| RECEIP             | T DATE_                | 09/9/24 No. 654568         |
|--------------------|------------------------|----------------------------|
| RECEIVED FROM D. F | . 60                   | 111en 45015, 7n1. \$350.00 |
| Three Hu           | ndrec                  | d Fifty and 9/100 DOLLARS  |
| OFOR RENT DI       | E-Shi                  | )-1598                     |
| ACCOUNT            | CASH                   | # 110.10                   |
| PAYMENT            | CHECK                  | FROM # 48470 TO            |
| BAL. DUE           | ORDER<br>ORDER<br>CARD | 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

1.



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

| Type of Permit  ☐ New - SCRAP TIRES ONLY Submit a check Delaware," in the amount of \$75.00.   | or money order, payable to the "State of |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| □ New – <b>ALL OTHERS</b> Submit a check or money order, payable to the "State of Delaware" in the amount of \$350.00. □ Renewal: Permit # DE-SW                     |  |  |  |  |  |  |  |
| Please indicate the term for which you desire your permit to be issued. Submit a check or moorder, payable to the "State of Delaware," for the indicated permit fee. |  |  |  |  |  |  |  |
| 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                 |  |  |  |  |  |  |

| 2  | Dal | ease | +- | D   | blic |
|----|-----|------|----|-----|------|
| 4. | Ke  | ease | 10 | P u | DIIC |

|     | 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 DF QUILLEW-Jang INL   |  |  |  |  |  |  |  |  |
| Lo  | Location Address: Mailing Address:   |  |  |  |  |  |  |  |  |
|     | 9857 Hobrard Unit  | 19897 Hobran Rd UNFF                               |  |  |  |  |  |  |  |
| R   | el black Bel DE 15571  | Felicibilh Bet, DE 19971                           |  |  |  |  |  |  |  |
|     |  |  |  |  |  |  |  |  |  |
| Со  | ntact: Devend Quilled Tit  | le: OUNER (FO                                      |  |  |  |  |  |  |  |
| Bu  | siness Phone: 302 227 253 Fa   | x: 302 327 353 F                                   |  |  |  |  |  |  |  |
| E-1 | nail: Agustwocontractor not  |  |  |  |  |  |  |  |  |
| 24  | hr Emergency Contact Phone: 308 - 200  | 2531   |  |  |  |  |  |  |  |
| 4.  | 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: Public institution    Date:   State:   State:   Date:   State:   State: |  |  |  |  |  |  |  |  |
|     | (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 Derrel Quille 1002 DOS.   |  |  |  |  |  |  |  |  |
|     | (c). If company is owned by or affiliated with a address & mailing address, and % ownersh  | a parent company, attach parent company name, nip. |  |  |  |  |  |  |  |
|     | Attachment No parent company   |  |  |  |  |  |  |  |  |

| 2  |  |
|----|--|
| 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 1989 Horon Rd, Unil F, Robbit Bib OK 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 V 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 <i>all</i> 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# 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.  |  |  |  |  |  |  |
|                              | HAS BEEN Whative for years AND PW Mr. Fielder - WAN not   |  |  |  |  |  |  |
|                              | HAS BEEN Whative for years And PW Mr. Ficher- WAN not   |  |  |  |  |  |  |
| 10.                          | . Proof of Financial Responsibility   |  |  |  |  |  |  |
|                              | The transporter must submit proof of financial responsibility as established in section 7.2.4 of Delaware's <i>Regulations Governing Solid Waste</i> . 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 <b>Department of Natural Resources and Environmental Control, Compliance and Permitting Section</b> 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:

| *   | FOR-HIRE<br>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<br>Contaminated Soils | \$750,000.00 + MCS-90 [                           | \$350,000.00          |
| Asbestos                                      | \$1,000,000.00 + MCS-90 [<br>(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 CArres - Fire extinguisher, Showel, trachears, Vake, bass, First aid kit, Flanc, over Training 011 Absorbed. Does not bandle Liquids

### 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.

William pennithed to drive truck. As proper regularments And ZERO Driver Training, attachment DO NOT HAUL OR REMOVE ADDOSTOS

#### 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?  |
| 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  Date  |
| Print Name DEWORLF. COUNTRY Title OUFR CEO  |
| **A <u>legal owner</u> or <u>corporate officer</u> must sign the application **   |

