RECEIP RECEIVED FROM TOA!	Pe Mi	8/30/24 I Pond, Inc	_No. 65454	8
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ACCOUNT PAYMENT BAL. DUE	CASH CHECK MONEY ORDER CREDIT CARD	FROM \$5633 BY M.M.	то	3-1



AUG 3 0 2024

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 WAS TE 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

Type of Permit New – SCRAP TIRES ONLY Submit a chec Delaware," in the amount of \$75.00.	ck or money order, payable to the "State of
New – ALL OTHERS Submit a check or mo the amount of \$350.00.	ney order, payable to the "State of Delaware" in
Renewal: Permit # DE-S w. 1925	Expiration Date <u>9/30/24</u>
Please indicate the term for which you desire yorder, payable to the "State of Delaware," for	your permit to be issued. Submit a check or money 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 - \$225.60	☐ Four Years - \$1250.00
☐ Five Years - \$275.00	☐ Five Years - \$1550.00

Solid Waste Transporter Application Page ${\bf 2}$ of ${\bf 6}$

2.	Rele	ase to Public			
	Do y Dela	ou wish to be included on ware permitted solid waste	the list of transporters?	orters that is prov	ided to persons requesting a list of
3.	Con	pany Information			
	Com	pany Name Trappe Mill	Pond, Inc		· ·
Lo	ration	Address:		Mailing Addre	ec.
Loc		517 Trappe Rd, Berlin M	ID 21811		rappe Rd, Berlin MD 21811
	10	317 Trappe Rd, Bernin W		10317 1	Tappe Rd, Berlin NID 21011
					·
Co	ntact:	Donald Rogers	Tit	le: Owner	
Bu	siness	Phone: 410-251-8334	Fa	x: 443-513-444	4
E-r	nail:	imtmp@comcast.net			
		nergency Contact Phone:			
		-	-tion		
4.		npany Ownership Inform			
	(a).	Please indicate the compa Proprietorship	ny type:		
		☐ Partnership			-t-t
					, state, and date of incorporation.
		City: Berlin Municipality	Sta	te: MD	Date: 1988
		☐ Public institution			
		Limited Liability Corp Other: (must specify)		tate:	
	(b).				st with name, title, mailing address, whing greater than 5% outstanding
		Attachment A			
	(c).	If company is owned by o address & mailing address			, attach parent company name,
		☐ Attachment No parent company			

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 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 (fr; m aon-manufacturing, non-processing businesses and offices Industrial waste (from a manufacturing or industrial process) Dry waste: Toons fuction/demolition debris Trees/stumps Other (must specify) Ash: municipal incinerator Coal ash Other (must specify) Infectious waste Non-hazardous petrok an-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?
	(c). If you answered "YES" to question 7.b., above, does your company provide recycling services to those customers? \(\Begin{align*} \text{No} & \Boxed & \N/A \end{align*}\)
	(d). If you offer recycling services, does your company collect and transport the recyclables separately from the wasre generated by your customers? \[\subseteq \text{Yes} \] No
	(e). If you offer recycling ser fices, are the recyclables ultimately taken to an incinerator (waste-to-energy) or landfill? ☐ Yes ☐ No

Solid Waste Transporter Application. Page ${\bf 4}$ of ${\bf 6}$

8.	iica	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, Disposal Facilities, Reclamation Facilities and Transfer Stations to which the waste will be transported.
		 ☑ Delaware Solid Waste Authority locations: (attachment) B ☐ 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.	Othe	er 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# 520145 MC#
		□ N/A If N/A, please provide an explanation, on the following page, as to why you are not required to have a DOT or MC number.
10.	Proc	
10.	The Dela Insur Depa	required to have a DOT or MC number.
10.	The Dela Insur Depa Envi	required to have a DOT or MC number. of of Financial Responsibility transporter must submit proof of financial responsibility as established in section 7.2.4 of ware's Regulations Governing Solid Waste. This proof may be established by a Certificate of rance, with MCS-90 endorsement where applicable, or by other means approved by the artment. (The Certificate of Insurance must identify the Department of Natural Resources and

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

7	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 Petrolaum Contaminated Soils	\$750,000.00 + MCS-90	\$350,000.00
Asbestos	\$1,000,000.00 + MCS-90 (For Hire & Private)	\$350,000.00
Scrap Tires Only	\$350,000.00	\$350,000.00

11. Spill Control and Safety

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

Spill Control Plan: Attachment D

12. Driver Training

IN SUMMARY OR OUTLINE FORM, describe the procedures that your company takes to ensure that all company drivers are 52fe 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 receive f, 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.

