

# RECEIPT

DATE

07/23/24

No.

654512

RECEIVED FROM

Folcher Associates Group

\$650.00

Six hundred Fifty and 0/100

DOLLARS

 FOR RENT FOR

DE-SW-1859

ACCOUNT	
PAYMENT	
BAL. DUE	

 CASH CHECK MONEY  
ORDER CREDIT  
CARD

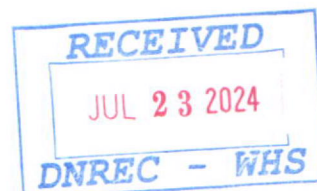
FROM

# 5916

TO

BY

E. W.



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**

- 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- 1859 Expiration Date 7/30/24

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.

**SCRAP TIRES ONLY**

**ALL OTHERS**

- One Year - \$75.00
- Two Years - \$125.00
- Three Years - \$175.00
- Four Years - \$225.00
- Five Years - \$275.00

- One Year - \$350.00
- Two Years - \$650.00
- Three Years - \$950.00
- Four Years - \$1250.00
- Five Years - \$1550.00

**2. Release to Public**

Do you wish to be included on the list of transporters that is provided to persons requesting a list of Delaware permitted solid waste transporters?  Yes  No

**3. Company Information**

Company Name Folcher Associates Group

Location Address:	Mailing Address:
2101 Woodland Avenue	Same
Hammonton, NJ 08037	

Contact: Andrew Folcher Title: Owner

Business Phone: 856-232-8521 Fax: 856-232-2070

E-mail: ffolcher@aol.com

24 hr Emergency Contact Phone 

**4. Company Ownership Information**

(a). Please indicate the company type:

- Proprietorship
- Partnership
- Corporation - If company is a corporation, indicate city, state, and date of incorporation.

City: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_

- Municipality
- Public institution
- Limited Liability Corporation (LLC) State: NJ
- Other: (must specify) \_\_\_\_\_

(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 \_\_\_\_\_

(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

**5. Company locations in Delaware**

List name and street address of each company location, including freight terminals, within the State of Delaware.

- Attachment \_\_\_\_\_  
 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?  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

**8. Treatment, Storage, and Disposal Facilities**

- (a). Do you cross state lines with the waste?  Yes  No
- (b). Identify in an attachment **all** 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. Other 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# 003474092 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.
- 

**10. Proof of Financial Responsibility**

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?  Yes  No (For-Hire means you are in the business of transporting, for compensation or payment, wastes generated by a company other than your own.)
- (b). Do you transport in the State of Delaware Only (Intrastate)?  Yes  No
- (c). Do you transport Interstate?  Yes  No

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

	<b>FOR-HIRE INTERSTATE</b>	<b>ALL OTHERS</b>
Residential Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Industrial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Dry Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Ash	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Infectious Waste	\$1,000,000.00 + MCS-90 <input type="checkbox"/>	\$750,000.00 + MCS-90 <input type="checkbox"/>
Non-Hazardous Petroleum Contaminated Soils	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Asbestos	\$1,000,000.00 + MCS-90 <input type="checkbox"/> (For Hire & Private)	\$350,000.00 <input type="checkbox"/>
Scrap Tires Only	\$350,000.00 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>

### 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 \_\_\_\_\_

### 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 \_\_\_\_\_

**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?

- Form W-2
- Form 1099-Misc
- Other

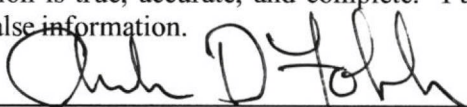
**15. Environmental Record**

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

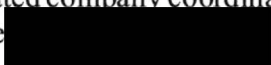
**16. Certification**

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  Date 7-19-2024  
Print Name Andrew Folcher Title Owner

**\*\* A legal owner or corporate officer must sign the application \*\***

## 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).
  - 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: *Andrew Folcher* 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.







FOLCASS-01

KSCHARLE

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/15/2024

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).

