

RECEIPT

DATE

08/13/24

No.

654535

RECEIVED FROM

MDM Contracting, LLC.

\$650.00

Six Hundred Fifty and 0/100-

DOLLARS

 FOR RENT FOR

DE-SW-1321

ACCOUNT	
PAYMENT	
BAL. DUE	

 CASH CHECK MONEY
ORDER CREDIT
CARD

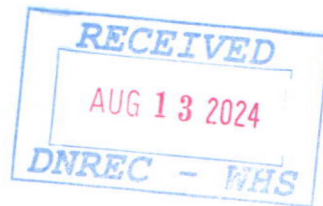
FROM

1509

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- 1321 Expiration Date 9/30/2024

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 MDM Contracting LLC

Location Address:	Mailing Address:
596 N Mill Road Vineland NJ 08360	596 N Mill Road Vineland NJ 08360

Contact: Dawn Martin Title: owner

Business Phone: 8564662400 Fax: _____

E-mail: mdmcontracting@comcast.net

24 hr Emergency Contact Phone: 8564662400

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 4-B

(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

- (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 <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 checked="" 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 11

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 12

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) 8-B
 - 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) 8-B

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 9-A
 - 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 9-B
 - No transporter permits in other states

- (c). Indicate your Federal DOT number and Motor Carrier number:
DOT# 1466103 MC# 562671
 - 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

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 Dawn L Martin Date 8-8-24
Print Name Dawn L Martin Title managing partner

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/8/2024

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 Vermont-Hub International Transportation Insurance Services Inc. 302 Mountain View Drive, Suite 300 Colchester VT 05446 License#: BR-1059867	CONTACT NAME: PHONE (A/C No, Ext): 800-322-8782 FAX (A/C No): 866-612-9930 E-MAIL ADDRESS:													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Arch Insurance Company</td> <td>11150</td> </tr> <tr> <td>INSURER B :</td> <td></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 : Arch Insurance Company	11150	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
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INSURER D :														
INSURER E :														
INSURER F :														
INSURED MDM CONTRACTING LLC 596 NORTH MILL ROAD VINELAND NJ 08360 MDMCONT-01														

COVERAGES

CERTIFICATE NUMBER: 1452941994

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		FBCAT0124115	3/7/2024	3/7/2025	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 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Phy Damage <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		FBCAT0124115	3/7/2024	3/7/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp/Coll Ded \$ 5,000 EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER**CANCELLATION**
 State of De DNREC Solid & Hazardous Waste
 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

Paul A Colburn

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USDOT Number: _____ Date Received: _____

Please note, the expiration date as stated on this form relates to the process for renewing the Information Collection Request for this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not expire. For questions, please contact the Office of Registration and Safety Information, Registration, Licensing, and Insurance Division.

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0008. Public reporting for this collection of information is estimated to be approximately 2 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.



United States Department of Transportation
Federal Motor Carrier Safety Administration

**Endorsement for Motor Carrier Policies of Insurance for Public Liability
under Sections 29 and 30 of the Motor Carrier Act of 1980**

FORM MCS-90

Issued to MDM CONTRACTING, LLC of NJ
(Motor Carrier name)

(Motor Carrier state or province)

Dated at 12:01 AM on this 7 day of MARCH, 2024

Amending Policy Number: FBCAT0124115 Effective Date: 03-07-2024

Name of Insurance Company: ARCH INSURANCE COMPANY

Countersigned by: _____

(authorized company representative)

The policy to which this endorsement is attached provides primary or excess insurance, as indicated for the limits shown (check only one):

- This insurance is primary and the company shall not be liable for amounts in excess of \$1,000,000 for each accident.
- This insurance is excess and the company shall not be liable for amounts in excess of _____ for each accident in excess of the underlying limit of _____ for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: 303-534-1171

Cancellation of this endorsement may be effected by the company or the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the FMCSA's registration requirements under 49 U.S.C. 13901, by providing thirty (30) days notice to the FMCSA (said 30 days notice to commence from the date the notice is received by the FMCSA at its office in Washington, DC).

Filings must be transmitted online via the Internet at <http://www.fmcsa.dot.gov/urs>.

(continued on next page)

EXPIRES: 03/31/2025

NEW JERSEY APPORTIONED CAB CARD
KEEP THIS CERTIFICATE IN YOUR VEHICLE

PLATE NUMBER: AT940F

UNIT NO. 01	YEAR 2021	MAKE KEN	ACCOUNT NUMBER NJ-36951	
VEHICLE IDENTIFICATION NUMBER 1NKZX4TX7MJ443652		FLEET NO. 001	SUPP. NO. 0000	REG. CODE 11
TYPE TK	AXLES 4	GROSS WEIGHT 80000	FUEL D	REGISTRATION DATE 04/01/2024
DESCRIPTION COMMERCIAL TRUCK		TRANS ID # IU202536951001000		
OWNER MDM CONTRACTING LLC				

NJ 080000	AL 080000	AR 080000	AZ 080000
CA 080000	CO 080000	CT 080000	DC 080000
DE 080000	FL 080000	GA 080000	IA 080000
ID 080000	IL 080000	IN 080000	KS 080000
KY 080000	LA 080000	MA 080000	MD 080000
ME 080000	MI 080000	MN 080000	MO 080000
MS 080000	MT 080000	NC 080000	ND 080000
NE 080000	NH 080000	NM 080000	NV 080000
NY 080000	OH 080000	OK 080000	OR 080000
PA 080000	RI 080000	SC 080000	SD 080000
TN 080000	TX 080000	UT 080000	VA 080000
VT 080000	WA 080000	WI 080000	WV 080000
WY 080000	AB 036281	BC 036281	MB 036281
NB 036281	NL 036281	NS 036281	ON 036281
PE 036281	QC 04 AXL	SK 036281	** *****
** *****	** *****	** *****	** *****
** *****	** *****	** *****	** *****

THE VEHICLE DESCRIBED HEREIN HAS BEEN PROPORTIONALLY REGISTERED BETWEEN THE STATE OF NEW JERSEY AND THE ABOVE JURISDICTIONS.

000008587

REGISTRANT
MDM CONTRACTING LLC
596 N MILL ROAD
VINELAND, NJ 08360

Motor Carrier Responsible for Safety
USDOT Number: 1466103
MDM CONTRACTING LLC
596 N MILL ROAD
VINELAND, NJ 08360



This document is the property of the State of New Jersey. It may be recalled at any time if it is determined that the registrant supplied incorrect information and/or failed to pay appropriate registration fees.

This document grants registration reciprocity with the states/provinces whose two-letter postal abbreviation appears on this page. You must still comply with all other laws a state/province may have regarding intra and interstate operations.

