

# RECEIPT

DATE 09/04/24

No. 654557

RECEIVED FROM Split Rock materials, Inc.

\$ 350.00

Three Hundred Fifty and 00/100 DOLLARS

FOR RENT

FOR

DE-SW-1684

ACCOUNT	
PAYMENT	
BAL. DUE	

CASH

CHECK

MONEY ORDER

CREDIT CARD

FROM # 9709 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**

Language Preference:

**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- 1684 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**

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

**ALL OTHERS**

- 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 Split Rock Materials Inc.

Location Address:	Mailing Address:
1010 Bohemia Mill Rd	
Middletown, Delaware 19709	

Contact: Steven Augustiewicz Title: President

Business Phone: 302-378-9000 Fax: 302-834-1177

E-mail: delawarewrecking@aol.com

24 hr Emergency Contact Phone: [REDACTED]

**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: Middletown State: Delaware Date: 3/15/2013

- Municipality
- Public institution
- Limited Liability Corporation (LLC) State: \_\_\_\_\_
- 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# 2550501 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

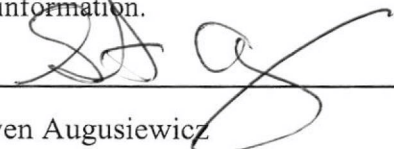
### 15. Environmental Record

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 9-1-2024  
Print Name Steven Augustiewicz Title President

**\*\*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: \_\_\_\_\_ 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.

# Split Rock Materials Inc.

Demolition Specialist, Site Preparation

Untitled  
1010 Bohemia Mill Road  
Middletown, Delaware 19709

302-378-9000

302-834-1177 Fax

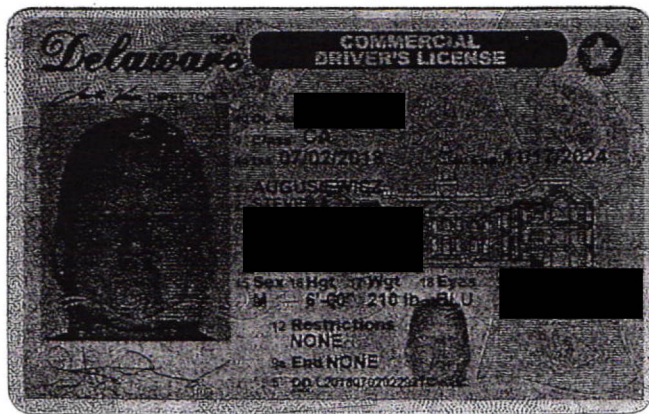
delawarewrecking@aol.com

## SPILL CONTROL PLAN

1. Deploy safety devices
2. Make every effort to contain spill keeping it out of water supply and drainage
3. Notify proper authorities
  - A. Steven Augustewicz 302-584-2630
  - B. Emergency 911
  - C. State of Delaware DENREC 302-739-9401 / 1-800-662-8802
4. Stay with vehicle, keep control of situation

## SAFETY EQUIPMENT

1. Broom
2. Shovel
3. Gloves
4. Chain and binders for tail gate
5. Reflectors
6. First Aid kit
7. Tarp
8. Tarp tie downs
9. Safety glasses
10. Hard hat
11. C B Radio
12. Spill control plan list





SPLIROC-01

PPAYNE

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/26/2024

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> Pratt Insurance, Inc. 4 Village Square Smyrna, DE 19977	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME:</td> </tr> <tr> <td>PHONE (A/C, No, Ext):</td> <td>(302) 653-6681</td> </tr> <tr> <td>FAX (A/C, No):</td> <td></td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS:</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A :</td> <td>Donegal Mutual Insurance Company</td> </tr> <tr> <td></td> <td style="text-align: right;">NAIC #</td> </tr> <tr> <td></td> <td style="text-align: right;">13692</td> </tr> <tr> <td>INSURER B :</td> <td>Atlantic States</td> </tr> <tr> <td></td> <td style="text-align: right;">22586</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> </table>	CONTACT NAME:		PHONE (A/C, No, Ext):	(302) 653-6681	FAX (A/C, No):		E-MAIL ADDRESS:		INSURER(S) AFFORDING COVERAGE		INSURER A :	Donegal Mutual Insurance Company		NAIC #		13692	INSURER B :	Atlantic States		22586	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER E :																													
INSURER F :																													
<b>INSURED</b>  Split Rock Materials Inc Steven Augusiewicz 1010 Bohemia Mill Rd Middletown, DE 19709																													