<b>PRODUCER</b> The Martin Company 500 Jessup Rd West Deptford, NJ 08086	<b>CONTACT NAME:</b> Annamarie Kinsey <b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> Annamarie.kinsey@spmartinco.com														
<b>INSURED</b> Folcher Associates Group LLC Folcher Enterprises LLC 2101 Woodland Avenue Hammonton, NJ 08037	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Nautilus Insurance Company</td> <td style="text-align: center;">17370</td> </tr> <tr> <td>INSURER B : Great Divide Ins Co</td> <td style="text-align: center;">25224</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Nautilus Insurance Company	17370	INSURER B : Great Divide Ins Co	25224	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER F :															

**COVERAGES****CERTIFICATE NUMBER:****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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: _____			ECP203780512	3/14/2024	3/14/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 _____ \$ _____
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ _____ \$ _____
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____			FFX203780612	3/14/2024	3/14/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ _____ _____ \$ 2,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCA203775712	3/19/2024	3/19/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

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

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

*Mary Gmelendes*

Item 10 on application:

We are a demolition company, when we do a job in Delaware we take our trash to a facility in Delaware  
Cherry Island Landfill is what we have used in the past. We have not done any jobs recently in Delaware.

Item 12:  
Driver Training:

We are associated with a consortium DISA that gives random drug testing on driver.  
Kenneth Wright has a CDL and been driving for (38) years.


# FOLCHER ASSOCIATES GROUP

---

146 Blackwood Barnsboro Road ~ Sewell, NJ 08080  
Phone 856-232-8521 ~ Fax 856 232-2070

## DRIVER LIST:

Kenneth C Wright, Jr.

License # 

## Landfills:

Cherry Island Landfill

1706 E. 12<sup>th</sup> Street

Wilmington, DE

# FOLCHER ASSOCIATES GROUP

2101 Woodland Avenue ~ Hammonton, NJ 08037

Phone 856-232-8521 ~ Fax 856 232-2070

Andrew Folcher

Owner

2101 Woodland Avenue Hammonton, NJ 08037

  
100% Ownership

STATE OF NEW JERSEY INSURANCE IDENTIFICATION CARD

COMPANY NUMBER **426** COMPANY **New Jersey Manufacturers Ins. Co.**  COMMERCIAL  PERSONAL

POLICY NUMBER **C8757197** EFFECTIVE DATE **8/21/2023** EXPIRATION DATE **8/21/2024**

YEAR MAKE/MODEL **FLEET** VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD  
**New Jersey Manufacturers Ins. Co.**  
**301 Sullivan Way**  
**West Trenton, NJ 08628-3496**

INSURED  
 FOLCHER ENTERPRISES LLC  
 2101 Woodland Ave  
 Hammonton, NJ 08037

SEE IMPORTANT NOTICE ON REVERSE SIDE



To Report a Claim  
Call (609) 883-1300

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**West Trenton, NJ 08628-3496**

INSURED  
 FOLCHER ENTERPRISES LLC  
 2101 Woodland Ave  
 Hammonton, NJ 08037

SEE IMPORTANT NOTICE ON REVERSE SIDE



To Report a Claim  
Call (609) 883-1300



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THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

Address for notification of commencement of medical treatment:

**New Jersey Manufacturers Ins. Co.**

**301 Sullivan Way, West Trenton, NJ 08628-3496**

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2F3F0F8F2F17N1E9W72N4N0482261

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PHILIP D. MURPHY  
Governor

TAHESHA L. WAY  
Lt. Governor

DEPARTMENT OF ENVIRONMENTAL PROTECTION  
DIVISION OF WASTE & UST COMPLIANCE AND ENFORCEMENT  
BUREAU OF HAZARDOUS WASTE COMPLIANCE & ENFORCEMENT  
P.O. Box 420, Mail Code 09-03  
Trenton, New Jersey 08625-0420  
P.O. Box 420, Mail Code 09-03  
Tel. (609) 943-3019  
Fax. (609) 292-4539

SHAWN M. LATOURETT  
Commissioner

November 16, 2023

FOLCHER ASSOCIATES GROUP LLC  
12101 Woodland Avenue,  
Hammonton, NJ 08037  
Activity Number: RTS230003- 923368

Equipment Type	Decal #	License Plate	Issuing State	VIN#	Equipment Status
Single Unit Vehicle	SWE-25-114384	AY521U	NJ	3BKZX4TX2RF3 68638	Active

Enclosed are your **waste transporter decal(s) and registration cab card(s)**. Please read this instruction sheet for proper placement of the decal(s).