Change of name or address must be reported in writing to the New Jersey Motor Vehicle Commission, Motor Carriers Unit, PO BOX 178, Trenton, NJ 08611-0178, within thirty(30) days.

Remember: Compulsory vehicle insurance is the law in New Jersey.



New Jersey Motor Vehicle Commission
Acting Chair and Chief Administrator

EXPIRES: 03/31/2025

NEW JERSEY APPORTIONED CAB CARD
KEEP THIS CERTIFICATE IN YOUR VEHICLE

PLATE NUMBER: AU449T

UNIT NO. 03	YEAR 2023	MAKE KEN	ACCOUNT NUMBER NJ-36951		NJ 080000	AL 080000	AR 080000	AZ 080000
VEHICLE IDENTIFICATION NUMBER 1NKZX4TX4PJ251075		FLEET NO. 001	SUPP. NO. 0000	REG. CODE 11	CA 080000	CO 080000	CT 080000	DC 080000
TYPE TK	AXLES 4	GROSS WEIGHT 80000	FUEL D	REGISTRATION DATE 04/01/2024	DE 080000	FL 080000	GA 080000	IA 080000
		DESCRIPTION COMMERCIAL TRUCK	TRANS ID # IU202536951001000		ID 080000	IL 080000	IN 080000	KS 080000
OWNER MDM CONTRACTING LLC					KY 080000	LA 080000	MA 080000	MD 080000
REGISTRANT MDM CONTRACTING LLC					ME 080000	MI 080000	MN 080000	MO 080000
596 N MILL ROAD					MS 080000	MT 080000	NC 080000	ND 080000
VINELAND, NJ 08360					NE 080000	NH 080000	NM 080000	NV 080000
					NY 080000	OH 080000	OK 080000	OR 080000
					PA 080000	RI 080000	SC 080000	SD 080000
					TN 080000	TX 080000	UT 080000	VA 080000
					VT 080000	WA 080000	WI 080000	WV 080000
					WY 080000	AB 036281	BC 036281	MB 036281
					NB 036281	NL 036281	NS 036281	ON 036281
					PE 036281	QC 04 AXL	SK 036281	** *****
					** *****	** *****	** *****	** *****
					** *****	** *****	** *****	** *****

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VINELAND, NJ 08360



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New Jersey Motor Vehicle Commission
Acting Chair and Chief Administrator

PERMANENT STATE OF NEW JERSEY INSURANCE IDENTIFICATION CARD

COMPANY NUMBER COMPANY COMMERCIAL PERSONAL
11150 **Arch Insurance Company**

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
FBCAT0124115 **03/07/2024** **03/07/2025**

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
2023 **Kenworth .** **1NKZX4TX4PJ251075**

AGENCY/COMPANY ISSUING CARD (800) 322-8782
Vermont-Hub International Transportation Insurance Services Inc.
302 Mountain View Drive
Suite 300
Colchester, VT 05446

INSURED **MDM CONTRACTING LLC**
596 NORTH MILL ROAD
VINELAND, NJ 08360

SEE IMPORTANT NOTICE ON REVERSE SIDE

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:

THE FRONT OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

PERMANENT STATE OF NEW JERSEY INSURANCE IDENTIFICATION CARD

COMPANY NUMBER COMPANY COMMERCIAL PERSONAL
11150 **Arch Insurance Company**

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Vermont-Hub International Transportation Insurance Services Inc.
302 Mountain View Drive
Suite 300
Colchester, VT 05446

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596 NORTH MILL ROAD
VINELAND, NJ 08360

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4B

Dawn I. Martin 51 % Ownership

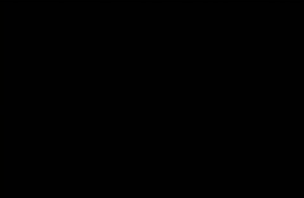

596 N. Mill Road

Vineland NJ 08360

856-466-2400

mdmcontracting@comcast.net

Jesse W Crowell 49% Ownership



Clean Earth Pa

3201 S 61 st Street

Phila. Pa 19153

Clean Earth Morrisville Pa

7 Steel Rd East

Morrisville Pa. 19067

Clean Earth Carteret

24 Middlesex Ave

Carteret NJ 07088

Clean Earth Kearney

115 Jacobus Ave

Kearney NJ 07032

QA



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

NJDEP Transporter Vehicle Registration Card

Expiration Date: **06/30/2025**
Decal Number: **HWL-25-403058**
Vin ID#: **1NKZX4TX7MJ443652** NJ
License Plate #: **AT940F**
Vehicle Type: **Single Unit Vehicle**
Vehicle leased?: **N**
If Yes, lessor's name:

LICENSED HAZARDOUS WASTE
NJDEP Registered Transporter:

MDM CONTRACTING LLC
596 N MILL RD,
VINELAND, NJ 08360

NJDEP Registered Transporter:
MDM CONTRACTING LLC
NJDEP #: **50253**

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
HAZARDOUS WASTE TRANSPORTER**

A-901 LICENSED

403058

EXPIRES JUNE 30, 2025



9A



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

NJDEP Transporter Vehicle Registration Card

Expiration Date: 06/30/2025
Decal Number: HWL-25-403059
Vin ID#: 1NKZX4TX4PJ251075 NJ
License Plate #: AU449T
Vehicle Type: Single Unit Vehicle
Vehicle leased?: N
If Yes, lessor's name:

LICENSED HAZARDOUS WASTE

NJDEP Registered Transporter:

MDM CONTRACTING LLC
596 N MILL RD,
VINELAND, NJ 08360

NJDEP Registered Transporter:
MDM CONTRACTING LLC
NJDEP #: 50253

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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

NJDEP Transporter Vehicle Registration Card

Expiration Date: 06/30/2025
Decal Number: SWL-25-006537
Vin ID#: 1NKZX4TX4PJ251075 NJ
License Plate #: AU449T
Vehicle Type: Single Unit Vehicle
Vehicle leased?: N
If Yes, lessor's name:

LICENSED SOLID WASTE

NJDEP Registered Transporter:

MDM CONTRACTING LLC
596 N MILL RD,
NORTH VINELAND, NJ 08360

NJDEP Registered Transporter:
MDM CONTRACTING LLC
NJDEP #: 31066

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.

9A



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

NJDEP Transporter Vehicle Registration Card

Expiration Date: **06/30/2025**
Decal Number: **HWL-25-403059**
Vin ID#: **INKZX4TX4PJ251075** NJ
License Plate #: **AU449T**
Vehicle Type: **Single Unit Vehicle**
Vehicle leased?: N
If Yes, lessor's name:

LICENSED HAZARDOUS WASTE
NJDEP Registered Transporter:

MDM CONTRACTING LLC
596 N MILL RD,
VINELAND, NJ 08360

NJDEP Registered Transporter:
MDM CONTRACTING LLC
NJDEP #: **50253**

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Leased equipment can only be used to transport waste by the listed registrant.

**STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
HAZARDOUS WASTE TRANSPORTER**

A-901 LICENSED

403059

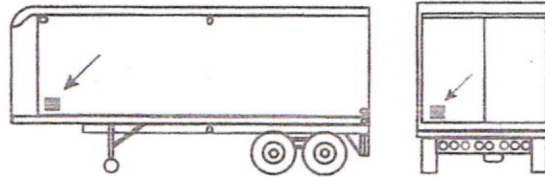
EXPIRES JUNE 30, 2025



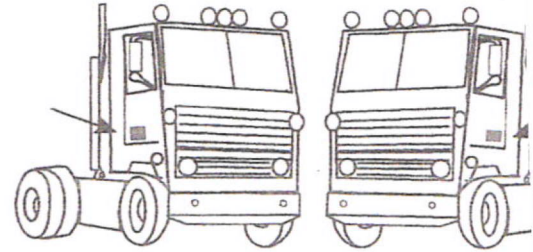
98

Apply stickers to a clean, dry surface. It may take 24 hours for adhesive to reach full tack. Do not remove stickers once they are applied.

Waste Trailers



Trucks and Truck Tractors



Each qualified waste vehicle is issued two (2) stickers. Place the stickers on the vehicle as shown in the diagram.

79



COMMONWEALTH OF PENNSYLVANIA Waste Transportation Safety Program Written Authorization

038625652

Phone No. (856) 466-2400

VIN# 1NKZX4TX7MJ443652
WH10386
Expires Jun 2025

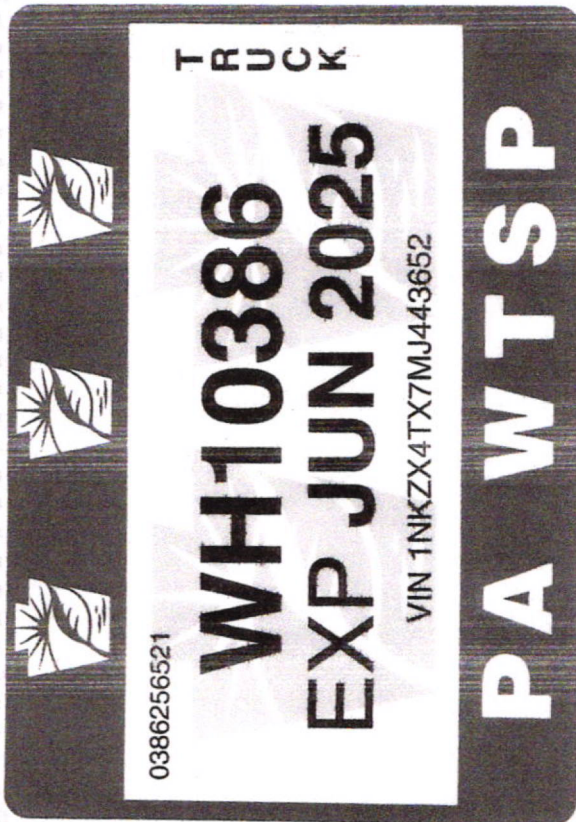
MDM CONTRACTING, LLC
DAWN MARTIN
596 N MILL RD
VINELAND, NJ 08360-2635

THIS WRITTEN AUTHORIZATION MUST BE KEPT WITH THE WASTE TRANSPORTATION VEHICLE AT ALL TIMES. If lost or damaged contact DEP immediately at 717-783-9258. A replacement fee is required. Duplication or Photocopies of this original documentation are not valid.

DOCUMENT SECURITY BACKGROUND IS PRINTED IN BLUE INK ON WHITE PAPER & INCLUDES PINK THERMO-INK KEYSTONE AT RIGHT

CAUTION! REMOVE STICKERS CAREFULLY.

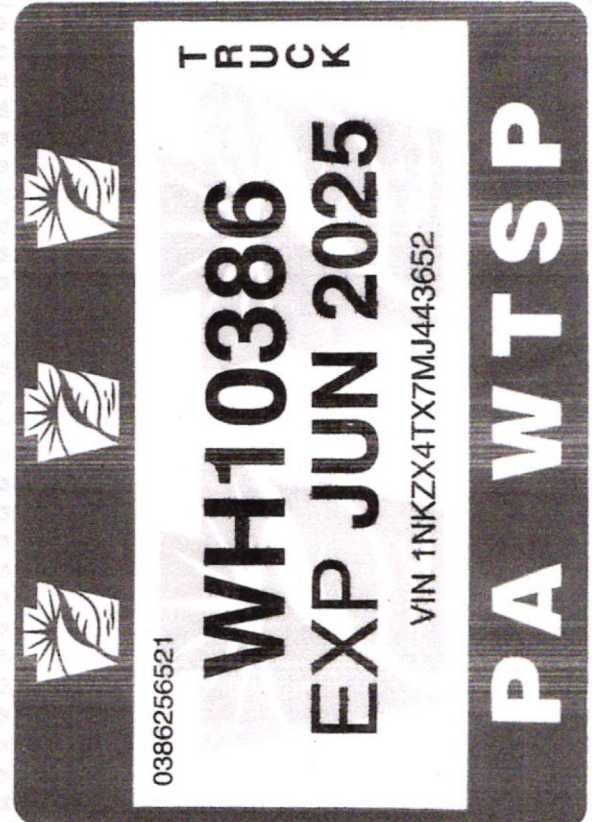
Applied stickers take 24 hours to reach full tack



DEP-S25B

APPLICATION INSTRUCTIONS

1. Clean Surface To Which Sticker Will be Applied of Dirt, Grease or Oily Substances.
2. Remove Sticker From Carrier Sheet.
3. Position Sticker, Then Press Firmly Until Tightly Affixed To Surface.



DEP-S25B

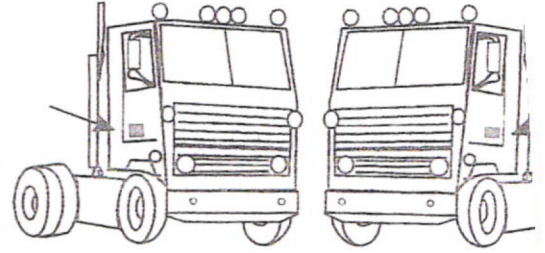
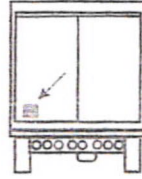
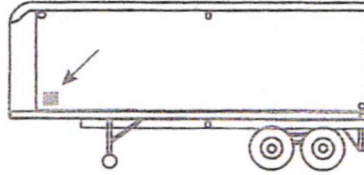


98

Waste Trailers

Trucks and Truck Tractors

Apply stickers to a clean, dry surface. It may take 24 hours for adhesive to reach full tack. Do not remove stickers once they are applied.



