

# RECEIPT

DATE

08/30/24

No.

654547

RECEIVED FROM

Austin Contracting, Inc

\$

350.00

Three hundred fifty and  $\frac{00}{100}$ 

DOLLARS

 FOR RENT FOR

DE-SW-0899

ACCOUNT	
PAYMENT	
BAL. DUE	

 CASH CHECK MONEY  
ORDER CREDIT  
CARD

FROM

31483

TO

BY

M.M.



RECEIVED

AUG 30 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**

Language Preference: English

**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- 0899 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**

**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 Auston Contracting, Inc.

Location Address:	Mailing Address:
1202 Pauls Lane	1202 Pauls Lane
Joppa, MD 21085	Joppa, MD 21085

Contact: Dawn C Peery Title: Vice President

Business Phone: 410-671-6133 Fax: 410-671-6130

E-mail: auston1@verizon.net

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: Joppa State: MD Date: 10-12-1990

- 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 1

(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

# Auston Contracting, Inc.

1202 Pauls Lane

Joppa, MD 21085

Phone: 410-671-6133 Fax: 410-671-6130

## Attachment: 1

### Delaware Solid Waste Transporter Permit Application

#### 4. Company Ownership Information

(b) Dawn C. Peery

1202 Pauls Lane

Joppa, MD 21085

Vice President, Secretary, Treasurer 20%

D.O.B - [REDACTED]

S.S [REDACTED]

John Peery Jr.

1202 Pauls Lane

Joppa, MD 21085

President 80%

D.O.B. [REDACTED]

S.S [REDACTED]

### 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) Scrap Metal  
 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) 2 \_\_\_\_\_

**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 5 \_\_\_\_\_
  - 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# 565189 \_\_\_\_\_ MC# 577348 \_\_\_\_\_

- 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

# Auston Contracting, Inc.

1202 Pauls Lane

Joppa, MD 21085

Phone: 410-671-6133 Fax: 410-671-6130

## **Attachment 2**

### Dumpsites:

Days Cove Reclamation Company

6425 Days Cove Road

White Marsh, MD 21162

Honey Go Run Reclamation Center

10710 Philadelphia Road

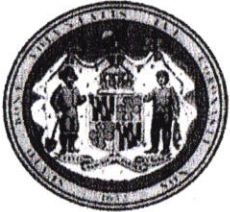
Perry Hall, MD 21128

Eastern Landfill

6259 Days Cove Road

White Marsh, MD 21162

# MARYLAND DEPARTMENT OF THE ENVIRONMENT



Larry Hogan  
Governor

Land and Materials Administration • Resource Management Program  
1800 Washington Boulevard • Suite 610 • Baltimore, Maryland 21230-1719  
410-537-3314 • 800-633-6101 x3314 • [www.mde.maryland.gov](http://www.mde.maryland.gov)



Ben Grumbles  
Secretary

## Scrap Tire Hauler License Number: 2019-RTH-04009

**ISSUE DATE:** October 8, 2019

**EXPIRATION DATE:** October 7, 2024  
**IDENTIFICATION NUMBER:** 19H04009

**Issued to:** Auston Contracting, Inc.

**At:** 1202 Pauls Lane, Joppa, Harford County, Maryland 21085

**Authorizing:** The transportation of scrap tires in the State of Maryland to or from scrap tire facilities licensed or approved by the Maryland Department of the Environment, and as specified in your application of July 19, 2019.

*This license is issued pursuant to the provisions of Title 9 of the Environment Article, Annotated Code of Maryland, and regulations promulgated thereunder, and are subject to the attached terms and conditions, and compliance with all applicable laws and regulations.*

*C. John Sullivan III*

C. John Sullivan, III, Program Manager  
Resource Management Program



- (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 3

### 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 4



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/01/2023

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> Hilb Group of NJ, LLC - Martens Johnson 6227 Executive Blvd  Rockville MD 20852	<b>CONTACT NAME:</b> Rachel Halterman <b>PHONE (A/C, No, Ext):</b> (301) 231-5447 <b>E-MAIL ADDRESS:</b> rhalterman@hilbgroup.com	<b>FAX (A/C, No):</b> (301) 881-1137
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Auston Contracting Inc Auston Transfer & Processing LLC; Auston LLC 1202 Pauls Lane Joppa MD 21085	<b>INSURER A:</b> Great Divide Insurance Co	<b>NAIC #</b> 25224
	<b>INSURER B:</b> Key Risk Insurance Company	10885
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: CL2312142302


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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GLP2030543-16	12/01/2023	12/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BAP2024859-16	12/01/2023	12/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Trailer Interchange \$ 100,000
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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**

State of Delaware; Department of Natural Resources and Environmental Div of Waste and Hazardous Sub 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 
--	--

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# Auston Contracting, Inc.

