optional, ho	the listed Delaware numbers must be included: ey: ed coordinator will contract for clean-up serveyer, if another company is to be contracted to the contracted of the contra	ed in the spill control plan.) rices with another company. (This is