Each qualified waste vehicle is issued two (2) stickers. Place the stickers on the vehicle as shown in the diagram.

80



COMMONWEALTH OF PENNSYLVANIA
Waste Transportation Safety Program
Written Authorization

038625075

Phone No. (856) 466-2400

VIN# 1NKZX4TX4PJ251075
WH10386
Expires Jun 2025

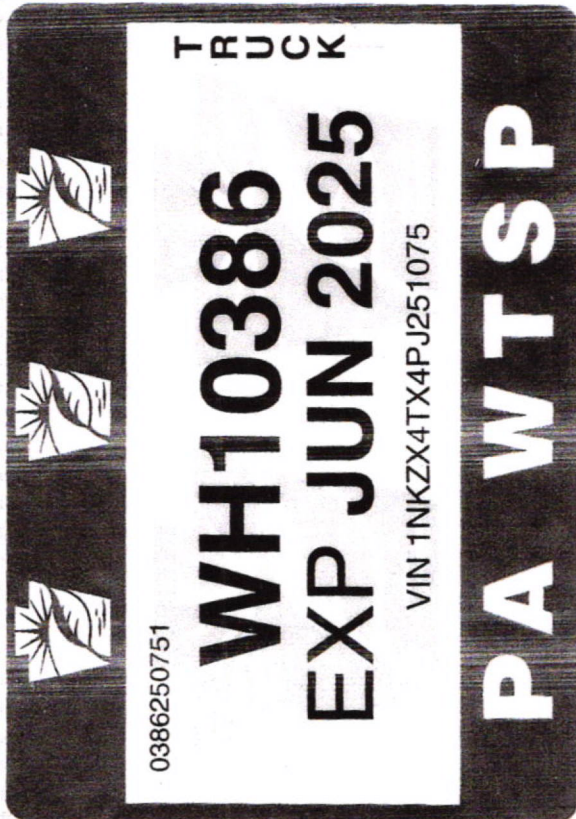
MDM CONTRACTING, LLC
DAWN MARTIN
596 N MILL RD
VINELAND, NJ 08360-2635

THIS WRITTEN AUTHORIZATION MUST BE KEPT WITH THE WASTE TRANSPORTATION VEHICLE AT ALL TIMES. If lost or damaged contact DEP immediately at 717-783-9258. A replacement fee is required. Duplication or Photocopies of this original documentation are not valid.

DOCUMENT SECURITY BACKGROUND IS PRINTED IN BLUE INK ON WHITE PAPER & INCLUDES PINK THERMO-INK KEYSTONE AT RIGHT

CAUTION! REMOVE STICKERS CAREFULLY.

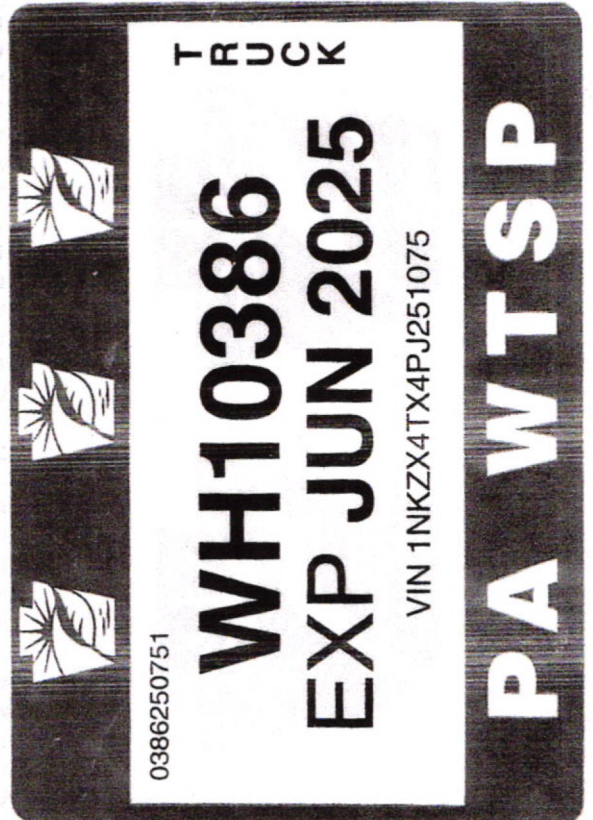
Applied stickers take 24 hours to reach full tack



DEP-S25B

APPLICATION INSTRUCTIONS

1. Clean Surface To Which Sticker Will be Applied of Dirt, Grease or Oily Substances.
2. Remove Sticker From Carrier Sheet.
3. Position Sticker, Then Press Firmly Until Tightly Affixed To Surface.



DEP-S25B



(ii)

TRANSPORTATION
SPILL CONTINGENCY
PLAN FOR
M D M CONTRACTING

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). *Eye protection*
- (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). *Visual*
 - 2). *DOT pre trip*
- (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: *Dawn Martin* Phone: *856-466-2400*
- (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.

Spill Response Telephone Numbers [Reference List]

MDM Contracting LLC Emergency Coordinators

Primary Coordinator

Dawn Martin 856-466-2400

Secondary Coordinators

Michael Martin 856-466-6154

Jesse Crowell



Emergency Response Contractors

Northstar Environmental 609-263-6666

35 Clermont Drive

Clermont NJ 08210

Clean Harbors 800-637-2666

761 Middle St.

Bristol Ct. 06010

Spill Reporting Numbers

NJ DEP 609-292-7172

Pa. DEP 717-787-4343

De. DNREC Spill Hotline 302-739-9401

US DOT National Response Center 800-424-8802

New York State DEC 24 Hour Hotline	518-457-7362 800-457-7362
Ohio DEP	614-224-0946 614-995-4364
Pennsylvania DEP 24 Hour	717-787-4343
PA Emergency Management Agency	800-424-7362 717-651-2001
Region I (Norristown)	215-270-1900
Region 2 (Wilkes-Barre)	717-826-2511
Region 3 (Harrisburg)	717-657-4585
Region 4 (Williamsport 9-5) 24 Hour	717-327-3646 717-327-3696
Region 5 (Pittsburgh)	412-645-7100
Region 6 (Meadville)	814-724-8557
PA Local Police & Fire Department	911 or (0) Operator
Rhode Island DEM	401-222-2797

Emergency Response Equipment

The following emergency response equipment is to be maintained on each MDM Contracting vehicle while hauling a hazardous waste, hazardous material, hazardous substance, or oil:

1. Emergency Eyewash Kit.
2. First Aid Kit
3. Portable ABC Dry Chemical Fire Extinguisher
4. Equipment and Protective Clothing, as follows:
 - Safety Goggles and/or Shield:
 - PVC Boots:
 - PVC Gloves:
 - Rain Gear;
 - Disposable Coveralls (e.g. Tyvek);
 - Air Purifying Respirator (along with cartridges designed for protection against the materials which are to be transported);
 - Triangle Reflectors:
 - Hard Hat;
 - Duct Tape (at least one roll)
 - Tool Kit:
 - Flash Light:
 - Sorbent Pads, Oil-Dri, or "Pig" booms;
 - 85 Gallon Overpack Drum (for drum shipments);
 - Bung Wrench (Non-Sparking, for drum shipments)'
 - Shovel.