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     | y VIN # (Serial Number) | LICENSE PLATE # and STAT<br>of REGISTRATION | TE mfgr's<br>GVWR |                    |  |  |  |  |
|---------------------|----------|-------------------------|---|-------------------|--------------------|--|--|--|--|
| Fox 0 1414 1992     | ((       | EDNKJY P5N VA27371      | 295549                                      | 2000              | DF QUILLEN SONSTA  |  |  |  |  |
| INH 1983            | TK       | 1 H18AS9E8 DHAQ5876     | CL 16593                                    | 35000             | D FULLEW - SOS FRE |  |  |  |  |
| GHK C6V 1989        | $\alpha$ | 16DK71214KV515(7/       | C 2128                                      | 20,000            |                    |  |  |  |  |
| •                   |          |                         |   | ,                 |                    |  |  |  |  |
|                     |          |                         |   |                   |                    |  |  |  |  |
|                     |          |                         |   |                   |                    |  |  |  |  |
|                     |          |                         |   |                   |                    |  |  |  |  |
|                     |          |                         |   |                   |                    |  |  |  |  |
|                     |          |                         |   |                   |                    |  |  |  |  |
|                     |          |                         |   |                   |                    |  |  |  |  |
|                     |          |                         |   |                   |                    |  |  |  |  |
|                     |          |                         |   |                   |                    |  |  |  |  |
|                     |          |                         |   |                   |                    |  |  |  |  |
|                     |          |                         |   | _                 |                    |  |  |  |  |
|                     |          |                         |   | +                 |                    |  |  |  |  |
|                     |          |                         |   | +                 |                    |  |  |  |  |
|                     |          |                         |   |                   |                    |  |  |  |  |
|                     |          |                         |   |                   |                    |  |  |  |  |

## 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

√4). Heavy-duty gloves, hard hat

√3). First aid kit

**>**5). Flashlight

6).

| (2) All loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during<br>transport to the disposal facility.   |
|---|
| (3) The driver will perform the following pre-trip inspections:  1) Check Lights, tires, blinkers, Mirrors  2). Complete Walk Ward. Check for Any dange.  |
| (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: 303 237 2531  |
| (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.   |
|   |
|   |

#### **MGROGAN**

CERTIFICATE OF LIABILITY INSURANCE

ACORD

DATE (MM/DD/YYYY) 9/3/2024

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.