1202 Pauls Lane

Joppa, MD 21085

Phone: 410-671-6133 Fax: 410-671-6130

## Attachment 3

### Auston Contracting, Inc. – Spill Control Plan

1. Spill control and safety equipment carried in each vehicle:
  - Reflectors and/or flares
  - Fire extinguisher
  - First aid kit
  - Heavy duty gloves, hardhat
  - Flashlight
  - Spill Control plan
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 pre-trip inspection(sample attached)
4. If there is an accident or other emergency which causes a portion of the load to be spilled, the driver, if uninjured will contract the following designated coordinator:
  - Dawn C Peery, Vice President 410-671-6133
  - John A Peery, President 443-250-8899
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 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 number:
  - Delaware 911, 302-739-9401 or 800-662-8802
  - Maryland 911, 410-537-3000
  - Pennsylvania 911, 717-651-7076
6. The designated coordinator will contact additional crew and equipment for a large spill, for a smaller spill the driver will clean up.
7. This plan will be carried in all vehicles, along with the permit.

Attachment 3

**DRIVER'S VEHICLE INSPECTION REPORT**

Completion of this report required by Federal Law 49 CFR 396.11 & 396.13

2346315

Location \_\_\_\_\_ Date \_\_\_\_\_  
Truck/Tractor \_\_\_\_\_ Trailer #1 \_\_\_\_\_  
Dolly \_\_\_\_\_ Trailer #2 \_\_\_\_\_  
Odometer Mileage \_\_\_\_\_

Check	Explain any Defects
	Engine
	Transmission
	Clutch
	Steering Mechanism
	Horn
	Windshield Wipers/Washers
	Rear Vision Mirrors
	Lighting Devices and Reflectors
	Parking Brake
	Service Brakes
	Air Lines/Light Lines
	Coupling Devices W-
	Tires
	Wheels and Rims
	Emergency Equipment
	Other

Vehicle condition OK  
(This must be checked if there are no defects) \_\_\_\_\_  
Reporting Driver's Signature

Defects do not need to be corrected for safe operation  
 Defects Corrected  
Certified by: \_\_\_\_\_  
Mechanic's Signature

\_\_\_\_\_  
Reviewing Driver's Signature

WHITE - MAINTENANCE  
CANARY - DRIVER REVIEW

# Auston Contracting, Inc.

1202 Pauls Lane

Joppa, MD 21085

Phone: 410-671-6133 Fax: 410-671-6130

## **Attachment: 4**

**Auston Contracting, Inc.**

### **Driver Training**

Drivers are required to:

- Have CDL License

- Have a valid DOT physical card

- Have a certified driving record 1 time a year

Drivers are aware of permits and the conditions of permits

Drivers are aware of the spill plan and what to do if a spill occurs.

**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 C Peery VP. Date 8-26-24  
Print Name Dawn C. Peery Title Vice President