All emergency response equipment is to be inspected daily by the Driver during his/her Pre-Trip inspection. Emergency equipment, which is damaged, or missing should be replaced prior to departure.

In the event of a spill, MDM's approved emergency response contractors can provide additional equipment, such as vacuum trucks, dump trucks, front-end loaders, and other equipment necessary to contain and remove contaminants. In addition, MDM's own equipment will be dispatched to the spill location, to assist in the cleanup.

SPILL CLEANUP AND EMERGENCY REPORTING PROCEDURES

All Personnel will follow this plan in the event of a spill/discharge of any material during pickup, transportation, or delivery.

All actions taken and notification made following a report of a spill/discharge or other emergency must be done only with the full knowledge and approval of the MDM Contracting Emergency Coordinator in charge, and in compliance with applicable local, State and Federal regulations.

1. In the event of a spill/discharge or other emergency during delivery, transportation, or pickup, the Driver will use his/her common sense to IMMEDIATELY and safely take appropriate action to protect human health and the environment including:
 - a. Secure the area to unauthorized access by people or other vehicles;
 - b. Keep all sources of ignition (pipes, cigarettes, flares, etc.) away from the scene;
 - c. Set up warning signals around the scene to prevent further accidents. Flame producing signals, such as flares, should not be used during incidents involving combustible or flammable material;
 - d. Attempt to contain the spill, and stop or reduce the flow of the leak;
 - e. Obtain help in the immediate area to assist in securing the site.
2. The Driver will next contact (or have responsible person in the area call) the MEM Contracting Emergency Coordinators via the numbers listed previously. The Driver, or alternate call, will provide the Emergency Coordinator with the information requested in the following section.
3. The Driver is then to continue to monitor the scene, and remain in contact with the Emergency Coordinator while an appropriate course of action is determined.
4. The Emergency Coordinator, DRIVER, or other authorized individual shall be responsible for contacting the appropriate authorities, as well as the necessary contractors.

PRELIMINARY SPILL INFORMATION

A. Who is reporting the spill? If other than the driver, note the driver's name _____

B. Where are you calling from and what is the telephone number of the site you are calling from? _____

C. Where is the spill? _____

D. Who is the Generator of the waste spilled? _____

E. What wastes have spilled and how much of each waste were spilled:

WASTE	AMOUNT
_____	_____
_____	_____
_____	_____

F. What is being done to stop, slow, or cleanup the spill/discharge? _____

G. What type of truck are you driving? (Tanker, Roll Off, etc) _____

H. Has anyone been injured? How bad are their injuries? _____

I. How much damage is there to the vehicle involved and the surrounding property?

J. What authorities (police, fire, EPA, etc.) are already at the scene? _____

IMMEDIATE HAZARDOUS MATERIALS INCIDENT NOTIFICATION

At the earliest practical moment after a spill/discharge occurs, the Emergency Coordinator, or the DRIVER shall initiate contact with the USDOT/USEPA/USCG National Response Center by telephone at 800-424-8802 if the incident involves hazardous material during transportation, loading, unloading, or storage and results in one or more of the following:

1. A person is killed:
2. A person receives injuries requiring hospitalization:
3. Estimated damage to carrier or other property exceeding \$50,000:
4. Fire, breakage, spillage or suspected radioactive contamination involving a shipment of radioactive material:
5. Fire, breakage, spillage or suspected contamination involving a shipment of etiologic agents:

NOTE: Incidents involving etiologic agents may be reported by telephone to the Center for Disease Control at 404-633-5313, instead of the USDOT number. The CDC telephone number appears on most Etiologic Agents labels:

6. A situation exists of such a nature that, in the judgment of the carrier, it should be reported even though it does not meet one of the criteria listed above (e.g. a continuing danger to life exists at the scene)

In making the telephone report, the Emergency Coordinator, Driver, or other authorized individual, shall provide the following information to the extent possible:

1. Name of the REPORTER:
2. The name and address of the transporter as follows:

**MDM Contracting
596 N. Mill Road
Vineland, NJ 08360**

3. Telephone number where the REPORTER can be contacted:
4. The location, the date, and the time that the incident occurred:
5. Identify the extent of injuries, if any:
6. The classification, name, and quantity of hazardous materials involved, if such information is available. For each material involved in the incident, an attempt should be made to supply the following specific information:
 - a. Generator's Name
 - b. Generator's EPA Identification Number:
 - c. Proper DOT Shipping Name:
 - d. Proper Hazard Class:
 - e. UN or NA Number of the waste:
7. A brief description of the type of incident and the nature of hazardous material involvement and whether a continuing danger to life exists at the scene.

DETAILED HAZARDOUS MATERIALS INCIDENT REPORTS

A written report, in duplicate on DOT Form F 5800.1, must be made **within 15 days of discovery of an incident** arising out of the transportation, loading, unloading or storage of hazardous materials as follow:

1. As a follow-up to any such incident reported by telephone during the immediate notification process described previous:
2. As a result of an unintentional release of hazardous materials from any packaging, including a cargo tank.

If a report pertains to a hazardous waste discharge:

1. A copy of the hazardous waste manifest for the waste must be attached to the report: and
2. An estimate of the quantity of the waste removed form the scene, the name and address of the facility to which it was taken, and the manner of disposition of any unremoved waste, must be entered in Part H of the report (Form F 5800.0)

The report, in duplicate, shall be sent to the:

Chief
Information Systems Division DHM-63
Office of Hazardous Materials Transportation
400 Seventh Street SW
Washington, DC 20590

The filing of a Hazardous Materials Incident Report does not relieve an interstate carrier from the necessity to also file an MCS 50T Report with the Bureau of Motor Carrier Safety, if the hazardous materials incident arises out of a motor vehicle accident.