			C
Driver	Training.	attachment	

13. Vehicle Identification

On the form provided with this application, list MAKE, MODEL, YEAR, SERIAL NUMBER, LICENSE PLATE NUMBER, STATE OF REGISTRATION, MANUFACTURER'S GVWR and OWNERSHIP of all vehicles used for the transportation of solid waste. You must list both motorized and container units. (If you maintain a list of company vehicles in a computer database you may submit a print out of the vehicles provided it contains the information requested herein.)

NOTE: You must notify CAPS in writing of any changes to information contained within this application, such as additions or deletions of vehicles, in accordance with conditions of the issued permit. ☐ Vehicle List Attached 14. Vehicle Operator Information ✓ Yes 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 Wood Rooms Print Name Donald Rogers

^{**}A legal owner or corporate officer 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	VIN # (Serial Number)	LICENSE PLATE # and STATI of REGISTRATION	mfgr's GVWR	OWNERSHIP
Int'l Roll Off TK - 07	06	1HTMMAAL97H522497	6DN3386-md	26000	TRAPPE MILL POND INC
Int'l Roll Off TK - 05	06	1HTMMAAN35H167826	2FJ0403	7000	TRAPPE MILL POND INC
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SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

 Spill control and safety equipment carried in each vehicle: Reflectors and/or flares Fire extinguisher First aid kit Heavy-duty gloves, hard hat Flashlight
(2) All loads will be enclosed, covered, or tarped to prevent acciden all discharge of the waste durin transport to the disposal facility.
(3) The driver will perform the following pre-trip inspections: 1). 2).
(4) If there is an accident or other emergency which causes a portion of the load to be spilled, the drive if uninjured, will contact the following designated company coordinator: Name: Phone:
(5) The designated coordinator will contact the state and municipal authorities where the accident occurred. If the accident or spill has the potential to cause environmental damage, (either due to the nature of the waste, location of the accident, or additional factors such as leaking oil, gasoline, of hydraulic fluid) the person contacted will notify the state emergency response team, by calling on of the following numbers: Delaware: 911, (302) 139-9401 or 1-803-662-8802 (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.

Attachment A

A 100	% of		
Name	Ownership	Title	Date of Birth
Donald Rogers, 10517 Trappe Rd, Berlin, MD 218	100%	Owner	

Attachment B

Delaware Solid Waste Authority:	Address		
Jones Cross Rd Landfill	28560 Landfill Ln, Georgetown, De 19947		

Attachment C

We are checked on a regular basis by Nationwide Insurance for infactions, tickets and/or accidents. Both of our drivers have a minimum of 40 years experience driving trucks and heavy equipment and have maintained CDL permits for the same. Monthly meetings to refresh guidelines.

Vehicle Operator Information:	
Damon Hardy	
Donald Rogers	

Davis, DaQuan (DNREC)

From:

Trappe Mill Pond, Inc. <imtmp@comcast.net>

Sent:

Friday, September 13, 2024 3:41 PM

To:

Davis, DaQuan (DNREC)

Subject: Attachments: Fwd: Trappe Mill Pond Application - updated

TMP SW updated application09132024.pdf

I have attached the updated copy of the application. I will forward the certificate of insurance as soon as I receive.

Dawn Messick BookKeeper Trappe Mill Pond Inc. 443-513-4444 (office) 410-430-3077 (cell)



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: 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

	AP TIRES ONLY St the amount of \$75.00		k or money o	order, payable to	the "State of
☐ New – ALL the amount of	OTHERS Submit a c \$350.00.	heck or mor	ney order, pa	yable to the "Sta	te of Delaware" in
Renewal: Per	rmit # DE-SW- 1925		_ Expiration	Date 9/30/24	
	te the term for which ye to the "State of Dela				it a check or money
SCRAP TIR	RES ONLY			ALL OTH	IERS
One Year	ar - \$75.00			☑ One Year -	3350.00
☐ Two Ye	ears - \$125.00		8	☐ Two Years -	\$650.00
☐ Three Y	ears - \$175.00			Three Years	-\$950.00
☐ Four Ye	ears - \$225.00			☐ Four Years	\$1250.00
☐ Five Ye	ars - \$275.00			☐ Five Years -	\$1550.00