**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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPP9502245	4/17/2024	4/17/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PO AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			1000156225	4/17/2024	4/17/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			CXL9502245	4/17/2024	4/17/2025	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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**

Natural Resources & Environmental Control, Division Mgmt & Air & Waste Management  
 89 Kings Hwy  
 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

*Patrick B. Brunningham*

# STATE OF DELAWARE

## Department of Finance Division of Revenue

ACTIVE BUSINESS LICENSE  
2013603114

EFFECTIVE

01/01/2024 - 12/31/2024

ISSUED TO

SPLIT ROCK MATERIALS INC  
1010 BOHEMIA MILL RD  
MIDDLETOWN DE 19709-8860

LOCATION

SPLIT ROCK MATERIALS INC  
1010 BOHEMIA MILL RD  
MIDDLETOWN, DE 19709-8860

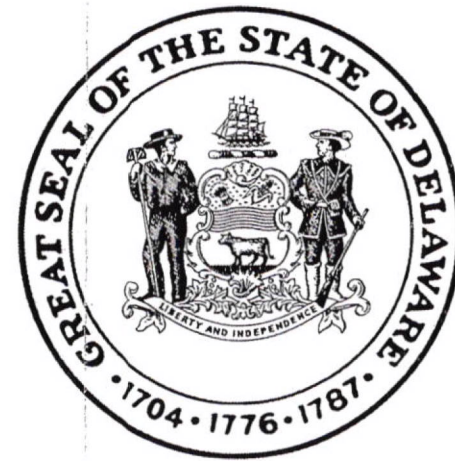
TRADE, BUSINESS, OR  
PROFESSIONAL ACTIVITY

RESIDENT CONTRACTOR

ISSUED: 05/24/2024

FEE PAID: \$75.00

Is hereby licensed to practice, conduct, or engage in the occupation or business activity indicated above in accordance with the license application duly filed pursuant to Title 30, Delaware Code.



2024

POST CONSPICUOUSLY - NOT TRANSFERABLE





STATE OF DELAWARE

DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL  
DIVISION OF WASTE AND HAZARDOUS SUBSTANCES  
89 KINGS HIGHWAY  
DOVER, DE 19901

COMPLIANCE & PERMITTING

PHONE: (302) 739-9403

FAX: (302) 739-5060

**DELAWARE SOLID WASTE TRANSPORTER PERMIT  
PERMIT NUMBER DE-SW-1684**

Effective Date: November 01, 2023                      Renewal Due Date: Jun 30, 2024  
Expiration Date: September 30, 2024  
Permittee: Split Rock Materials, Inc.                      Street Address: 1010 Bohemia Mill Road  
Mailing Address: 1010 Bohemia Mill Road                      Middletown, DE 19709-8860  
Middletown, DE 19709-8860

This permit, issued pursuant to the provisions of 7 Del. C. Chapters 60, shall remain in effect for the term stated above, provided the permittee is familiar with, and complies with, all terms and conditions herein.

**Terms and Conditions:**

1. This permit authorizes the permittee to transport in, out of, or through the State of Delaware the following waste types (as defined in the *Delaware Regulations Governing Solid Waste*): Dry Waste; .
2. The permittee shall not transport the wastes identified in Condition 1 to facilities that are not authorized to receive, treat, store, transport, dispose, or recover said wastes.
3. Permittee shall submit, by April 1 of each calendar year, an annual report on a form provided by the Department. The report shall summarize for the preceding calendar year, actual amounts of solid waste by weight and type transported within, into, or out of the state and the destinations delivered.
4. Permits issued for a period greater than one year: Permittees holding multi-year permits have pre-paid the annual fees. The permit shall remain in effect until the expiration date identified above, unless the permit is cancelled by the permittee or revoked by the Secretary of the Department of Natural Resources and Environmental Control (DNREC).
5. A copy of this permit must be carried in each transport vehicle and presented upon request to any law enforcement officer or representative of the Delaware Department of Natural Resources and Environmental Control (DNREC).
6. Only those vehicles identified in the application for this permit shall be used to transport the wastes identified in Condition 1. All vehicles shall be operated in accordance with the *Delaware Regulations Governing Solid Waste* (DRGSW), Section 7: Transporters.
7. The permittee's name shall be prominently displayed on both sides of the vehicle (motorized and containerized units) in figures at least 3 inches high and of a color that contrasts with the color of the vehicle.