HAZARDOUS SUBSTANCE DISCHARGE NOTIFICATION

A discharge of a hazardous substance into or upon a navigable water must be reported to the USDOT/USEPA/USCG Coast Guard National Response Center at 800-424-8802 or 202-426-2675. (NOTE: Only spills of hazardous substances which equal or exceed the designated "Reportable Quantity" are required to be reported, however it is recommended that all spills be reported).

Reportable Quantity values may be found as an Appendix to 49 CFR 172.101.

The notification should be made by the designated Emergency Coordinator, or alternately the Driver, as soon as that person has knowledge of the spill or discharge.

The discharge notification should include the same information as that which is provided to the USDOT National Response Center during the Federal immediate notification process outlined previously.

INSTRUCTIONS: Submit this report in duplicate to the Director, Office of Hazardous Materials Operations, Materials Transportation Bureau, Department of Transportation, Washington, D.C. 20590, (ATTN: Op. Div.). If space provided for any item is inadequate, complete that item under Section H, "Remarks", keying to the entry number being completed. Copies of this form, in limited quantities, may be obtained from the Director, Office of Hazardous Materials Operations. Additional copies in this prescribed format may be reproduced and used, if on the same size and kind of paper.

A INCIDENT		
1. TYPE OF OPERATION 1 <input type="checkbox"/> AIR 2 <input type="checkbox"/> HIGHWAY 3 <input type="checkbox"/> RAIL 4 <input type="checkbox"/> WATER 5 <input type="checkbox"/> FREIGHT FORWARDER 6 <input type="checkbox"/> OTHER (Identify) _____		
2. DATE AND TIME OF INCIDENT (Month - Day - Year) _____ a.m. _____ p.m.		3. LOCATION OF INCIDENT
B REPORTING CARRIER, COMPANY OR INDIVIDUAL		
4. FULL NAME		5. ADDRESS (Number, Street, City, State and Zip Code)
6. TYPE OF VEHICLE OR FACILITY		
C SHIPMENT INFORMATION		
7. NAME AND ADDRESS OF SHIPPER (Origin address)		8. NAME AND ADDRESS OF CONSIGNEE (Destination address)
9. SHIPPING PAPER IDENTIFICATION NO.		10. SHIPPING PAPERS ISSUED BY <input type="checkbox"/> CARRIER <input type="checkbox"/> SHIPPER <input type="checkbox"/> OTHER (Identify) _____
D DEATHS, INJURIES, LOSS AND DAMAGE DUE TO HAZARDOUS MATERIALS INVOLVED		
11. NUMBER PERSONS INJURED	12. NUMBER PERSONS KILLED	13. ESTIMATED AMOUNT OF LOSS AND/OR PROPERTY DAMAGE INCLUDING COST OF DECONTAMINATION (Round off in dollars) \$
14. ESTIMATED TOTAL QUANTITY OF HAZARDOUS MATERIALS RELEASED		
E HAZARDOUS MATERIALS INVOLVED		
15. HAZARD CLASS (*Sec. 172.101, Col. 3)	16. SHIPPING NAME (*Sec. 172.101, Col. 2)	17. TRADE NAME
F NATURE OF PACKAGING FAILURE		
18. (Check all applicable boxes)		
(1) DROPPED IN HANDLING	(2) EXTERNAL PUNCTURE	(3) DAMAGE BY OTHER FREIGHT
(4) WATER DAMAGE	(5) DAMAGE FROM OTHER LIQUID	(6) FREEZING
(7) EXTERNAL HEAT	(8) INTERNAL PRESSURE	(9) CORROSION OR RUST
(10) DEFECTIVE FITTINGS, VALVES, OR CLOSURES	(11) LOOSE FITTINGS, VALVES OR CLOSURES	(12) FAILURE OF INNER RECEPTACLES
(13) BOTTOM FAILURE	(14) BODY OR SIDE FAILURE	(15) WELD FAILURE
(16) CHIME FAILURE	(17) OTHER CONDITIONS (Identify)	19. SPACE FOR DOT USE ONLY

Form DOT F 5800.1 (10-70) (9/1/76)
* Editorial change to incorporate redesignation per HM-112.

ITEM		#1	#2	#3
20	TYPE OF PACKAGING INCLUDING INNER RECEPTACLES (Steel drum, wooden box, cylinder, etc.)			
21	CAPACITY OR WEIGHT PER UNIT (55 gallons, 65 lbs., etc.)			
22	NUMBER OF PACKAGES FROM WHICH MATERIAL ESCAPED			
23	NUMBER OF PACKAGES OF SAME TYPE IN SHIPMENT			
24	DOT SPECIFICATION NUMBER(S) ON PACKAGES (21P, 17E, JAA, etc., or none)			
25	SHOW ALL OTHER DOT PACKAGING MARKINGS (Part 178)			
26	NAME, SYMBOL, OR REGISTRATION NUMBER OF PACKAGING MANUFACTURER			
27	SHOW SERIAL NUMBER OF CYLINDERS, CARGO TANKS, TANK CARS, PORTABLE TANKS			
28	TYPE DOT LABEL(S) APPLIED			
29	IF RECONDITIONED	A	REGISTRATION NO. OR SYMBOL	
	OR	B	DATE OF LAST TEST OF INSPECTION	
30	IF SHIPMENT IS UNDER DOT OR USCG SPECIAL PERMIT OR EXEMPTION, ENTER PERMIT OR EXEMPTION NO.			
<p>H REMARKS - Describe essential facts of incident including but not limited to defects, damage, probable cause, stowage, action taken at the time discovered, and action taken to prevent future incidents. Include any recommendations to improve packaging, handling, or transportation of hazardous materials. Photographs and diagrams should be submitted when necessary for clarification.</p>				
11. NAME OF PERSON PREPARING REPORT (Type or Print)			12. SIGNATURE	
13. TELEPHONE NO. (Include Area Code)			14. DATE REPORT PREPARED	

Reverse of Form DOT F 5800.1 (10-70)

STATE AND LOCAL REPORTING PROCEDURES

The filing of the reports listed above does not relieve the company from the responsibility to report spills/discharges of hazardous material, or spills of other materials that may create a pollution problem, to the applicable Local and State agency.

Specific reporting procedures for the states in which MDM Contracting maintains active hazardous waste transporter's permits are provided in the follow sections.

DELAWARE

Reporting procedures for hazardous materials, hazardous wastes, hazardous substances, and oils are the same within this state.

All spills to waters within the boundary of the state, including the territorial sea in direct contact with the coast, should be **immediately** reported by the Emergency Coordinator, or alternately the Driver, to the **Delaware Department of Natural Resources and Environmental Control, Dover 24 Hour Hotline at 800-662-8802 or 302-739-9401.**

NOTES:

1. Emergency incidents include such situations as fire or explosion, where there is an endangerment to the public and/or environment:
2. Reporting requirements are restricted to incidents occurring in the respective county.