|      | his certificate does not confer rights to   |             |             |  |   |                            |                            | require air end                    | ioi seinei |           | Statement on |
|------|---|-------------|-------------|--|---|----------------------------|----------------------------|------------------------------------|------------|-----------|--------------|
|      | DDUCER  |             |             |  | CONTAC<br>NAME:   |                            |                            |                                    |            |           |              |
|      | W Insurance Inc.<br>Atlantic Ave  |             |             |  | PHONE (A/C, No, Ext): (302) 616-2841 FAX (A/C, No): (302) 616-4754  |                            |                            |                                    |            | 616-4754  |              |
|      | ean View, DE 19970  |             |             |  | ADDRES  | s: contact(                | @lwinsuran                 | ce.com                             |            |           |              |
|      |   |             |             |  |   | iN:                        | SURER(S) AFFOR             | RDING COVERAGE                     |            |           | NAIC#        |
|      |   |             |             |  | INSURE  | RA: Atlantic               | States                     |                                    |            |           | 22586        |
| INS  | URED  |             |             |  | INSURE  | R B : Donega               | al Mutual                  |                                    |            |           | 13692        |
|      | D.F. Quillen & Sons Inc.  |             |             |  | INSURER C:  |                            |                            |                                    |            |           |              |
|      | Dennard Quillen Jr.<br>19897 Hebron Rd, Unit F  |             |             |  | INSURER D :   |                            |                            |                                    |            |           |              |
|      | Rehoboth Beach, DE 19971  |             |             |  | INSURER E :   |                            |                            |                                    |            |           |              |
|      |   |             |             |  | INSURE  | RF:                        |                            |                                    |            |           |              |
| CO   | OVERAGES CER  | TIFIC       | CAT         | E NUMBER:                                      |   |                            |                            | REVISION NUI                       | MBER:      |           |              |
| C    | HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH | EQUI<br>PER | REM<br>TAIN | ENT, TERM OR CONDITION<br>THE INSURANCE AFFORD | N OF A  | NY CONTRA<br>THE POLIC     | CT OR OTHER                | R DOCUMENT WI                      | TH RESPE   | CTT       | O WHICH THIS |
| INSR | TYPE OF INSURANCE   | ADDL        | SUBR        | POLICY NUMBER                                  |   | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) |                                    | LIMIT      | s         |              |
| A    | X COMMERCIAL GENERAL LIABILITY  | 11130       |             |  |   | IIIII. DD. 11111           | Unin/DD/1111/              | EACH OCCURREN                      | CE         | s         | 2,000,000    |
|      | CLAIMS-MADE X OCCUR   |             |             | CPA8125593                                     |   | 1/1/2024                   | 1/1/2024                   | DAMAGE TO RENT<br>PREMISES (Ea occ | ED ED      | S         | 500,000      |
|      |   |             |             | .22  |   |                            |                            | MED EXP (Any one                   |            | s         | 15,000       |
|      |   |             |             |  |   |                            |                            | PERSONAL & ADV                     |            | S         | 2,000,000    |
|      | GEN'L AGGREGATE LIMIT APPLIES PER:  |             |             |  |   |                            |                            | GENERAL AGGRE                      |            | S         | 4,000,000    |
|      | POLICY PRO- LOC   |             |             |  |   |                            |                            | PRODUCTS - COM                     |            | S         | 4,000,000    |
|      | OTHER:  |             |             |  |   |                            |                            |                                    |            | S         |              |
| Α    | AUTOMOBILE LIABILITY  |             |             |  |   |                            |                            | COMBINED SINGLE<br>(Ea accident)   | ELIMIT     | S         | 1,000,000    |
|      | X ANY AUTO  |             |             | 1000111891                                     |   | 1/1/2024                   | 1/1/2025                   | BODILY INJURY (P                   | er person) | s         |              |
|      | OWNED SCHEDULED AUTOS ONLY  |             |             |  |   |                            |                            | BODILY INJURY (P                   |            | S         |              |
|      | HIRED ONLY NON-GWINED   |             |             |  |   |                            |                            | PROPERTY DAMA(<br>(Per accident)   | GE         | S         |              |
|      | AUTOS ONET  |             |             |  |   |                            |                            | Tr or accidenty                    |            | \$        |              |
| В    | X UMBRELLA LIAB X OCCUR   |             |             |  |   |                            |                            | EACH OCCURREN                      | CE         | S         | 1,000,000    |
|      | EXCESS LIAB CLAIMS-MADE   |             | CXL8125593  |  | 1/1/2024  | 1/1/2025                   | AGGREGATE                  | OL.                                | S          | 1,000,000 |              |
|      | DED X RETENTIONS 0  |             |             |  |   |                            | AOOREGATE                  |                                    | S          |           |              |
| В    | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY  |             |             |  |   |                            |                            | X PER<br>STATUTE                   | OTH-<br>ER | -         |              |
|      |   |             |             | 1000013832                                     |   | 1/1/2024                   | 1/1/2025                   | E.L. EACH ACCIDE                   | -          | s         | 100,000      |
|      | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?   | N/A         |             |  |   |                            |                            | E.L. DISEASE - EA                  |            |           | 100,000      |
|      | If yes, describe under<br>DESCRIPTION OF OPERATIONS below   |             |             |  |   |                            |                            | E.L. DISEASE - POI                 |            | \$        | 500,000      |
|      | BEGGIN HOW OF OF EPOTHONO SCION   |             |             |  |   |                            |                            | E.E. DISEASE - POI                 | LICT LIMIT | 9         |              |
|      |   |             |             |  |   |                            |                            |                                    |            |           |              |
|      |   |             |             |  |   |                            |                            |                                    |            |           |              |
| DES  | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL   | FS (A       | CORE        | 101 Additional Remarks Schedu                  | ile may he  | attached if mor            | e enace is requir          | (he                                |            |           |              |
|      |   | (           |             | 7 To 1, reductional resilience School          | ne, may be  | attached il moi            | e space is requir          | 64)                                |            |           |              |
|      |   |             |             |  |   |                            |                            |                                    |            |           |              |
|      |   |             |             |  |   |                            |                            |                                    |            |           |              |
|      |   |             |             |  |   |                            |                            |                                    |            |           |              |
|      |   |             |             |  |   |                            |                            |                                    |            |           |              |
|      |   |             |             |  |   |                            |                            |                                    |            |           |              |
| CE   | RTIFICATE HOLDER  |             |             |  | CANC  | ELLATION                   |                            |                                    |            |           |              |
|      |   |             |             |  | U/AIIO  |                            |                            |                                    |            |           |              |
|      | DEPT OF NATURAL RESOURCES & ENVIRONMENTAL<br>CONTROL<br>DNREC-CAPS<br>89 Kings Hwy  |             |             |  | 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 |                            |                            |                                    |            |           |              |
|      | Dover, DE 19901   |             |             |  |   |                            |                            |                                    |            |           |              |

ACORD 25 (2016/03)

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### Davis, DaQuan (DNREC)

From:

df quillen <dfquillen@contractor.net>

Sent:

Friday, September 20, 2024 8:41 AM

To:

WHStransporters

Subject:

Re: Missing Info on Delaware Solid Waste Transporter Permit Application

All vehicles are registered in Delaware

Sent: Friday, September 20, 2024 at 8:35 AM

**From:** "WHStransporters" < WHStransporters@delaware.gov> **To:** "dfquillen@contractor.net" < dfquillen@contractor.net>

Subject: Missing Info on Delaware Solid Waste Transporter Permit Application

Hi Mr. Quillen,

Thank you for submitting your renewal application however the state of registrations for your three vehicles is missing. What state(s) are your vehicles registered in?

Please provide this information via email within 5 days.

Thank you,

DaQuan Davis



# DaQuan L. Davis

Environmental Scientist I

**Division of Waste and Hazardous Substances** 

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