#### IMPORTANT NOTES

- Each registrant (transporter) is assigned a unique five-digit New Jersey Department of Environmental Protection (NJDEP) registration number that must be displayed on all vehicles and equipment (see below).
- Before applying any decal, please check that all information printed on the registration cab card is accurate for each vehicle. If there is an error or discrepancy, please e-mail [LRU@dep.nj.gov](mailto:LRU@dep.nj.gov) an explanation of the error along with a scanned copy of the registration cab card you received.
- If you have registered more than one vehicle, be sure to affix the correct decal to the corresponding vehicle. Decals are assigned to a specific piece of equipment. Please make sure the decal number, VIN number and license plate on the cab card match the VIN number and license plate of the vehicle before affixing it to the equipment.
- Decals must be permanently affixed to all solid waste units prior to transport of waste to, from or within New Jersey or prior to the unit being placed into service or before receiving waste. Decals that are placed on magnets, taped, or otherwise not permanently affixed to the equipment, will be **CONFISCATED and no refund issued**. All expired decals must be removed.
- All vehicles used in the collection or transportation of solid waste must carry the current NJDEP registration certification (cab card) in the solid waste vehicle.
- Accurate records of all waste picked up and disposed must be kept by quantity and waste ID numbers.



**EXEMPT SOLID WASTE**

*NJDEP Registered Transporter:*

**FOLCHER ASSOCIATES GROUP LLC  
12101 WOODLAND AVENUE,  
HAMMONTON, NJ 08037**

Vin ID#: **3BKZX4TX2RF368638** NJ

License Plate #: **AY521U**

Vehicle Type: **Single Unit Vehicle**

Vehicle leased?: **N**

If Yes, lessor's name:

NJDEP Registered Transporter:

**FOLCHER ASSOCIATES GROUP LLC**

NJDEP #: **0039002**

**This card must be carried in the cab of the vehicle at all times.**  
This registration card & decal are valid for use only by the listed registrant.  
Leased equipment can only be used to transport waste by the listed registrant.

# FOLCHER ASSOCIATES GROUP

2101 Woodland Avenue ~ Hammonton, NJ 08037

Phone 856-232-8521 ~ Fax 856 232-2070

## Spill Control:

1. Identification of Hazardous Areas: Begin by identifying locations where chemicals are stored or used and could potentially spill
2. Risk Assessment: Evaluate the risk associated with each area to determine the severity of potential spills.
3. Preventive Measures: Develop strategies to prevent spills, such as proper storage, handling, and maintenance procedures.
4. Emergency Contracts: Establish a list of emergency contracts, including local authorities, spill response teams, and relevant personnel.
5. Spill Response Procedures: Outline step by step actions to take in case of a spill, including containment, cleanup, and reporting.
6. Employee Training: Train employees on spill response protocols and ensure they understand their roles during an incident.
7. Reporting Procedures: Design clear procedures for reporting spills promptly and accurately.
8. Regular Plan Review and Updates: Regularly review and update the plan to reflect changes in operations or regulations.

# CERTIFICATE OF LIABILITY INSURANCE

**ISSUING DATE (MM/DD/YYYY)**

07/25/2024

THIS CERTIFICATE ISSUED IS FOR INFORMATION PURPOSES ONLY. IT PROVIDES NO RIGHTS TO THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, ALTER OR EXTEND COVERAGE PROVIDED BY THE POLICIES LISTED BELOW. THIS CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE CARRIER AFFORDING COVERAGE AND THE CERTIFICATE HOLDER.

