RECEIP	T DATE_	08/04/24	No. 654530
RECEIVED FROM DU	mpst	er Express,	LU. \$ 350.00
Three H	unda	ed Fifty o	nd %/w - DOLLARS
OFOR RENT Ve	U 51	w App	
ACCOUNT	CASH	# 0171	
PAYMENT	ORDER ORDER	FROM	то
BAL. DUE	CREDIT	BY ZIW.	3-1





# 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

Type of Permit  ☐ New – SCRAP TIRES ONLY Submit a ch Delaware," in the amount of \$75.00.	neck or money order, payable to the "State of
✓ New – <b>ALL OTHERS</b> Submit a check or m the amount of \$350.00.	noney order, payable to the "State of Delaware" in
Renewal: Permit # DE-SW	Expiration Date
Please indicate the term for which you desire order, payable to the "State of Delaware," for	e your permit to be issued. Submit a check or money or 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.	Rele	ase to Public							
	Do y Dela	you wish to be included on the list of transporters that is provided to persons requesting a list of laware permitted solid waste transporters?  Yes  No							
3.	Com	pany Information							
	Com	pany Name Dumpster Express LLC							
·		A 1.1	M.T. Add						
Lo		Address:	Mailing Address:						
	21 (	Crozerville Road, Aston, PA 19014	21 Crozerville Road, Aston, PA 19014						
Co	ntact:	Jenny Showers Titl	e: Operations Coordinator						
Bu	siness	Phone: 610-558-3394 Fax	Κ:						
E-1	mail: -	jshowers@dumpsterexpress.us							
	-	nergency Contact Phone: 610-312-3687							
4.	Con	npany Ownership Information							
	(a).	Please indicate the company type:  Proprietorship							
		☐ Partnership							
			on, indicate city, state, and date of incorporation.						
		City: Sta	te: Date:						
		☐ Public institution							
		☐ Limited Liability Corporation (LLC) S ☐ Other: (must specify)	tate: Pennsylvania						
	(b).	For each Owner, Partner, or Corporate Of date of birth, and % ownership. Include all shares.	ficer, attach a list with name, title, mailing address, l stockholders owning greater than 5% outstanding						
		Attachment A, B							
	(c).	If company is owned by or affiliated with a address & mailing address, and % ownersh	parent company, attach parent company name, ip.						
		☐ Attachment No parent company							

Solid Waste Transporter Application Page 3 of 6

### 5. Company locations in Delaware List name and street address of each company location, including freight terminals, within the State of Delaware. ☐ Attachment \_\_\_\_\_\_ No Delaware locations 6. Company Affiliates List name, location and mailing addresses, nature of business relationship of all company Affiliates, which affiliates are engaged in the business of waste transport, treatment, storage, disposal, recovery or reclamation. (Affiliated companies are defined as those companies owned by the same owners, corporate officers, or parent company.) ☐ Attachment ✓ No affiliates 7. Type of Waste to be Transported (a). Check all that apply. Refer to Delaware's Regulations Governing Solid Waste for definitions of waste categories. Residential waste Commercial waste (from non-manufacturing, non-processing businesses and offices ☐ Industrial waste (from a manufacturing or industrial process) ✓ Dry waste: ✓ construction/demolition debris ✓ trees/stumps other (must specify) ☐ Ash: ☐ municipal incinerator coal ash other (must specify) ☐ Infectious waste Non-hazardous petroleum-hydrocarbon contaminated soils ☐ Asbestos-containing waste ☐ Scrap Tires (b). Does your company collect and transport residential (household) waste from single family homes. condominiums and apartment complexes in Delaware? \( \subseteq \text{Yes} \) (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?

