RECEIP	T DATE_	07/05/24	_No.
RECEIVED FROM	m,	Inc.	\$ 650.00
5x Hund	nd	Fifty and	O/100DOLLARS
OFOR RENT DE	- Su	J-1682	
ACCOUNT	CASH	# 20575	
PAYMENT	OMONEY ORDER	FROM	то
BAL. DUE	CREDIT	BY EIW.	3-11

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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



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

1.7	
☐ New – <b>SCRAP TIRES ONLY</b> Submit a chec Delaware," in the amount of \$75.00.	ck or money order, payable to the "State of
☐ New – <b>ALL OTHERS</b> Submit a check or mo the amount of \$350.00.	ney order, payable to the "State of Delaware" in
Renewal: Permit # DE-SW- 1682	Expiration Date 9/30/24
Please indicate the term for which you desire y order, payable to the "State of Delaware," for	your permit to be issued. Submit a check or money the indicated permit fee.
SCRAP TIRES ONLY	ALL OTHERS
☐ One Year - \$75.00	☐ One Year - \$350.00
☐ Two Years - \$125.00	
☐ Three Years - \$175.00	☐ Three Years - \$950.00
☐ Four Years - \$225.00	☐ Four Years - \$1250.00
☐ Five Years - \$275.00	☐ Five Years - \$1550.00

Paş	ge 2 01 <b>0</b>	
2.	Release to Public	
	Do you wish to be included on the list of transported permitted solid waste transporters?	rters that is provided to persons requesting a list of Yes \square No
3.	Company Information	
	Company Name D.G.M. Inc	
Lo	cation Address:	Mailing Address:
	15584 Walkabout Lane	PO Box 504
	Milton, DE 19968	Rehoboth Beach, DE 19971
Co	ntact: Robert Downs Tit	le: President
	siness Phone: (302)227-1717 Fa	
E-1	mail: downsdgm@hotmail.com	
	hr Emergency Contact Phone: (302)542-2667	
4.	Company Ownership Information	
	<ul> <li>(a). Please indicate the company type:</li> <li>☐ Proprietorship</li> <li>☐ Partnership</li> <li>☑ Corporation - If company is a corporate</li> </ul>	ion, indicate city, state, and date of incorporation.
	City: Rehoboth Beach Sta	nte: DEDate:
	☐ Municipality ☐ Public institution ☐ Limited Liability Corporation (LLC) S	70

(b). For each Owner, Partner, or Corporate Officer, attach a list with name, title, mailing address, date of birth, and % ownership. Include all stockholders owning greater than 5% outstanding shares.

✓ Attachment 1

Other: (must specify)

(c). If company is owned by or affiliated with a parent company, attach parent company name, address & mailing address, and % ownership.

☐ Attachment \_\_\_\_\_\_
☐ No parent company

Solid Waste Transporter Application Page 3 of 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 2  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: ☑ 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?
	(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  $\bf 4$  of  $\bf 6$ 

8.	Trea	tment, 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, Dir Facilities and Transfer Stations to which the waste will be transf	sposal Facilities ported.	, Reclamation	
		<ul> <li>✓ Delaware Solid Waste Authority locations: (attachment) 3</li> <li>☐ Clean Earth of New Castle, Inc. (thermal treatment facility</li> <li>☐ Delaware Recyclable Products, Inc. (dry waste, commercia</li> <li>✓ Other in-state solid waste facilities, including private facilit</li> <li>☐ Out of state solid waste TSD facilities: (attachment)</li> </ul>	il, industrial, and ties: (attachment	PHC-soils)	
9.	Oth	er Transporter Permits			
	(a).	Attach a copy of your home state solid waste transporter permit home state.)	. (N/A if Delaw	are is your	
		☐ Attachment  ☐ Not applicable-No transporter permit required for these solid	d waste types in	our home state.	
	(b).	List solid waste transporter permits held in other states.			
5		☐ Attachment ☐ No 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 required to have a DOT or MC number.	ng page, as to wh	y you are not	
		I only haul intrastate and trucks are driven by the owner			
10.	Pro	of of Financial Responsibility			
	Dela Insu Depa	transporter must submit proof of financial responsibility as aware's Regulations Governing Solid Waste. This proof may be arance, with MCS-90 endorsement where applicable, or by artment. (The Certificate of Insurance must identify the Department Control, Compliance and Permitting Section as the	oe established by other means a nent of Natural	y a Certificate of approved by the Resources and	
	(a).	Are you for-hire in interstate commerce?  Yes  No (For business of transporting, for compensation or payment, wastes than your own.)	or-Hire means you generated by a c	ompany other	
		Do you transport in the State of Delaware Only (Intrastate)? Do you transport Interstate?	✓ Yes  ☐ Yes	□ No ☑ No	

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

	FOR-HIRE INTERSTATE	<u>,</u>	ALL OTHERS
Residential Waste	\$750,000.00 + MC	S-90 🔲	\$350,000.00
Commercial Waste	\$750,000.00 + MC	S-90 🔲	\$350,000.00 🗹
Industrial Waste	\$750,000.00 + MC	S-90 🗌	\$350,000.00
Dry Waste	\$750,000.00 + MC	S-90 🔲	\$350,000.00
Ash	\$750,000.00 + MC	S-90 🔲	\$350,000.00
Infectious Waste	\$1,000,000.00 + MC	S-90 🗆	\$750,000.00 + MCS-90 🗆
Non-Hazardous Petroleum Contaminated Soils	\$750,000.00 + MC	S-90 🔲	\$350,000.00
	\$1,000,000.00 + MC	S-90 🗆	\$350,000.00
Asbestos	(For Hire & Priva	te)	_
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 4

#### 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	5		
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# SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

<ol> <li>Spill control and safety equipment carried in each vehicle:         <ol> <li>Reflectors and/or flares</li> <li>Fire extinguisher</li> <li>First aid kit</li> <li>Heavy-duty gloves, hard hat</li> <li>Flashlight</li> </ol> </li> </ol>
(2) All loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the disposal facility.
<ul><li>(3) The driver will perform the following pre-trip inspections:</li><li>1).</li><li>2).</li></ul>
(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.

