RECEIPT DATE OF	19/24 No. 654567
RECEIVED FROM Robert C. Pe	coples, Inc. \$1,550,00
One Thousand Fire +	lunded Fifty 0/100 - DOLLARS
OFOR RENT DE-SW-050	2D
ACCOUNT CASH	#107308 10
PAYMENT CHECK PROMONEY ORDER	# 10/300 TO
BAL. DUE CREDIT BY	き、 し、 3-11

FOR THE PARTY AND ADDRESS AND



STATE OF DELAWARE DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL DIVISION OF WASTE AND HAZARDOUS SUBSTANCES COMPLIANCE AND PERMITTING SECTION

SEP 1 9 2024

DNREC - WHS

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 "<u>State of Delaware</u>" 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

$\overline{}$	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 the amount of \$350.00.	er, payable to the "State of Delaware" in				
V	Renewal: Permit # DE-SW- 0502D Expi	ration Date 12-31-2024				
	Please indicate the term for which you desire your per order, payable to the "State of Delaware," for the indic					
	SCRAP TIRES ONLY	ALL OTHERS				
	☐ One Year - \$75.00	☐ One Year - \$350.00				
	☐ Two Years - \$125.00	☐ Two Years - \$650.00				
	☐ Three Years - \$175.00	☐ Three Years - \$950.00				
	☐ Four Years - \$225.00	☐ Four Years - \$1250.00				
	☐ Five Years - \$275.00	Five Years - \$1550.00				

•	T 1	Chrystell House		D	. 1	
2.	14.0	ease	ŧΛ	$\nu_{\rm II}$	n	110
4.	110	Case	w	ı u	w	

	Do y Dela	you wish to be included on the list of transporters that is provided to persons requesting a list of aware permitted solid waste transporters? Yes No					
3.	Con	npany Information					
	Com	pany Name Robert C. Peoples, Inc.					
Lo	cation	Address:	Mailing Address:				
		2750 Wrangle Hill Road		Same			
		Bear, DE 19701					
Со	ntact:	Paul S. Manubay Tit	le: Vice President				
Bu	siness	Phone: 302-836-1500 Fa	x: <u>302-836-1524</u>				
E-1	mail:						
24	hr En	nergency Contact Phone: 302-836-1500					
4.	Con	npany Ownership Information					
	(a).	Please indicate the company type: Proprietorship Partnership Corporation - If company is a corporation	ion, indicate city, sta	ate, and date of incorporation.			
		City: Wilmington Sta	te: DE	Date: August 19, 1964			
	☐ 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 address & mailing address, and % ownersh		tach parent company name,			
		☐ Attachment No parent company					



ROBERT C. PEOPLES, INC.

BUILDER & DEVELOPER 2750 WRANGLE HILL ROAD BEAR, DELAWARE 19701

ROBERT G. PEOPLES, FOUNDER

(302) 836-1500

September 12, 2024

Re: Delaware Solid Waste Transporter Permit Application

4. (b)	Corporate	Officers	Date of Birth	% ownership
P	resident: Doro	othy M. Peoples		26
V	ice Presidents	: Robert C. Peoples, Jr.		18.5
		Harrison B. Peoples		18.5
		W. Thomas Peoples		18.5
		Paul S. Manubay		0
5	Sec/Treasurer	Carol P. Manubay		18.5

Mailing Address for all: 2750 Wrangle Hill Road, Bear, DE 19701

Solid Waste Transporter Application Page 3 of 6

5. Company locations in Delaware

	List name and <u>street</u> address of each company location, including freight terminals, within the State of Delaware.
	Attachment (1) Location As Listed Above 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 Na
	(e). If you offer recycling services, are the recyclables ultimately taken to an incinerator (waste-to-energy) or landfill? Yes No NA