(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  $\bf 4$  of  $\bf 6$ 

8.	Treatment, Storage, and Disposal Facilities						
	(a).	Do you cross state lines with the waste?					
	(b).	Identify in an attachment <i>all</i> solid waste Treatment, Storage, D. Facilities and Transfer Stations to which the waste will be trans					
		☐ Delaware Solid Waste Authority locations: (attachment) ☐ Clean Earth of New Castle, Inc. (thermal treatment facility Delaware Recyclable Products, Inc. (dry waste, commercized Other in-state solid waste facilities, including private facilities Out of state solid waste TSD facilities: (attachment)	al, industrial, and PHC-soils) ities: (attachment) C				
9.	Oth	er Transporter Permits					
	(a).	Attach a copy of your home state solid waste transporter permit home state.)	t. (N/A if Delaware is your				
		✓ Attachment D  Not applicable-No transporter permit required for these sol	id waste types in our home state.				
	(b).	List solid waste transporter permits held in other states.					
		☐ Attachment  ✓ No transporter permits in other states					
	(c).	Indicate your Federal DOT number and Motor Carrier number	:				
		DOT# 4086393 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					
	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 (Febusiness of transporting, for compensation or payment, wastes than your own.)					
		Do you transport in the State of Delaware Only (Intrastate)? Do you transport Interstate?	☐ Yes ☐ No ☐ Yes ☐ No				

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

	FOR-HIRE INTERSTAT	E	ALL OTHERS
Residential Waste	\$750,000.00 + MO	CS-90 □	\$350,000.00
Commercial Waste	\$750,000.00 + MO	CS-90 □	\$350,000.00
Industrial Waste	\$750,000.00 + MO	CS-90 □	\$350,000.00
Dry Waste	\$750,000.00 + M0	CS-90 ✓	\$350,000.00
Ash	\$750,000.00 + MO	CS-90 □	\$350,000.00
Infectious Waste	\$1,000,000.00 + MO	CS-90 □	\$750,000.00 + MCS-90
Non-Hazardous Petroleum Contaminated Soils	\$750,000.00 + MO	CS-90 □	\$350,000.00
Asbestos	\$1,000,000.00 + Mo (For Hire & Priv		\$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.

1	Spill	Control	Plan:	Attachment	E
---	-------	---------	-------	------------	---

### 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.

7	
	( 

### 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 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.

#### 16. Certification

☐ Attachment

✓ No violations within the specified time period

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 \_\_\_\_\_\_ Title Owner

<sup>\*\*</sup>A legal owner or corporate officer must sign the application\*\*

### Attachment - A

John Smith

Owner - Dumpster Express

50% ownership

21 Crozerville Road

Aston, PA 19014

### Attachment - B

Michael Seeds

Owner – Dumpster Express

50%

21 Crozerville Road

Aston, PA 19014

### Attachment - C

- 8. Treatment, Storage, and Disposal Facilities
- (b). Other In-state solid waste facilities, including private facilities:

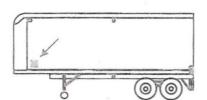
WM-DRPI Landfill

198 Marsh Lane

New Castle, DE 19720

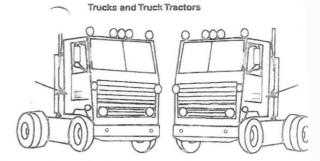
Attachment - D

Apply stickers to a clean, dry surface. It may take 24 hours for adhesive to reach full tack. Do not remove stickers once they are applied.



Trailers





Each qualified waste vehicle is issued two (2) stickers. Place the stickers on the vehicle as shown in the diagram.



## Waste Transportation Safety Program

4205250051

Written Authorization

Phone No. (610) 558-3294

VIN# 1M2GR3GC4LM012005 WH24205 Expires Jun 2025

DUMPSTER EXPRESS, LLC JENNY SHOWERS 21 CROZERVILLE RD ASTON, PA 19014-1431

this written authorization must le neppoi in five Waste Thansportation vehicle at all tiles.

If lost or damaged contact DEP immediately at 717-783-9258. A replacement fee is required.