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

*Auston Contracting, Inc.*

*1202 Pauls Lane*

*Joppa, MD 21085*

*Phone: 410-671-6133 Fax: 410-671-6130*

Vehicle Operator Information #14

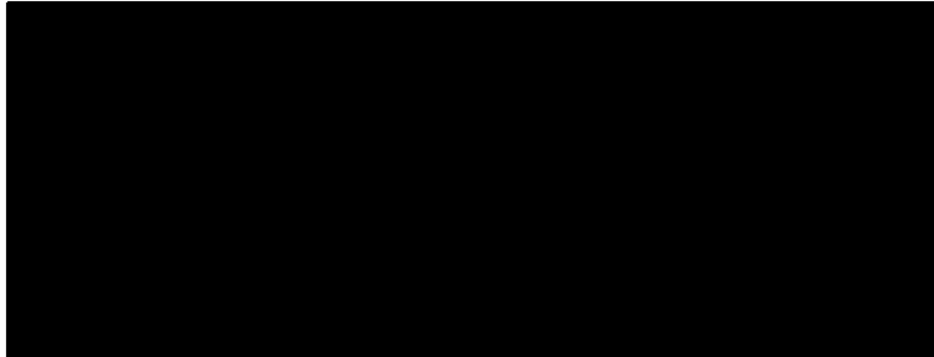
Robert (Guy) Dowell

Johnny A. Peery Jr.

William Cromwell

JOSEPH PEERY

JOHNNY GOLDEN



NEW DRIVER 2024





# 2023 W-2 and EARNINGS SUMMARY



## Employee Reference Copy W-2 Wage and Tax Statement 2023

Copy C for employee's records. OMB No. 1545-0008

d Control number	Dept.	Corp.	Employer use only
000025	RJ/6UY		A 7

c Employer's name, address, and ZIP code  
**AUSTON TRANSFER & PROCESSING LLC**  
 1202 PAULS LANE  
 DELIVER BY 11AM  
 JOPPA, MD 21085  
 Batch #90519

e/f Employee's name, address, and ZIP code  
**JOHNNY A PEERY JR**  
 [REDACTED]

b Employer's FED ID number	a Employee's SSA number
45-4165867	[REDACTED]
1 Wages, tips, other comp.	2 Federal income tax withheld
[REDACTED]	[REDACTED]
3 Social security wages	4 Social security tax withheld
[REDACTED]	[REDACTED]
5 Medicare wages and tips	6 Medicare tax withheld
[REDACTED]	[REDACTED]
8 Allocated tips	
	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b
	12c
	12d
	13 Stat emp Ret. plan 3rd party sick pay
15 State MD	Employer's state ID no. 15083458
16 State wages, tips, etc.	[REDACTED]
17 State income tax	18 Local wages, tips, etc.
[REDACTED]	[REDACTED]
19 Local income tax	20 Locality name

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	MD. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Reported W-2 Wages	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

2. Employee Name and Address.

**JOHNNY A PEERY JR**  
 [REDACTED]

# 2023 W-2 and EARNINGS SUMMARY



## Employee Reference Copy W-2 Wage and Tax Statement 2023

Copy C for employee's records. OMB No. 1545-0008

d Control number	Dept.	Corp.	Employer use only
000007	RJ/6U2		A 3

c Employer's name, address, and ZIP code  
**AUSTON CONTRACTING INC**  
 1202 PAULS LANE  
 DELIVER BY 11AM  
 JOPPA, MD 21085  
 Batch #90519

e/f Employee's name, address, and ZIP code  
**ROBERT G DOWELL**  
 [REDACTED]

b Employer's FED ID number	a Employee's SSA number
52-1710952	[REDACTED]
1 Wages, tips, other comp.	2 Federal income tax withheld
[REDACTED]	[REDACTED]
3 Social security wages	4 Social security tax withheld
[REDACTED]	[REDACTED]
5 Medicare wages and tips	6 Medicare tax withheld
[REDACTED]	[REDACTED]
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b
	12c
	12d
	13 Stat emp Ret. plan 3rd party sick pay
15 State MD	Employer's state ID no. 08961710
16 State wages, tips, etc.	[REDACTED]
17 State income tax	18 Local wages, tips, etc.
[REDACTED]	[REDACTED]
19 Local income tax	20 Locality name

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	MD. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Reported W-2 Wages	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

2. Employee Name and Address.

**ROBERT G DOWELL**  
 [REDACTED]

# 2023 W-2 and EARNINGS SUMMARY



**W-2** Employee Reference Copy  
Wage and Tax Statement **2023**  
OMB No. 1545-0048

Copy C for employee's records.