A STATEMENT ON THIS CERTIFICATE DOES NOT PROVIDE RIGHTS TO THE CERTIFICATE HOLDER FOR THE FOLLOWING UNLESS THE APPLICABLE ENDORSEMENTS ARE ATTACHED TO THE POLICY(IES) LISTED BELOW

**ADDITIONAL INSURED/ALTERNATE EMPLOYER/WAIVER OF SUBROGATION/PRIMARY & NON-CONTRIBUTORY/NOTICE OF CANCELLATION:** THE POLICY(IES) MUST HAVE THE NECESSARY ENDORSEMENT(S) TO MODIFY TERMS AND CONDITIONS.

<b>INSURED:</b> Folcher Associates Group See Additional Remarks Schedule 2101 Woodland Ave Hammonton, NJ 08037	<b>INSURANCE CARRIER AFFORDING COVERAGE:</b>	<b>NAIC #</b>
	GENERAL LIABILITY:	
	AUTO LIABILITY:	New Jersey Manufacturers Insurance Company 12122
	UMBRELLA LIABILITY:	
	WORKERS COMP:	

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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY PERIOD (MM/DD/YYYY) - (MM/DD/YYYY)	LIMITS OF INSURANCE
<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> OCCURRENCE  GENERAL AGGREGATE LIMIT APPLIES: <input type="checkbox"/> POLICY <input type="checkbox"/> LOCATION <input type="checkbox"/> PROJECT			EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Each Occurrence) \$ MED EXP (Any One Person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODS - COMP/OPS AGG \$
<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	C8757197 CAGM	08/21/2023 - 08/21/2024	COMBINED SINGLE LIMIT (Each accident) \$1,000,000 BODILY INJURY (Per Person) \$ BODILY INJURY (Per Accident) \$ PROPERTY DAMAGE (Per accident) \$
<b>UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> RETENTION \$			EACH OCCURRENCE \$ AGGREGATE \$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE <input type="checkbox"/> OFFICER/MEMBER EXCLUDED?			E.L. EACH ACCIDENT \$ E.L. DISEASE-EACH EMPLOYEE \$ E.L. DISEASE-POLICY LIMIT \$ PER STATUTE

SEE ATTACHED ADDITIONAL REMARKS SCHEDULE FOR DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES

<b>CERTIFICATE HOLDER</b> State of Delaware Division of Waste and Hazardous Substances Compliance and Permitting 89 Kings Highway Dover, DE 19901	<b>ADDITIONAL INSURED (IF APPLICABLE)</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">ADDL INSURED OR ALTERNATE EMPLOYER</th> <th style="width: 33%;">WAIVER OF SUBROGATION</th> <th style="width: 34%;">PRIMARY &amp; NON-CONTRIBUTORY</th> </tr> <tr> <td><input type="checkbox"/> CGL</td> <td><input type="checkbox"/> CGL</td> <td><input type="checkbox"/> CGL</td> </tr> <tr> <td><input type="checkbox"/> AUTO</td> <td><input type="checkbox"/> AUTO</td> <td><input type="checkbox"/> AUTO</td> </tr> <tr> <td><input type="checkbox"/> WC (ALT. EMPLOYER)</td> <td><input type="checkbox"/> WC</td> <td>N/A WC</td> </tr> <tr> <td><input type="checkbox"/> UMB</td> <td><input type="checkbox"/> UMB</td> <td><input type="checkbox"/> UMB NON-CONTRIB</td> </tr> </table>	ADDL INSURED OR ALTERNATE EMPLOYER	WAIVER OF SUBROGATION	PRIMARY & NON-CONTRIBUTORY	<input type="checkbox"/> CGL	<input type="checkbox"/> CGL	<input type="checkbox"/> CGL	<input type="checkbox"/> AUTO	<input type="checkbox"/> AUTO	<input type="checkbox"/> AUTO	<input type="checkbox"/> WC (ALT. EMPLOYER)	<input type="checkbox"/> WC	N/A WC	<input type="checkbox"/> UMB	<input type="checkbox"/> UMB	<input type="checkbox"/> UMB NON-CONTRIB
ADDL INSURED OR ALTERNATE EMPLOYER	WAIVER OF SUBROGATION	PRIMARY & NON-CONTRIBUTORY														
<input type="checkbox"/> CGL	<input type="checkbox"/> CGL	<input type="checkbox"/> CGL														
<input type="checkbox"/> AUTO	<input type="checkbox"/> AUTO	<input type="checkbox"/> AUTO														
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<input type="checkbox"/> UMB	<input type="checkbox"/> UMB	<input type="checkbox"/> UMB NON-CONTRIB														