Solid Waste Transporter Application Page 2 of 6

2.	Rele	ease to Public		w	
		you wish to be included on the list of transporters?		d to persons	requesting a list of
3.	Con	pany Information			
	Com	pany Name Trappe Mill Pond, Inc			
Loc	cation	Address:	Mailing Address:	4	
	10	517 Trappe Rd, Berlin MD 21811	10517 Trap	pe Rd, Ber	in MD 21811
				5	
				*	
Co	ntact:	Donald Rogers Ti	tle: Owner		
Bu	siness	Phone: 410-251-8334	ax: 443-513-4444		
		imtmp@comcast.net		3	
N G		nergency Contact Phone	20.00		
4.		npany Ownership Information			
		Please indicate the company type: ☐ Proprietorship ☐ Partnership ☐ Corporation - If company is a corpora	tion, indicate city, sta	ite, and date	of incorporation.
		City: Berlin St	ate: MD	Date: 198	8
		☐ Municipality ☐ Public institution ☐ Limited Liability Corporation (LLC) S ☐ Other: (must specify)			
	(b).	For each Owner, Partner, or Corporate C date of birth, and % ownership. Include a shares.			
		Attachment A			
	(c).	If company is owned by or affiliated with address & mailing address, and % owners		tach parent o	ompany name,
		☐ Attachment No parent company			

Solid Waste Transporter Application Page ${\bf 3}$ of ${\bf 6}$

5.	Company locations in Delaware
	List name and <u>street</u> address of each company location, including freight terminals, within the State of Delaware.
ł	☐ 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)
	 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

Solid Waste Transporter Application Page 4 of 6

8.	Trea	tment, 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) B ☐ 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.	Oth	er 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# 520145 MC#
		☑ N/A If N/A, please provide an explanation, on the following page, as to why you are not required to have a DOT or MC number.
10.	Proc	of of Financial Responsibility
	Dela Insur Depa	transporter must submit proof of financial responsibility as established in section 7.2.4 of ware's Regulations Governing Solid Waste. This proof may be established by a Certificate of rance, with MCS-90 endorsement where applicable, or by other means approved by the artment. (The Certificate of Insurance must identify the Department of Natural Resources and ironmental Control, Compliance and Permitting Section as the certificate holder.)
	(a).	Are you for-hire in interstate commerce? Ves No (For-Hire means you are in the business of transporting, for compensation or payment, wastes generated by a company other than your own.)
		Do you transport in the State of Delaware Only (Intrastate)? ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

(d).	Certificate of Ins	surance must be attach	ed and include mi	nimum automo	bile liability	coverage as
	follows:	3			11-1	

		FOR-HIRI INTERSTAT		ALL OTHERS
Residential Waste		\$750,000.00 + M	ICS-90 🗌	\$350,000.00
Commercial Waste		\$750,000.00 + M	ICS-90 🗌	\$350,000.00
Industrial Waste		\$750,000.00 + M	ICS-90 🗌	\$350,000.00
Dry Waste	11	\$750,000.00 + M	ICS-90 🗸	\$350,000.00
Ash	*	\$750,000.00 + M	ICS-90 🔲	\$350,000.00
Infectious Waste	.4.4	\$1,000,000.00 + M	ICS-90 🗆 .	\$750,000.00 + MCS-90
Non-Hazardous Petro Contaminated Soils	oleum	\$750,000.00 + M	ICS-90 🗆	\$350,000.00
Asbestos		\$1,000,000.00 + M (For Hire & Pri		\$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 D

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. (\$pill Control Plan)
 - (iii) Familiarity with the conditions of the solid waste transporter's permit.