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 mfgr's of REGISTRATION GVWR	mfgr's GVWR	OWNERSHIP
Ford - FSuperduty - 1995	Hooklift	1FDLF47FXSEA25521	CL59122 Delaware	15,000	D.G.M. Inc./Robert Downs
International - 4300 - 2004	Dump	1HTMMAAN2YH617318	CL23673 Delaware	33,000	D.G.M. Inc.
Freightliner - FL80 - 2003	Roll-off	1FVHBXAKX3HL73644	C56116 Delaware	52,000	D.G.M. Inc.
72					

#### 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

Is a list of all vehicle operators attached?	☑ Yes
What tax form do you submit to the IRS for yo ☐ Form W-2 ☐ Form 1099-Misc ☑ Other	our vehicle operators?

#### 15. Environmental Record

14. Vehicle Operator Information

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.

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	Attachment	
<b>V</b>	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	Male fa	Date	7-1-24	
Print Name Rob	ert J Downs	Title	President	

<sup>\*\*</sup>A legal owner or corporate officer must sign the application \*\*

## **Attachments**

uniform total restaurable objects 11

# 1. Company Ownership:

Robert J. Downs
DOB:
President- 100% ownership
15584 Walkabout Lane
Milton, DE 19968

#### 2. Location:

D.G.M. Inc. 15584 Walkabout Lane Milton, DE 19968

### 3. Disposal Facilities:

DSWA Jones Crossroads Landfill 28560 Landfill Lane Georgetown, DE 19947

Stockley Materials – trees/stumps and yard waste 25136 Dupont Blvd Georgetown, DE 19947

Blue Hen Organics – trees/stumps and yard waste 33529 Fox Run Rd Frankford, DE 19945

#### 4. See other page

5. I, Robert Downs, am the only driver for my company. I have a Class A CDL and have been driving large vehicles and loads since I was 16. I own dump trucks, roll-offs as well as farm machinery and have never had an accident or loss of load with any of them. I work full time as the Superintendent of the Rehoboth Beach Water Department and as part of that position I receive on going safety training and DOT physicals.

SKEITHLEY

ACORD

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/28/2024

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 THAT WE OR PROPULCED AND THE CERTIFICATE HOLDER.

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

If th	SUBROGATION IS WAIVED, Subject is certificate does not confer rights to	the	certi	ficate holder in lieu of su	ich end	orsement(s).					
PRODUCER Pratt insurance, Inc. 4 Village Square					CONTACT NAME: PHONE (A/C, No, Ext): (302) 653-6681  FAX (A/C, No):						
						INSURER(S) AFFORDING COVERAGE				NAIC#	
						RA: Atlantic	States			22586	
INSURED						INSURER B:					
D.G.M. Inc.					INSURER C:					-	
PO Box 504 Rehoboth Beach, DE 19971					INSURE	RD:					
					INSURER E:						
					INSURE	RF:					
CO	VERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:		NION DEDICE	
IN	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI	REME	ENT, TERM OR CONDITION THE INSURANCE AFFOR	DED BY	THE POLICE	ES DESCRIB	DOCUMENT ANTI- VESLE	.011	2 AALLIOLL LLIIO I	
		ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s		
INSR LTR	X COMMERCIAL GENERAL LIABILITY	INSO	WVD	, only nomen			A.M. 19	EACH OCCURRENCE	s	1,000,000	
53.	CLAIMS-MADE X OCCUR			CPA8083004		4/6/2024	4/6/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000	
	- Joseph Market						000 00	MED EXP (Any one person)	s	15,000	
							İ	PERSONAL & ADV INJURY	s	1,000,000	
	DENIL ACCORDATE LIBERT ADDITION DED							GENERAL AGGREGATE	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	s	2,000,000	
									s		
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000	
^	X ANY AUTO			1000165152		4/6/2024	4/6/2025	BODILY INJURY (Per person)	s		
	OWNED SCHEDULED			1000100102				BODILY INJURY (Per accident)	\$		
	AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	s		
	AUTOS ONLY AUTOS ONLY							A Control of the Cont	s		
	UMBRELLA LIAB OCCUR	_						EACH OCCURRENCE	s		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	s		
	DED RETENTION \$	İ							s		
-								PER OTH-			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR PARTNERS FOR CULTURE	l						E.L. EACH ACCIDENT	s		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	s		
	If yes, describe under							E.L. DISEASE - POLICY LIMIT	100		
	DÉSCRIPTION OF OPERATIONS below										
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORI	J 101, Additional Remarks Sched	ule, may t	e attached if mo	re space is requi	red)			
5:20			_		CAN	CELLATION					
CERTIFICATE HOLDER						CANCELLATION					
Dept. of Nat'l Resources & Environmental Control Division of Waste and Hazardous Substances						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
89 Kings Hwy Dover, DE 19901					AUTHORIZED REPRESENTATIVE						