<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE CAPTIONED POLICIES BE CANCELLED, EITHER BY REQUEST OF THE INSURED OR CARRIER, PRIOR TO THE EXPIRATION DATE, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY TERMS, CONDITIONS & PROVISIONS	AUTHORIZED REPRESENTATIVE
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## ADDITIONAL REMARKS SCHEDULE

<b>INSURED:</b> Folcher Associates Group 2101 Woodland Ave Hammonton, NJ 08037	<b>INSURANCE CARRIER AFFORDING COVERAGE:</b>		<b>NAIC #</b>
	GENERAL LIABILITY:		
	AUTO LIABILITY:	New Jersey Manufacturers Insurance Company	12122
	UMBRELLA LIABILITY:		
	WORKERS COMP:		

SCHEDULE OF NAMED INSURED(S):		
POLICY NUMBER	LINE OF BUSINESS	NAMED INSURED
	Commercial General Liability	
C8757197	Automobile Liability	FOLCHER ENTERPRISES LLC, Folcher Associates Group
	Umbrella Liability	
	Workers Compensation And Employers' Liability	

**ADDITIONAL REMARKS:**

2/10/23

U.S Department of Transportation  
Federal Motor Carrier  
Safety Administration

# MOTOR CARRIER IDENTIFICATION REPORT (Application for U.S. DOT NUMBER)

**REASON FOR FILING** (Check Only One)

NEW APPLICATION       BIENNIAL UPDATE OR CHANGES       OUT OF BUSINESS NOTIFICATION       REAPPLICATION (AFTER REVOCATION OF NEW ENTRANT)

**1. NAME OF MOTOR CARRIER**      **2. TRADE OR D.B.A. (DOING BUSINESS AS) NAME**

FOLCHER ASSOCIATES GROUP

**3. PRINCIPAL ADDRESS**      **4. CITY**      **5. STATE/PROVINCE**      **6. ZIP CODE + 4**      **7. COLONIA (MEXICO ONLY)**

2101 WOODLAND AVENUE      HAMMONTON      NEW JERSEY      08037

**8. MAILING ADDRESS**      **9. CITY**      **10. STATE/PROVINCE**      **11. ZIP CODE+4**      **12. COLONIA (MEXICO ONLY)**

2101 WOODLAND AVENUE      HAMMONTON      NEW JERSEY      08037

**13. PRINCIPAL BUSINESS PHONE NUMBER**      **14. PRINCIPAL CONTACT CELL PHONE NUMBER**      **15. PRINCIPAL BUSINESS FAX NUMBER**

(856) 232-8521      (609) 929-2291      (856) 232-2070

**16. USDOT NO.**      **17. MC OR MX NO.**      **18. DUN & BRADSTREET NO.**      **19. IRS/TAX ID NO.**

3474092           612933168      **EIN#**      **SSN#**

**20. INTERNET E-MAIL ADDRESS**      **21. CARRIER MILEAGE (to nearest 10,000 miles for Last Calendar Year)**      **YEAR**

FFOLCHER@AOL.COM      32005      2022

**22. COMPANY OPERATION**

A. Interstate Carrier       B. Intrastate Hazmat Carrier       C. Intrastate Non-Hazmat Carrier       D. Interstate Hazmat Shipper       E. Intrastate Hazmat Shipper       F. Vehicle Registrant Only