			~	
Driver	Training	attachment		
211101		accacinitetie		

Solid Waste	Transporter Application
Page 6 of 6	

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.)

motorized and container units. (If you maintain a list of company vehicles in a computer database 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? 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 Print Name Donald Rogers

^{**}A legal owner or corporate officer 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	VIN # (Serial Number)	LICENSE PLATE # and STAT of REGISTRATION	E mfgr's GVWR	OWNERSHIP
Int'l Roll Off TK - 07	06	1HTMMAAL97H522497	6DN3386 - md	26000	TRAPPE MILL POND INC
Int'l Roll Off TK - 05	06	1HTMMAAN35H167826	2FJ0403 - md	7000	TRAPPE MILL POND INC
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				9	

Attachment A

Name	% of Ownership	Title	Date of Birth
Donald Rogers, 10517 Trappe Rd, Berlin, MD 218	100%	Owner	

Attachment B

Delaware Solid Waste Authority:	Address	
Jones Cross Rd Landfill	28560 Landfill Ln, Georgetown, De 19947	

Attachment C

We are checked on a regular basis by Nationwide Insurance for infactions, tickets and/or accidents. Both of our drivers have a minimum of 40 years experience driving trucks and heavy equipment and have maintained CDL permits for the same. Monthly meetings to refresh guidelines.

Vehicle Operator Information:		No.	
Damon Hardy	10 m		
Donald Rogers			×

SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

- (1) Spill control and safety equipment carried in each vehicle:
 - 1). Reflectors and/or flares
 - 2). Fire extinguisher
 - 3). First aid kit
 - 4). Heavy-duty gloves, hard hat
 - 5). Flashlight
- (2) All loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the disposal facility.
- (3) The driver will perform the following pre-trip inspections:
 - 1). Drivers Vehicle Inspection Report (as required by D.O.T. Federal Motor Carrier Safety Reg.)
- (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: Donald Rogers

Phone:

(5) The designated coordinator will contact the state and municipal authorities where the accident occurred. If the accident or spill has the potential to cause environmental damage, either due to the nature of the waste, location of the accident, or additional factors such as leaking oil, gasoline, or hydraulic fluid) the person contacted will notify the state emergency response team, by calling one of the following numbers:

Delaware: 911, (302) 739-9401 or 1-800-662-8802 (Other numbers may be listed as follows, however, the listed Delaware numbers must be included in the spill control plan.)

Maryland: 911

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.

Davis, DaQuan (DNREC)

From:

Trappe Mill Pond, Inc. <imtmp@comcast.net>

Sent:

Friday, September 13, 2024 3:48 PM

To:

Davis, DaQuan (DNREC)

Subject: Attachments: TMP certificate of insurance MCS90.pdf; 555032605.pdf

USDOT Number MC/MX Number Name

Enter Value: 520145

Company Snapshot

TRAPPE MILL POND INC
USDOT Number: 520145

Other Information for this

Carrier

▼ <u>Licensing & Insurance</u>

▼ SMS Results

Search

ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating

Carriers: If you would like to update the following ID/Operations information, please complete and submit form MCS-150 which can be obtained online or from your State FMCSA office. If you would like to challenge the accuracy of your company's safety data, you can do so using FMCSA's DataQs system.

USDOT Status

- · ACTIVE: The entity's US DOT number is active.
- INACTIVE: Inactive per 49 CFR 390.19(b)(4); biennial update of MCS-150 data not completed.
- . OUT-OF-SERVICE: Carrier is under any type of out-of-service order and is not authorized to operate.

Operating Authority Status

- AUTHORIZED FOR { Passenger, Property, HHG }: This will list the specific operating authorities the carrier (or broker) is allowed to operate.
- NOT AUTHORIZED: The entity does not have any operating authority and/or is not authorized to engage in interstate, for-hire operations.
 *Please Note: NOT AUTHORIZED does not apply to Private or Intrastate operations.
- OUT-OF-SERVICE: Carrier is under any type of out-of-service order and is not authorized to operate.

Out of Service Date

Indicates the date the company was ordered Out of Service. If there are multiple Out of Service orders, the earliest date will be displayed.

Please note: If there are multiple Out-of-Service orders, the earliest date will be displayed.

For help on the explanation of individual data fields, click on any field name or for help of a general nature go to SAFER General Help.

The information below reflects the content of the FMCSA management information systems as of 09/15/2024. Carrier VMT Outdated.