8. The permittee's permit number shall be prominently displayed on both sides and the rear of the vehicle (motorized and containerized units) in figures at least 3 inches high and of a color that contrasts with the color of the vehicle.
9. Safety and Emergency Equipment: All vehicles shall carry the safety and emergency equipment contained in the application for this permit in addition to any equipment required by DOT 49 CFR Motor Carrier Safety Regulations.
10. Spill Containment Equipment: All vehicles shall carry spill containment equipment appropriate for the type of waste being transported. All vehicles shall carry a copy of the Spill Control Plan.
11. Each vehicle engaged in the transportation of solid waste must be fully enclosed or covered to prevent the discharge or release of solid waste to the environment.
12. All personnel shall be properly trained prior to handling or transporting wastes for which this permit is being issued.
13. Permittee shall maintain insurance in compliance with requirements described in the DRGSW, Section 7: Transporters.
14. Permit amendments:
  - a. Permittee must notify DNREC in writing of any additions of waste types, waste destinations, or changes in operations or procedures at least ten working days before putting those changes into effect. If a permit amendment is required, written approval from DNREC must be obtained prior to putting those changes into effect. Changes requiring a permit amendment include (but are not limited to) additions of waste types, additions of waste destinations, and changes in company name or address.
  - b. Permittee must notify DNREC in writing of any changes in equipment (vehicle additions/deletions) at least five working days prior to putting those changes into effect.
15. This permit does not relieve the permittee of complying with any other applicable Federal, State or local regulations or ordinances, including, but not limited to, vehicle load restrictions pursuant to 21 Del. C. Chapter 45. Failure to comply may be grounds for suspension or revocation of this permit.
16. In the event that regulations governing the activity authorized in this permit are revised, this permit may be reopened and modified, after notice and opportunity for a public hearing. At that time, additional limitations, requirements, and/or special conditions may be included in the permit.
17. The provisions of this permit are severable, and if any provision of this permit, or the application of any provision of this permit to any circumstance is held invalid, the application of such provision to other circumstances and the remainder of this permit shall not be affected thereby.
18. Permittee shall immediately contact the Department in the event of a release of any waste material while in transport in or through Delaware. The 24 hr. numbers to call are 800.662.8802, 302.739.9401 or 911.
19. Any violation of the conditions of this permit, regulations promulgated by the Department of Natural Resources and Environmental Control, Secretary's Orders, or provisions of 7 Del. C. Chapter 60 will be grounds for suspension or revocation of this permit.

20. Environmental Violations: Permittee is responsible for reporting all proposed and final notices of violation, criminal citations, tickets, arrests, convictions, civil or administrative penalties proposed or assessed whether against the company, its owners or operators, corporate officers, and company employees including but not limited to drivers, operating under the authority of this permit involving any environmental statute, regulation, permit, license, approval or order. Such report shall be made to the Department within 15 days of the date issuance regardless of the state in which it occurred.
  
21. Special conditions:
  - A. Business License: Permittee shall, upon obtaining and servicing customers in the State of Delaware, obtain a Delaware Business License from the State Division of Revenue as required by 30 Del. C., Chapter 21. The Division of Revenue may be contacted at 302.577.5800. Upon receipt of this license, the permittee shall submit a copy of the license to the Department of Natural Resources and Environmental Control, Solid and Hazardous Waste Management Section. This requirement applies to all transporters.



Karen G. J'Anthony  
Environmental Program Manager I  
Solid and Hazardous Waste Management Section

16 OCTOBER 2023

Date



# Split Rock Materials Inc.

Aggregate, Site Preparation, Hauling, Demolition

1010 Bohemia Mill Road  
Middletown, Delaware 19709  
302-378-9000  
302-834-1177 Fax  
delawarewrecking@aol.com

4. B

Steven Augusiewicz



100 %



5. 1010 Bohemia Mill Road, Middletown, Delaware 19709

8. B

Delaware Solid Waste Authority Locations

Sandtown / Georgetown / Cherry Island

12. Owner Operator

Split Rock Materials Inc and Blue Grass Services LLC are Same owner ship Steven Augusiewicz