**23. OPERATION CLASSIFICATION (Circle All that Apply)**

A. AUTHORIZED FOR HIRE       D. PRIVATE PASSENGER, BUSINESS       G. U. S. MAIL       J. LOCAL GOVERNMENT

B. EXEMPT FOR HIRE       E. PRIVATE PASSENGER, NON-BUSINESS       H. FEDERAL GOVERNMENT       K. INDIAN TRIBE

C. PRIVATE PROPERTY       F. MIGRANT       I. STATE GOVERNMENT       L. OTHER

**24. CARGO CLASSIFICATIONS (Circle All that Apply)**

A. GENERAL FREIGHT       F. LOGS, POLES, BEAMS, LUMBER       K. LIQUIDS/GASES       P. GRAIN, FEED, HAY       U. CHEMICALS       Z. UTILITY

B. HOUSEHOLD GOODS       G. BUILDING MATERIALS       L. INTERMODAL CONTAINERS       Q. COAL, COKE       V. COMMODITIES DRY BULK       AA. FARM SUPPLIES

C. METAL; SHEETS, COILS, ROLLS       H. MOBILE HOMES       M. PASSENGERS       R. MEAT       W. REFRIGERATED FOOD       BB. CONSTRUCTION

D. MOTOR VEHICLES       I. MACHINERY, LARGE OBJECTS       N. OIL FIELD EQUIPMENT       S. GARBAGE, REFUSE, TRASH       X. BEVERAGES       CC. WATER WELL

E. DRIVE AWAY/TOWAWAY       J. FRESH PRODUCE       O. LIVESTOCK       T. U.S. MAIL       Y. PAPER PRODUCTS       DD. OTHER

**25. HAZARDOUS MATERIALS CARRIED OR SHIPPED (Circle All that Apply) C-CARRIED S-SHIPPED B(BULK) - IN CARGO TANKS NB(NON-BULK) - IN PACKAGE**

## Davis, DaQuan (DNREC)

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**From:** ffolcher@aol.com  
**Sent:** Thursday, July 25, 2024 11:06 AM  
**To:** WHStranporters  
**Subject:** Re: Delaware Solid Waste Transporter Permit Application  
**Attachments:** 004.jpg; 005.jpg

See attached maybe this is 9A

On Thursday, July 25, 2024 at 10:08:15 AM EDT, ffolcher@aol.com <ffolcher@aol.com> wrote:

Section 7- Dry Waste  
Section 8-Envirowaste  
Section 9A. What does that look like?  
    9B-Yes Pennsylvania WH#21041  
Section 10-Interstate (if that is going into other states)  
Section 10- See attached  
Section 11- See attached

On Wednesday, July 24, 2024 at 03:07:30 PM EDT, WHStranporters <whstranporters@delaware.gov> wrote:

Hi Mr. Folcher,

Thank you for submitting your application to renew 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:

- Section 7- Do you do you transport dry waste?
- Section 8- What out-of-state disposal facilities does your company use?
- Section 9(a)- Please provide your home state transporter permit.
- Section 9(b)- Do you have any other state solid waste permits?
- Section 10- Are interstate or intrastate?
- Section 10- The Certificate of Insurance that you submitted did not have automotive liability insurance please provide one that does.
- Section 11- The spill control plan is missing the pre-trip inspection please update your plan.