		USDOT INFORMATION						
Entity Type:	CARRIER							
USDOT Status:	ACTIVE	Out of Ser	vice Date:	None				
USDOT Number:	520145	State Carrier II	Number:					
MCS-150 Form Date:	03/13/2024	MCS-150 Miles	age (Year):	20,000 (2016)				
	OPE	ERATING AUTHORITY INFORMATI	ON					
Operating Authority Status:	NOT AUTHORIZED							
	*Please Note: NOT	OT AUTHORIZED does not apply to Private or Intrastate operations.						
	For Licensing and I	nsurance details click here.						
MC/MX/FF Number(s):								
		COMPANY INFORMATION						
Legal Name:	TRAPPE MILL PON	D INC						
DBA Name:	TMP							
Physical Address:	10517 TRAPPE RD BERLIN, MD 21811							
Phone:	(443) 513-4444							
Mailing Address:	10517 TRAPPE RD BERLIN, MD 21811							
DUNS Number:	-							
Power Units:	3		Drivers:	3				
Operation Classification:								
Auth. For	Hire	Priv. Pass.(Non-business)	State G	Sov't				
x Exempt F	or Hire	Migrant	Local Gov't					
Private(Pr	roperty)	U.S. Mail	Indian N	Nation				
Priv. Pass	. (Business)	Fed. Gov't						
Carrier Operation:								
Interstate		Intrastate Only (HM)	x Intrast	tate Only (Non-HM)				
Cargo Carried:								
General Freigh	t	Liquids/Gases	Chen	nicals				
Household God	ods	Intermodal Cont.	Com	modities Dry Bulk				
Metal: sheets,	coils, rolls	Passengers	Refri	gerated Food				

Motor Vehicles

notor vernoles

Oilfield Equipment

Beverages

Drive/Tow away

Livestock

Paper Products Utilities

Logs, Poles, Beams, Lumber Building Materials Grain, Feed, Hay Coal/Coke

ke

Mobile Homes
Machinery, Large Objects

Meat

Construction Water Well

Agricultural/Farm Supplies

Fresh Produce

X Garbage/RefuseUS Mail

ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating

US Inspection results for 24 months prior to: 09/15/2024

Total Inspections: 2

Total IEP Inspections: 0

Note: Total inspections may be less than the sum of vehicle, driver, and hazmat inspections. Go to Inspections Help for further information.

		Inspections:		
Inspection Type	Vehicle	Driver	Hazmat	IEP
Inspections	2	2	0	0
Out of Service	1	0	0	0
Out of Service %	50%	0%	%	0%
Nat'l Average % as of DATE 08/30/2024*	22.26%	6.67%	4.44%	N/A

*OOS rates calculated based on the most recent 24 months of inspection data per the latest monthly SAFER Snapshot.

Inspections

Number of roadside inspections conducted within the past two years. (Note: These inspections are distinct from the periodic inspections required under 49 CFR Part 396.17, and may not include inspection of all parts and accessories set forth in 49 CFR Part 396 Appendix A.)

The inspections listed on SAFER are conducted in accordance with the North American Standard Inspection Program which was created by the Commercial Vehicle Safety Alliance (CVSA) as the roadside inspection process for inspecting commercial motor vehicles and drivers throughout North America.

Inspections are listed as total, driver, vehicle, and Hazmat. Please see https://www.fmcsa.dot.gov/safety/question-1-can-violation-free-cvsa-level-i-or-level-v-inspection-be-used-satisfy-periodic for more details.

Crashes reported to FMCSA by states for 24 months prior to: 09/15/2024

Note: Crashes listed represent a motor carrier's involvement in reportable crashes, without any determination as to responsibility.

		Crashes:		
Туре	Fatal	Injury	Tow	Total
Crashes	0	0	0	0

ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating

Canadian Inspection results for 24 months prior to: 09/15/2024

Total inspections: 0

Note: Total inspections may be less than the sum of vehicle and driver inspections. Go to Inspections Help for further information.

Inspection Type	Vehicle	Driver
Inspections	0	0
Out of Service	0	0
Out of Service %	0%	0%

Crashes results for 24 months prior to: 09/15/2024

		Crashes:		
Туре	Fatal	Injury	Tow	Total
Crashes	0	0	0	0

ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating

The Federal safety rating does not necessarily reflect the safety of the carrier when operating in intrastate commerce.

Carrier Safety Rating:

The rating below is current as of: 09/15/2024

Review Information:

Rating Date:	None	Review Date:	None
Rating:	None	Type:	None

SAFER Home | Feedback | Privacy Policip | USA:gov | Freedom of Information Act (FOIA) | Accessibility | OIG Hotline | Web Policies and Important Links | Plug-ins

Federal Motor Carrier Safety Administration
1200 New Jersey Avenue SE, Washington, DC 20590 • 1-800-832-5660 • TTY 1-800-877-8339 • Field Office Contacts

	Expiration: 05/31/2024	-
		-

LISDOT	Number:
USDUI	Nullibel.