d Control number	Dept.	Corp.	Employer use only
000014	RJ/6UY		A 2

c Employer's name, address, and ZIP code  
**AUSTON TRANSFER & PROCESSING LLC**  
 1202 PAULS LANE  
 DELIVER BY 11AM  
 JOPPA, MD 21085  
 Batch #90519

e/f Employee's name, address, and ZIP code  
**WILLIAM H CROMWELL JR**  
 1647 SCHUCKS ROAD  
 BEL AIR, MD 21015

b Employer's FED ID number	a Employee's SSA number
45-4165867	[REDACTED]
1 Wages, tips, other comp.	2 Federal income tax withheld
[REDACTED]	[REDACTED]
3 Social security wages	4 Social security tax withheld
[REDACTED]	[REDACTED]
5 Medicare wages and tips	6 Medicare tax withheld
[REDACTED]	[REDACTED]
7 Social security tips	8 Allocated tips
[REDACTED]	[REDACTED]
9	10 Dependent care benefits
[REDACTED]	[REDACTED]
11 Nonqualified plans	12a See instructions for box 12
[REDACTED]	[REDACTED]
14 Other	12b
[REDACTED]	12c
[REDACTED]	12d
[REDACTED]	13 Stat emp Ret. plan 3rd party sick pay
15 State Employer's state ID no.	16 State wages, tips, etc.
MD 15083458	[REDACTED]
17 State income tax	18 Local wages, tips, etc.
[REDACTED]	[REDACTED]
19 Local income tax	20 Locality name
[REDACTED]	[REDACTED]

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	MD. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Less Other Cafe 125	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Reported W-2 Wages	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

2. Employee Name and Address.

**WILLIAM H CROMWELL JR**  
 1647 SCHUCKS ROAD  
 BEL AIR, MD 21015

# 2023 W-2 and EARNINGS SUMMARY



**W-2** Employee Reference Copy  
Wage and Tax Statement **2023**  
OMB No. 1545-0048

Copy C for employee's records.

d Control number	Dept.	Corp.	Employer use only
000030	RJ/6UY		A 6

c Employer's name, address, and ZIP code  
**AUSTON TRANSFER & PROCESSING LLC**  
 1202 PAULS LANE  
 DELIVER BY 11AM  
 JOPPA, MD 21085  
 Batch #90519

e/f Employee's name, address, and ZIP code  
**JOSEPH T PEERY**  
 [REDACTED]

b Employer's FED ID number	a Employee's SSA number
45-4165867	[REDACTED]
1 Wages, tips, other comp.	2 Federal income tax withheld
[REDACTED]	[REDACTED]
3 Social security wages	4 Social security tax withheld
[REDACTED]	[REDACTED]
5 Medicare wages and tips	6 Medicare tax withheld
[REDACTED]	[REDACTED]
7 Social security tips	8 Allocated tips
[REDACTED]	[REDACTED]
9	10 Dependent care benefits
[REDACTED]	[REDACTED]
11 Nonqualified plans	12a See instructions for box 12
[REDACTED]	[REDACTED]
14 Other	12b
[REDACTED]	12c
[REDACTED]	12d
[REDACTED]	13 Stat emp Ret. plan 3rd party sick pay
15 State Employer's state ID no.	16 State wages, tips, etc.
MD 15083458	[REDACTED]
17 State income tax	18 Local wages, tips, etc.
[REDACTED]	[REDACTED]
19 Local income tax	20 Locality name
[REDACTED]	[REDACTED]

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	MD. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Reported W-2 Wages	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

2. Employee Name and Address.

**JOSEPH T PEERY**  
 [REDACTED]

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, Registration 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.



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

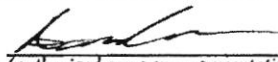
**FORM MCS-90**

Issued to Auston Contracting Inc of Maryland  
*(Motor Carrier name)* *(Motor Carrier state or province)*

Dated at 2:15 pm on this 23rd day of July, 2024

Amending Policy Number: BAP2024859-16 Effective Date: 12/1/2023

Name of Insurance Company: Key Risk 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: 717-214-2800

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 <https://portal.fmcsa.dot.gov/UrsRegistrationWizard/>.

(continued on next page)

**DEFINITIONS AS USED IN THIS ENDORSEMENT**

**Accident** includes continuous or repeated exposure to conditions or which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

**Motor Vehicle** means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

**Bodily Injury** means injury to the body, sickness, or disease to any person, including death resulting from any of these.