Solid Waste Transporter Application Page $\bf 4$ of $\bf 6$

8.	Trea	tment, Storage, and Disposal Facilities	
	(a).	Do you cross state lines with the waste?	
	(b).	Identify in an attachment <i>all</i> solid waste Treatment, Storage, D. Facilities and Transfer Stations to which the waste will be transfer.	
		☐ Delaware Solid Waste Authority locations: (attachment) ☐ Clean Earth of New Castle, Inc. (thermal treatment facility ☐ Delaware Recyclable Products, Inc. (dry waste, commerci ☐ Other in-state solid waste facilities, including private facil ☐ Out of state solid waste TSD facilities: (attachment)	al, industrial, and PHC-soils) ities: (attachment)
9.	Othe	er Transporter Permits	
	(a).	Attach a copy of your home state solid waste transporter permit home state.)	it. (N/A if Delaware is your
		☐ Attachment Not applicable-No transporter permit required for these sol	id 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# MC#	
		DOT# MC# MC# MC# N/A If N/A, please provide an explanation, on the following required to have a DOT or MC number.	
		□ N/A If N/A, please provide an explanation, on the followi	
10.	Proo	□ N/A If N/A, please provide an explanation, on the followi	
10.	The Delar Insur Depar	□ N/A If N/A, please provide an explanation, on the following required to have a DOT or MC number.	s established in section 7.2.4 of the established by a Certificate of the other means approved by the ment of Natural Resources and
10.	The Delar Insur Deparement Environment	N/A If N/A, please provide an explanation, on the following required to have a DOT or MC number. If of Financial Responsibility transporter must submit proof of financial responsibility as ware's Regulations Governing Solid Waste. This proof may be ance, with MCS-90 endorsement where applicable, or by surtment. (The Certificate of Insurance must identify the Depart	s established in section 7.2.4 of the established by a Certificate of the other means approved by the ment of Natural Resources and the certificate holder.)



ROBERT C. PEOPLES, INC.

BUILDER & DEVELOPER 2750 WRANGLE HILL ROAD BEAR, DELAWARE 19701

ROBERT C. PEOPLES, FOUNDER

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September 12, 2024

Re: Delaware Solid Waste Transporter Permit Application

- 8. (b). List of Waste Facilities used by R. C. Peoples, Inc.
 - 1. Delaware Recyclable Products, New Castle, DE
 - 2. DSWA Northern Cherry Island Landfill

(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.

V	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	
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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 ☐ Yes Is a list of all vehicle operators attached? M NO 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. Date 9 12 2024
Title Vice President Print Name Paul S. Manubay

^{**}A legal owner or corporate officer must sign the application**

ROBECPE-01

SKEITHLEY

ACORD

CERTIFICATE OF LIABILITY INSURANCE

9/13/2024

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).

	DUCE t Ins	R urance, Inc.					NTACT ME: DNE S, No, Ext): (302)	653 6691	FAX (A/C, No):		
Vi	lage	Square DE 19977					S, No, Ext): (302) AIL DRESS:	000-0001	(A/C, No):		
-							IN	SURER(S) AFFO	RDING COVERAGE		NAIC #
						INS	URER A : Atlanti				22586
INSU	RED		***************************************				AND DESCRIPTION OF THE PARTY OF		surance Company		13692
		Dahard C Da	anlas Ins			-	URER C : Southe				26867
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	Х	EBL/EPLI				or Notorial	17172024	17172020			15,00
	^								MED EXP (Any one person)	\$	1,000,00
								PERSONAL & ADV INJURY	\$	2,000,00	
	GEN'L AGGREGATE LIMIT APPLIES PER							GENERAL AGGREGATE	\$	2,000,00	
		POLICY PRO- JECT	LOC						PRODUCTS - COMP/OP AGG	\$	2,000,00
_		OTHER:		-					COMBINED SINGLE LIMIT	\$	1,000,00
Α		OMOBILE LIABILITY							(Ea accident)	\$	1,000,00
	Х	ANY AUTO	COMEDITIED			1000111912	1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$	
		OWNED AUTOS ONLY HIRED AUTOS ONLY	SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	s s	
			7.07.00 0.12						The state of the s	s	
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С	WOR	KERS COMPENSATION							X PER STATUTE ER	3	
						1000013880	1/1/2024	1/1/2025			100,00
(Mandatory in NH) If yes describe under		N/A					E.L. EACH ACCIDENT	\$	100,00		
							E.L. DISEASE - EA EMPLOYEE		500,00		
DESCRIPTION OF OPERATIONS below A Equipment Floater CPA8161741		CPA8161741	1/1/2022	1/1/2023	E.L. DISEASE - POLICY LIMIT *see	\$					
		cial form				CPA8161741	1/1/2022	1/1/2023	see below		
020	300	GIGH FORTH				OI 70101141	1/1/2022	1/1/2023	See Delow		
A	Spe										

CERTIFICATE HOLDER	CANCELLATION
State of Delaware, DNREC SHWMS 89 Kings Highway	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Dover, DE 19901	AUTHORIZED REPRESENTATIVE Kgim L Melly
	Them of harry



ROBERT G. PEOPLES, INC.