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

Thank you,



## DaQuan L. Davis

Environmental Scientist I

### Division of Waste and Hazardous Substances

- ☎ 302-739-9403
- ✉ [daquan.davis@delaware.gov](mailto:daquan.davis@delaware.gov)
- 📍 89 Kings Hwy SW, Dover, DE 19901
- 🌐 [dnrec.delaware.gov](http://dnrec.delaware.gov)



## DaQuan L. Davis

Environmental Scientist I

### Division of Waste and Hazardous Substances

- ☎ 302-739-9403
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- 📍 89 Kings Hwy SW, Dover, DE 19901
- 🌐 [dnrec.delaware.gov](http://dnrec.delaware.gov)





New Jersey Department of Environmental Protection  
Vehicle Registration Unit  
9 Ewing Street, Mail Code 09-01, PO Box 420  
Trenton, NJ 08625-0420  
(609) 292-7081 LRU@dep.nj.gov

**EXEMPT SOLID WASTE**  
*NJDEP Registered Transporter:*

**FOLCHER ASSOCIATES GROUP LLC**  
12101 WOODLAND AVENUE,  
HAMMONTON, NJ 08037

**NJDEP Transporter Vehicle Registration Card**

Expiration Date: **06/30/2025**  
Decal Number: **SWE-25-114384**  
Vin ID#: **3BKZX4TX2RF368638** NJ  
License Plate #: **AY521U**  
Vehicle Type: **Single Unit Vehicle**  
Vehicle leased?: **N**  
If Yes, lessor's name:

NJDEP Registered Transporter:  
**FOLCHER ASSOCIATES GROUP LLC**  
NJDEP #: **0039002**

**This card must be carried in the cab of the vehicle at all times.**  
**This registration card & decal are valid for use only by the listed registrant.**  
**Leased equipment can only be used to transport waste by the listed registrant.**





# State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION  
DIVISION OF WASTE & UST COMPLIANCE AND ENFORCEMENT  
BUREAU OF HAZARDOUS WASTE COMPLIANCE & ENFORCEMENT

P.O. Box 420, Mail Code 09-03  
Trenton, New Jersey 08625-0420  
P.O. Box 420, Mail Code 09-03  
Tel. (609) 943-3019  
Fax. (609) 292-4539

PHILIP D. MURPHY  
Governor

TAHESHA L. WAY  
Lt. Governor

SHAWN M. LATOURETT  
Commissioner

November 16, 2023

FOLCHER ASSOCIATES GROUP LLC  
12101 Woodland Avenue,  
Hammonton, NJ 08037  
Activity Number: RTS230003- 923368

Equipment Type	Decal #	License Plate	Issuing State	VIN#	Equipment Status
Single Unit Vehicle	SWE-25-114384	AY521U	NJ	3BKZX4TX2RF3 68638	Active

Enclosed are your **waste transporter decal(s) and registration cab card(s)**. Please read this instruction sheet for proper placement of the decal(s).

### IMPORTANT NOTES

- Each registrant (transporter) is assigned a unique five-digit New Jersey Department of Environmental Protection (NJDEP) registration number that must be displayed on all vehicles and equipment (see below).
- Before applying any decal, please check that all information printed on the registration cab card is accurate for each vehicle. If there is an error or discrepancy, please e-mail [LRU@dep.nj.gov](mailto:LRU@dep.nj.gov) an explanation of the error along with a scanned copy of the registration cab card you received.
- If you have registered more than one vehicle, be sure to affix the correct decal to the corresponding vehicle. Decals are assigned to a specific piece of equipment. Please make sure the decal number, VIN number and license plate on the cab card match the VIN number and license plate of the vehicle before affixing it to the equipment.
- Decals must be permanently affixed to all solid waste units prior to transport of waste to, from or within New Jersey or prior to the unit being placed into service or before receiving waste. Decals that are placed on magnets, taped, or otherwise not permanently affixed to the equipment, will be **CONFISCATED and no refund issued**. All expired decals must be removed.
- All vehicles used in the collection or transportation of solid waste must carry the current NJDEP registration certification (cab card) in the solid waste vehicle.
- Accurate records of all waste picked up and disposed must be kept by quantity and waste ID numbers.

### HOW TO DISPLAY YOUR SOLID WASTE NJDEP NUMBER AND DECAL

Using letters and numbers at least **3 inches in height**, paint or affix the letters "**NJDEP**", your unique NJDEP number and the carrying capacity (gallons or cubic yards) to your vehicle or container, then