**Property Damage** means damage to or loss of use of tangible property.

**Environmental Restoration** means restitution for the loss, damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.

**Public Liability** means liability for bodily injury, property damage, and environmental restoration.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Motor Carrier Safety Administration (FMCSA).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon,

or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately to each accident and any payment under the policy because of anyone accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

(continued on next page)

<b>SCHEDULE OF LIMITS — PUBLIC LIABILITY</b>
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Type of carriage	Commodity transported	January 1, 1985
(1) For-hire (in interstate or foreign commerce, with a gross vehicle weight rating of 10,001 or more pounds).	Property (nonhazardous)	\$750,000
(2) For-hire and Private (in interstate, foreign, or intrastate commerce, with a gross vehicle weight rating of 10,001 or more pounds).	Hazardous substances, as defined in <u>49 CFR 171.8</u> , transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Division 1.1, 1.2, and 1.3 materials, Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material, as defined in <u>49 CFR 173.403</u> .	\$5,000,000
(3) For-hire and Private (in interstate or foreign commerce, in any quantity; or in intrastate commerce, in bulk only; with a gross vehicle weight rating of 10,001 or more pounds).	Oil listed in <u>49 CFR 172.101</u> ; hazardous waste, hazardous materials, and hazardous substances defined in <u>49 CFR 171.8</u> and listed in <u>49 CFR 172.101</u> , but not mentioned in (2) above or (4) below.	\$1,000,000
(4) For-hire and Private (In interstate or foreign commerce, with a gross vehicle weight rating of less than 10,001 pounds).	Any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in <u>49 CFR 173.403</u> .	\$5,000,000

\*The schedule of limits shown does not provide coverage. The limits shown in the schedule are for information purposes only.

## Davis, DaQuan (DNREC)

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**From:** Davis, DaQuan (DNREC) on behalf of WHStranporters  
**Sent:** Friday, September 13, 2024 9:26 AM  
**To:** auston1@verizon.net  
**Subject:** RE: Missing Info Delaware Solid Waste Transporter Permit

**Categories:** Egress Switch: Unprotected

Hi Ms. Perry,

- Does Auston Contracting, Inc. have a parent company?

Please provide the information requested above via e-mail by today.

Thank you,  
DaQuan Davis



### DaQuan L. Davis

Environmental Scientist I

**Division of Waste and Hazardous Substances**

✓ 302-739-9403

✉ [daquan.davis@delaware.gov](mailto:daquan.davis@delaware.gov)

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 [dnrec.delaware.gov](http://dnrec.delaware.gov)



**From:** Davis, DaQuan (DNREC) **On Behalf Of** WHStranporters  
**Sent:** Tuesday, September 3, 2024 9:13 AM  
**To:** 'auston1@verizon.net' <auston1@verizon.net>  
**Subject:** Missing Info Delaware Solid Waste Transporter Permit

Hi, Ms. Perry thank you for submitting your application I need you to answer one question to complete your application.  
- Does Auston Contracting, Inc. have a parent company?

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

Thank you,  
DaQuan Davis



## DaQuan L. Davis

Environmental Scientist I

**Division of Waste and Hazardous Substances**

☎ 302-739-9403

✉ [daquan.davis@delaware.gov](mailto:daquan.davis@delaware.gov)

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 [dnrec.delaware.gov](http://dnrec.delaware.gov)



**Davis, DaQuan (DNREC)**

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**From:** Stephanie K <steph@austoncontractinginc.com>  
**Sent:** Friday, September 13, 2024 10:33 AM  
**To:** WHStranporters  
**Cc:** Davis, DaQuan (DNREC)  
**Subject:** Missing Info Delaware Solid Waste Transporter Permit

Good Morning

I was forwarded a email from Dawn Peery in reference to if we have a parent company.

Hi Ms. Perry,

- Does Auston Contracting, Inc. have a parent company?

Please provide the information requested above via e-mail by today.

Thank you,

DaQuan Davis

There is no Parent Company for Auston Contracting, Inc. If you have any questions, please contact at 410-671-6133

Thank you  
Stephanie Kasprzyk  
Auston Contracting, Inc.