BUILDER & DEVELOPER 2750 WRANGLE HILL ROAD BEAR, DELAWARE 19701

ROBERT C. PEOPLES, FOUNDER

(302) 836-1500

September 12, 2024

Spill Control Plan for Hauling Waste

- (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
- (2) All loads are 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). Safety devices and equipment
 - 2). On the vehicle
- (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:

W. Thomas Peoples 302-836-1500

(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:

911, (302) 739-9401 or 1-800-662-8802

(6) This plan will be carried in all vehicles, along with the permit



ROBERT C. PEOPLES, INC.

BUILDER & DEVELOPER 2750 WRANGLE HILL ROAD BEAR, DELAWARE 19701

ROBERT C. PEOPLES, FOUNDER

(302) 836-1500

September 12, 2024

12. Driver Training

- A CDL license is required of the drivers of any vehicle transporting solid waste.
- Five years of experience required for drivers transporting solid waste.
- Driving records are checked once a year for violations.
- All drivers are required to satisfactorily complete a Defensive Driving Course and keep their certificate current.

VEHICLE INFORMATION - See Item 13 of the application.

Use this form, or other format which provides the same information, to answer the VEHICLE IDENTIFICATION requirement of the application. List all vehicles, both motorized and container (if a license plate is required on the container) to be used to haul solid waste in the state of Delaware. In addition, list the vehicle owner, owner's address, and domicile address if different from the company address provided in the application.

MAKE - MODEL - YEAR		TYPE	VIN # (Serial Number)	LICENSE PLATE # and STATE of REGISTRATION	mfgr's GVWR	OWNERSHIP
Mack	1988	Dump	1M2B197C7JM003249	CL43446 DE	65,000	
	_					

Davis, DaQuan (DNREC)

From: Sent: To: Subject: Attachments:	kelly.rcpeoples@aol.com Friday, September 20, 2024 1:00 PM WHStransporters Re: Missing Information Delaware Solid Waste Transporter Permit Scan_20240920_132220.pdf
DaQuan,	
Please find attached the (2 else from us. Thank you.	e) items for Section #13 & #14. Please let me know if you need anything
Kelly Morris Construction Coordinator R.C. Peoples,Inc. kelly.rcpeoples@aol.com P-302-836-1500 F-302-836-	.1524
On Thursday, September 19, 202	4 at 02:20:06 PM EDT, WHStransporters <whstransporters@delaware.gov> wrote:</whstransporters@delaware.gov>
Hi Mr. Manubay,	
found that some information is n	oplication to renew your Delaware solid waste transporter permit. Upon review, I have nissing or needs to be updated. Please address the items listed below:
Section 13- Who owns theSection 14- You did not p	e vehicle on the application? rovide a list of vehicle operators/drivers.
Please provide the information re	equested above via e-mail within five (5) days.
Thank you,	
DaQuan Davis	



DaQuan L. DavisEnvironmental Scientist I

Division of Waste and Hazardous Substances

- 302-739-9403
- daquan.davis@delaware.gov
- 9 89 Kings Hwy SW, Dover, DE 19901
- dnrec.delaware.gov







VEHICLE INFORMATION - See Item 13 of the application.
Use this form, or other format which provides the same information, to answer the VEHICLE IDENTIFICATION requirement of the application. List all vehicles, both motorized and container (if a license plate is required on the container) to be used to hauf solid waste in the state of Delaware. In addition, list the vehicle owner, owner's address, and domicile address if different from the company address provided in the application.

MAKE - MODEL - YEAR		TYPE	VIN # (Serial Number)	LICENSE PLATE # and STATE of REGISTRATION		mfgr's GVWR	OWNERSHIP
Mack	1988	Dung	1M28197C7Jm003249	CL43446	DE	65,000	Robert C. Peoples, INC.

VEHICLE OPERATOR LIST:(CDL)

Robert C. Peoples, Jr (CDL) W. Thomas Peoples (CDL) Anthony Tancredi, III (CDL)