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 and Safety Information, Registration, Licensing, and Insurance 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.



United States Department of Transportation Federal Motor Carrier Safety Administration

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	TRAPPE MILL POND INC				of BERLIN,	MD	
	(Motor Carrier name)				(Motor C	arrier state)	
Dated at	COLUMBUS, 0002_MC_State	on this	31	day of	January	, 2024	
Amendin	g Policy Number: ACP BA015162983100	Ef	fective	Date: 01-31-2	2024		
Name of	Insurance Company: NATIONWIDE ASSURAN	CE COMPA	ANY				
	Countersigne	ed by:		m	ark X Be	uen	1
				(6	authorized comp	oany repres	entative)
	ry to which this endorsement is attached provides pri This insurance is primary and the company shall not					limits shown	(check only one): for each accident.
	This insurance is excess and the company shall not in excess of the underlying limit of for each	be liable fo	r amou	ınts in excess	of\$		for each accident.

(continued on next page)

FORM MCS-90 OMB No.: 2126-0008 Expiration: 05/31/2024

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:

(877) 669-6877.

Cancellation of this endorsement may be effected by the company of 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 http://www.fmcsa.dot.gov/urs.

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.

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,

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.

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 any one accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

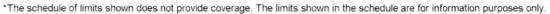
SCHEDULE OF LIMITS PUBLIC LIABILITY



Type of carriage	Commodity transported	January 1, 1985
(1) For-hire (in interstate or foreign commerce, with a gross vehicle weight rating of 10,000 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 49 CFR 171.8, 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 49 CFR 173.403.	\$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 49 CFR 173.403.	\$5,000,000

OMB No.: 2126-0008

Expiration: 05/31/2024







CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

		ertificate does not confer rights to				ch end	orsement(s)		une an enuorsemer	int. A	stateme	011
PROI	_					CONTAC NAME:						
Star	les d	& Associates Insurance				PHONE (A/C, No, Ext): (410) 546-3999 (A/C, No): 410-546-6165					-6165	
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INSU		,			2.001		RB: NATION					25453
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Doel					MD 21811-2969	INSURER E :						
Berlin MD 21811-2969 COVERAGES CERTIFICATE NUMBER:						INSURE	KF:		REVISION NUMBER	D ·		
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LTR	~	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)				1,000,000
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		CLAIMS-MADE X OCCUR							PREMISES (Ea occurrent	-	\$	100,000
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Α					ACPCG015163449694		08/18/2024	08/18/2025	PERSONAL & ADV INJUI		\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		\$	2,000,000
	X	POLICY LOC							PRODUCTS - COMP/OP		\$	2,000,000
		OTHER:							COMBINED SINGLE LIMI		\$	
	AUT	OMOBILE LIABILITY							(Ea accident)		\$	1,000,000
		ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per per		\$	
Α		AUTOS ONLY AUTOS			ACPBA015162983100		01/31/2024	01/31/2025	BODILY INJURY (Per acc			
	X	AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)		\$	
											\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE		\$	
		EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
		DED RETENTION \$									S	
		RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N							X PER STATUTE	OTH- ER		
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE Y	N/A		ACPWC015163449694		08/18/2024	08/18/2025	E.L. EACH ACCIDENT		\$	100,000
	(Man	datory in NH) s, describe under					00.10.2021	00/10/2023	E.L. DISEASE - EA EMPL	LOYEE	\$	100,000
	DES	CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY I	LIMIT	S	500,000
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DESC	RIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	0 101, Additional Remarks Sched	ule, may	be attached if me	ore space is req	uired)			
CER	TIF	ICATE HOLDER				CANC	ELLATION					
									ESCRIBED POLICIES OF, NOTICE WILL BE D			D BEFORE
		STATE OF DELAWARE DEP		NAT	URAL RESOURCES AND	100000000000000000000000000000000000000			Y PROVISIONS.	PELIVE	KED IN	
		ENVIRONMENTAL CONTRO	DL									
		DIVISION OF WASTE & HAZ	ARD	OUS :	SUBSTANCES	AUTHOR	RIZED REPRESE	NTATIVE				
		89 KINGS HIGHWAY				Alyssa	Passwaters					
		DOVER DE 19901										