NEW JERSEY

Reporting procedures for hazardous materials, hazardous wastes, hazardous substances, and oils are the same within this state.

In the event of a spill, the Emergency Coordinator, or alternately the Driver, shall **immediately** notify the **NJDEP 24 HOUR HOTLINE AT 609-292-7172.**

The oral report of a spill, discharge or release shall include:

1. The type and estimated quantity of the substance discharge:
2. The location of the incident;
3. The proposed actions to contain, cleanup, and remove the substance:
4. Any other information the Department may request.

Oral reporting is also required for any "Imminent Release" of a hazardous material designated by the Department as an "Extraordinarily hazardous.

A **second oral report within 15 minutes** of the first notification is required for any release or imminent release of a material designated as extraordinarily hazardous.

Within 10 days following the initial oral notification, a written report shall be submitted to:

New Jersey Department of Environmental Protection
Division of Environmental Quality – CN 411
Bureau of Communications and Support Services
Trenton, NJ 08625

The written report shall include:

1. A description of the discharge incident:
2. Source of the discharge, if known:
3. A description of measures taken to cleanup and remove the discharge:
4. Any steps planned or already taken to prevent a reoccurrence:
5. Any other information the Department may request or require

PENNSYLVANIA

Emergency Reporting Procedures

In the event of an emergency or a hazardous waste spill during transportation, the transporter will immediately notify the Department of Environmental Protection and the National Response Center with the following information required by 263.30(a):

1. Name of the person reporting the incident;
2. Name, address, and the EPA identification number of the transporter
3. Phone number where the person reporting the incident can be reached;
4. Date, time and location of the incident;
5. Mode of transportation and type of transport vehicle;
6. A brief description of the incident, including the type of incident;
7. For each waste involved in the spill
 - a. The name and EPA identification number of the generator or the waste.
 - b. Shipping name, hazard class and UN or NA number of the waste.
 - c. Estimated quantity of the material or the waste spilled.
 - d. The extent of the contamination of land, water or air.
8. Shipping name, hazard class, and the UN or NA number of any other material carried.

In the event of an emergency or hazardous waste spill during transportation, the transporter will immediately notify the affected municipality of the occurrence and the nature of the spill required by 263.30(b).

The transporter will submit a report of the incident in writing as required by 490 CFR 171.16 to the Chief, Information system Division, Transportation Programs bureau, Department of Transportation, Washington, DC 20590, and send copies of the report to the Department of Environmental protection, and generator as required by 263.30(e).

List Of Emergency Response Agencies

Pennsylvania DEP 24 Hour Answering Service	717-787-4343
PA Emergency Management Agency	800-424-7362 717-651-2001
Region I (Norristown)	215-270-1900
Region 2 (Wilkes-Barre)	717-826-2511
Region 3 (Harrisburg)	717-657-4585
Region 4 (Williamsport 9-5) 24 Hour	717-327-3646 717-327-3696
Region 5 (Pittsburgh)	412-645-7100
Region 6 (Meadville)	814-724-8557
PA Local Police & Fire Department	911 or (0) Operator

Pennsylvania
Environmental Resources Department
Environmental Protection

Regional Offices ▲

Region 1
1875 New Hope Street
Norristown, PA 19401
(215) 270-1900 (24 hours)

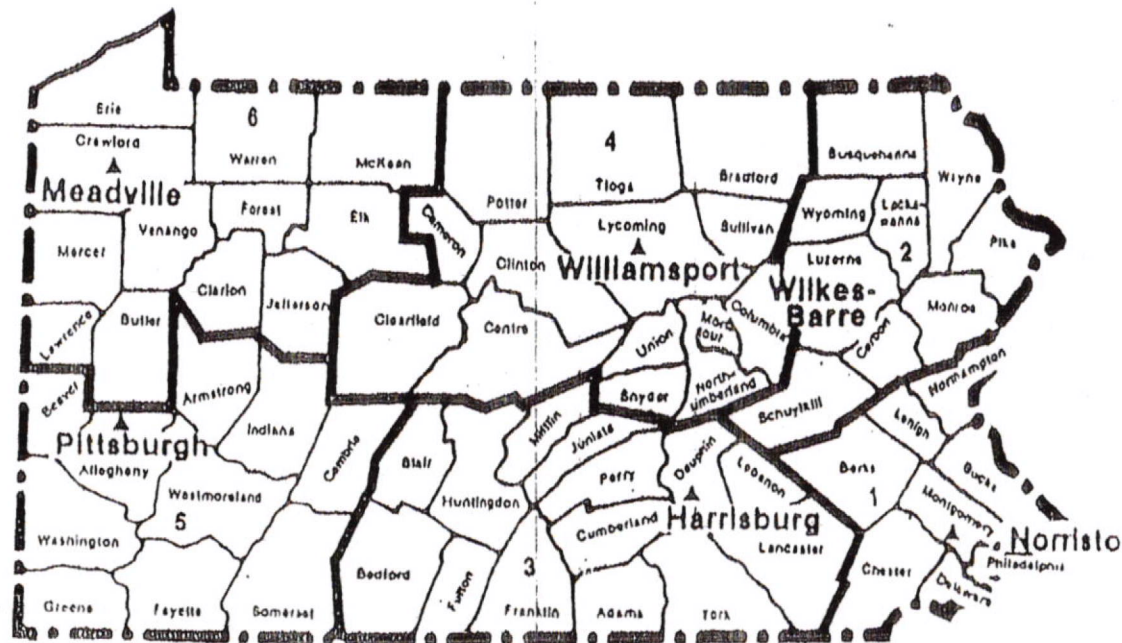
Region 2
90 E. Union Street
Wilkes-Barre, PA 18701
(717) 826-2511 (24 hours)

Region 3
One Ararat Blvd.
Harrisburg, PA 17110
(717) 657-4585 (24 hours)

Region 4
200 Pine Street
Williamsport, PA 17701
(717) 327-3646 (Work hours)
(717) 327-3696 (After hours & weekends)

Region 5
Highland Bldg.
121 S. Highland Ave.
Pittsburgh, PA 15206
(412) 645-7100 (24 hours)

Region 6
1012 Water Street
Meadville, PA 16335
(814) 724-8557 (24 hours)
(Refer to Note 2)



Notes:

1. In the event no contact with the regional office is made, the answering service in Harrisburg, (800) 541-2050, will receive calls 24 hours a day, including weekends and holidays. Inform the answering service what was spilled and into which media so the report can be directed to the proper Bureau.
2. The Region 6 telephone number is a recording that directs the spill reporter to other numbers. Be ready to write down numbers prior to calling.

