

RECEIPT

DATE

07/29/24

No.

654525

RECEIVED FROM

Just Hauling & U

\$

125.00

One hundred twenty five and $\frac{00}{100}$

DOLLARS

 FOR RENT FOR

DE-SW-1928

ACCOUNT	
PAYMENT	
BAL. DUE	

 CASH CHECK MONEY
ORDER CREDIT
CARD

FROM

198081

TO

BY

M.M.

RECEIVED

JUL 29 2024

DNREC - WHS



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- 1928 Expiration Date September 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

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

ALL OTHERS

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

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 Just Hauling 4U

Location Address:	Mailing Address:
<u>15 Lloyd St, Wilm DE 19804</u>	<u>15 Lloyd St, Wilm DE 19804</u>

Contact: Bernia Dollard Title: Owner

Business Phone: 302-746-6443 Fax: none

E-mail: justhaul4u@gmail.com

24 hr Emergency Contact Phone: 302-367-5623

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: Delaware

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 none

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

Attachment none

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

with Trns

(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) Cherry Island 1706 E 12th St W.L. MD / Wheel Deals 904 Pulaski Hwy
Clean Earth of New Castle, Inc. (thermal treatment facility for PHC-soils) Joppatowne Md 21085
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 N/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 N/A
No transporter permits in other states

(c). Indicate your Federal DOT number and Motor Carrier number:

DOT# 3458369 MC# 112804-C

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

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

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

11. Spill Control and Safety

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

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 ✓

The past year of 2024 I have know violations

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

Bernie Dollard

Date

7/25/2024

Print Name

Bernie Dollard

Title

Owner

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). Emergency number 911, 302-739-9401 or 1-800-662-8802

(2) All loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the disposal facility. All tires will be hauled in a enclosed box truck. The truck will be locked after the tires are placed in the truck.

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

- 1). Brakes, Steering, Vehicle Lights, Tires, Mirrors.
- 2). Emergency equipment.

(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: Drew Savage Phone: 302-367-5623

(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.



STATE OF DELAWARE
Motor Vehicle Registration Card



Good Only When Signed On Back

**VEHICLE MAY BE INSPECTED AND REGISTRATION RENEWED ANYTIME WITHIN 90 DAYS BEFORE EXPIRATION
 A \$20.00 LATE FEE IS CHARGED FOR LATE REGISTRATION RENEWALS**

TITLE, TAG AND REGISTRATION NO C111667	SPECIAL TAG, IF ANY	ODOMETER MILEAGE 359,351	
MANUFACTURER AND YEAR CHEV 2004	MODEL EXP	BODY STYLE YY	YEARLY FEE 184.00
TITLE DATE 01/25/2022	EXPIRATION DATE 07/09/2025	VEHICLE IDENTIFICATION NO. 1GBJG31U941206425	
REG WEIGHT 13,000	MGVWR 13,400	USE TRANSFER	COLOR WHI /

202407092484300001 446 TJG \$\$204.00 RR C011667

JUST HAULING 4U
 15 LLOYD ST
 WILMINGTON DE 19804

AGENCY CUSTOMER ID: _____
LOC #: _____



ADDITIONAL REMARKS SCHEDULE

AGENCY Progressive Insurance		NAMED INSURED JUST HAULING 4U 15 LLOYD ST WILMINGTON, DE 19804	
POLICY NUMBER 04324062		EFFECTIVE DATE: 01/24/2024	
CARRIER United Financial Casualty Company	NAIC CODE 11770		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Additional Coverages

Insurance coverage(s)	Limits
Motor Truck Cargo	\$100,000 w/\$1,000 Ded
Personal Injury Protection/Property Protection Ins	\$25,000/\$50,000 (\$10,000 PPI included)
Uninsured/Underinsured Motorist	\$25,000/\$50,000

Description of Location/Vehicles/Special Items

Scheduled autos only	
2004 CHEVROLET EXPRESS CUTAWAY 1GBJG31U941206425	
Collision	\$1,000 Ded
Comprehensive	\$1,000 Ded
Rental Reimbursement	\$90 Per Day (\$2,700 Max)
Uninsured Motorist Property Damage	\$10,000 w/\$250 Ded

Liability coverage may not apply to all scheduled vehicles.



08/21/2024

Policy Number: 04324062

Underwritten by: 38 - United Financial Casualty Co.

NAIC Number: 11770

Certificate of Insurance

Certificate Holder	Insured	Agent
The State of Delaware Dept. of Natural Resources & Environmental Control Compliance & Permitting Section 89 Kings Hwy Dover, DE 19901	JUST HAULING 4U 15 LLOYD ST WILMINGTON, DE 19804	Progressive Insurance PO Box 94739 Cleveland, OH 44101

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies. Liability coverage may not apply to all scheduled vehicles.

Policy Effective Date:	Policy Expiration Date:
01/24/2024	01/24/2025
Insurance Coverage(s)	Limits
Bodily Injury and Property Damage Liability	\$1 million CSL
Uninsured/Underinsured Motorist Bodily Injury	\$25k/\$50k
Uninsured Motorist Property Damage	10k with a \$250 Deductible
Personal Injury Protection	\$25k/\$50k

Description of Location/Vehicles/Special Items

Scheduled autos only

2004 CHEVROLET EXPRESS CUTAWAY VIN: 1GBJG31U941206425

Limits

Collision \$1,000 Ded / Collision \$1,000 Ded / Rental Reimbursement \$90 Per Day (\$2,700 Max)



Certificate Number

233241PI062

Please be advised we will not notify certificate holders in the event of mid-term cancellation.

A handwritten signature in black ink, appearing to read "K. P. Mya" with a stylized flourish at the end.

Form 5241 (05/16)



JUST HAULING 4U
302-740-6443
justhaul4u@gmail.com

August 21, 2024

**Bennie Dollard
15 Lloyd St
Wilm, DE 19804**

Dear DaQuan L. Davis

Information as Requested

**Company Ownership Information Item 4(A) .
Company Type: Limited Liability Corporation (LLC) State: Delaware
Company Ownership Information Item 4(b).**

**Owner: Bennie Dollard
Percentage Ownership: 100%
Mailing Address: 15 Lloyd St, Wilmington, DE 19804
Date of Birth: August 23, 1968**

**Vehicle Operators Information
Operator: Bennie Dollard
Tax Form Submit to IRS: 1099**

Signature,

Just Hauling 4U