ROUTINE DECONTAMINATION PROCEDURES

All equipment shall be tested and maintained as necessary to ensure its proper operation for use in time of an emergency. After an emergency, all equipment shall be decontaminated, cleaned, and made suitable for use during future emergency situations.

The decontamination procedures usually occur at the transporter's site location or at the destination facility. Decontamination is usually performed through the use of steam cleaning equipment. Decontamination will be performed whenever consecutive shipments of materials which are incompatible are transported, or whenever it becomes a hazard to the vehicle, driver, or the general public.

Once the load of hazardous waste has been transported and unloaded at an authorized disposal facility, the following decontamination procedures shall be followed prior to departing the facility:

- A. Tanks, portable tanks, roll-off containers or other authorized containers designed for reuse in transportation of a hazardous waste shall be cleaned of all residue of the previous load before leaving the disposal facility.
- B. The residuals and residue from the decontamination process of emergency equipment or vehicles will be collected and disposed of in accordance with State and Federal Regulations.
- C. In case the transport vehicle must travel on public highways before decontamination, the placards (if required) shall remain in place and a copy of the manifest describing the wastes must remain in the vehicle.

VEHICLE MAINTENANCE AND INSPECTIONS

Pre-Trip & Post-Trip Inspections

Each driver, prior to departure, is to complete a Pre-Trip inspection report. Pre-Trip inspection forms and a driver's checklist are completed daily and maintained in MDM's files.

Maintenance Schedule

Below is the tentative schedule for preventive vehicle maintenance. In the event that there may arise a problem between scheduled maintenance, the Driver is instructed to contact the yard as soon as possible to have the problem corrected.

- Pickup Trucks: Give complete service every 30 days.
- Tractors: Given an inspection daily, a complete service, including change of filters every 30 days. They are also given a grease and lube job every two weeks along with a brake check daily.
- Trailers: Given an inspection daily, a grease and lube job every two weeks along with a brake check daily.

All repair bills are kept on file for each vehicle at MDM's office. Any other repairs are made from Pre-Trip and Post-Trip reports and daily checklists as required.

Driver's Checklist of Tractor-Trailer Equipment

Tractor and trailer:

- * Apply parking brake, start engine and observe the following:
 - Oil Pressure (light or gauge)
 - Air Pressure or Vacuum (gauge)
 - Low Air or Vacuum Warning Devices
 - Instrument Panel (telltale lights, etc.)
 - Horn
 - Windshield Wipers and Washer
 - Heater/Defroster
 - Mirrors
 - Steering Wheel (excess play)
 - Trailer Brakes
 - Fire Extinguisher and Warning Devices
- Check all tires for inflation and to ensure that they are in good condition. Also inspect lug nuts to ensure tightness.
- Check all lights, signals, flashers, and reflectors to ensure that they are in working order.
- Check that the required emergency response equipment is in place.

- On combinations, check all hoses and couplers, electrical connectors, coupling devices (e.g. fifth wheel, tow bars, etc.) safety chains.
- * For hazardous material/waste/substance shipments, check all placards, and ensure that the correct shipping papers are located within the vehicle.

EMPLOYEE TRAINING PROGRAM (FOR EMERGENCIES)

The company's Emergency Response Coordinators will monitor the in-house training and instruction of personnel with regard to the various emergency/contingency planning issues. Currently, outside driver training programs, consistent with DOT requirements, are supplemented by periodic meetings conducted by the company covering such topics as:

1. The proper use of equipment:
2. General maintenance of this equipment:
3. Inspection and reporting procedures:
4. Contingency plan implementations:
5. Knowledge of materials to be transported:
6. The proper use of safety and personal protective equipment:
7. Spill prevention practices and procedures:
8. Spill response procedures:
9. The health and safety hazards associated with handling hazardous materials:
10. Compliance with all applicable regulations pertaining to hazardous waste facilities and transportation.

(12)

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Davis, DaQuan (DNREC)

From: Dawn Martin <mdmcontracting@comcast.net>
Sent: Friday, August 16, 2024 3:04 PM
To: WHStranporters
Subject: Re: Delaware Solid Waste Transporter Permit Application
Attachments: Dell dot 2024.pdf; Untitled attachment 00042.htm

Mr. Davis,

Thank you for helping me with this. We have no employees Jesse and I both own and drive the only two dump trucks for MDM Contracting that we own. I have included our Driver licenses and also two opages for the training we due. We have another class coming up in October of 2024.

Thanks and have a great weekend

Dawn Martin

11)

SOLID WASTE HAULERS

+ Drive Training
plans

(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). eye protection

(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). visual
- 2). DOT pre trip

(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: Dawn Mantr Phone: 856-466-2400

(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.

Drivers for MDM Contracting we are also the owners. We have no other employees



11

Training Classes through the year we have a new one coming up in Dec. 2021 or Jan 25

J& D Trucking, INC
3526 N West Blvd
Vineland, NJ 08360

Dawn Martin
Employee Name

CERTIFICATION OF TRAINING

**JJ Keller's Defensive Driving
for the CMV Driver**

September 18, 2021
Completion Date

Edward A. Bell
Trainer

J& D Trucking, INC
3526 N West Blvd
Vineland, NJ 08360

Dawn Martin
Employee Name

CERTIFICATION OF TRAINING

**Hazard Communications/Right to Know
OSHA 29 CFR 1910-1200**

September 18, 2021
Completion Date

Edward A. Bell
Trainer



The National Association of Safety Professionals Certified Trainer, whose signature and certification number appear below, hereby certifies that the named person did attend and satisfactorily completed the course of study herein named. The signatory below further certifies that he/she has attained the certification from the National Association of Safety Professionals responsible for the content of said training. NASP does not warrant the quality nor content of said training.

Course Title & Length: HAZCOMM & HAZWOPER Refresher
Student Name: Dawn Martin
Trainer & Number: Edward A. Bell 504596
Date: 10/9/2018

CERTIFICATION OF TRAINING
DOT Drug and Alcohol Requirements
49 CFR 382.103
Edward A. Bell
Trainer
January 7, 2017
Completion Date

Dawn Martin
Employee Name

J& D Trucking, INC
3526 N West Blvd
Vineland, NJ 08360

CERTIFICATION OF TRAINING
HAZMAT SAFETY AND IN-DEPTH SECURITY
DOT 49 CFR 172.700-704
December 7, 2019
Completion Date
Edward A. Bell
Trainer

Dawn Martin
Employee Name

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appropriate to provide the training herein specified and that the signatory is solely responsible for the content of said training. NASP does not warrant the quality nor content of said training.

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