Duplication or Photocopies of this original documentation



Clean Surface To Which Sticker Will be Applied of Dirt, Grease or Oily Substances Position Sticker, Then Press Firmly Until Tightly Affixed To Surface. Remove Sticker From Carrier Sheet APPLICATION INSTRUCTIONS

- ほ つ ひ メ 420525005

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**假设设备的时间存在产业工工程的工厂工程** PEFI HERE



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/29/2024

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).

this	certificate does not confer rights to	the c	ertific	cate holder in lieu of such							
PRODUC					CONTAC NAME:		nelly, CIC, CIS	SR			
Montgo	mery Insurance Services Inc.				PHONE (A/C, No, Ext): (610) 548-6050 FAX (A/C, No): (610) 548-6050					48-6050	
330 West State Street					E-MAIL mconnelly@montgomeryinsurance.com						
										NAIC #	
Media				PA 19063	INSURE	A414:- C	States Insurance				22586
INSURED					INSURE	RB: Donegal	Mutual Insurar	nce Company			13692
	Blue Mountain Construction Sen	rices,	LLC		INSURE	R C : Wesco Ir	nsurance Comp	pany			25011
	21 Crozerville Rd.				INSURE	Rp: Rivingtor	Partners				
					INSURE	RE:					
	Aston			PA 19014	INSURE						
COVER	RAGES CERT	TIFIC	ATE I	NUMBER: 2024 MASTER				REVISION NUME	BER:		
	IS TO CERTIFY THAT THE POLICIES OF I										
	ATED. NOTWITHSTANDING ANY REQUIF IFICATE MAY BE ISSUED OR MAY PERTA										
	USIONS AND CONDITIONS OF SUCH PO							OBJECT TO ALL TH	IL I EKIVIO,		
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
×								EACH OCCURRENC	E	s 1,000	0,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTE PREMISES (Ea occur	D	s 100,0	000
								MED EXP (Any one p		s 5,000	0
A				CPA9344375		07/09/2024	07/09/2025	PERSONAL & ADV IN		\$ 1,000	0,000
GE	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA		\$ 2,000	0,000
	POLICY PRO- JECT X LOC							PRODUCTS - COMP	/OP AGG	\$ 2,000	0,000
	OTHER:								\$		
AL	ITOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$ 1,000	0,000
×	ANYAUTO							BODILY INJURY (Per	person)	\$	
А	OWNED SCHEDULED AUTOS			1000194455		07/09/2024	07/09/2025	BODILY INJURY (Per	accident)	\$	
×	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	E	\$	
										\$	
×	UMBRELLA LIAB X OCCUR							EACH OCCURRENC	E	\$ 3,000	0,000
В	EXCESS LIAB CLAIMS-MADE			CXL9344375		07/09/2024	07/09/2025	AGGREGATE		\$ 3,000	0,000
	DED X RETENTION \$ 10,000									\$	
	DRKERS COMPENSATION D EMPLOYERS' LIABILITY							➤ PER STATUTE	OTH- ER		
AN'	Y PROPRIETOR/PARTNER/EXECUTIVE	N/A		WWC3731748		07/09/2024	07/09/2025	E.L. EACH ACCIDEN	Т	\$ 500,	000
(Ma	FICER/MEMBER EXCLUDED?			***************************************		0110012024	0110012020	E.L. DISEASE - EA E	MPLOYEE	\$ 500,0	000
	es, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	CYLIMIT	\$ 500,0	000
P	ollution Liability							General Aggregat	te	\$2,0	00,000
D	,			ENP0010178-02		07/05/2024	07/09/2025	Each Occurrence		\$1,00	00,000
								Retention		\$5,00	00
DESCRIP	TION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)				
CERTIF	FICATE HOLDER				CANC	ELLATION					
SHOULD ANY OF THE						HE ABOVE DE	SCRIBED POLICIE	S BE CAN	CELLED	BEFORE	
	Department of Natural Resources and Environmental Control  THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.										
					AUTHO	RIZED REPRESEN	ITATIVE				
	Marin Connell										

### DUMPSTER EXPRESS LLC SPILL CONTROL PLAN

- 1. Spill control and safety equipment carried in each vehicle:
  - a). Reflectors and/or flares
  - b). Fire extinguisher
  - c). First aid kit
  - d). Heavy-duty gloves, hard hat
  - e). 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 when hauling waste:
  - a). Make sure all debris/material is secure and will not fall out during transportation
  - b). Make sure all safety equipment is charged and secured.
- 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: Kevin Smith Phone: 610-312-3687

- 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
  - Pennsylvania: 911, PA DEP 1-800-541-2050, National Response Center 1-800-424-8802
- 6. This plan will be carried in all vehicles, along with the permit.

### DUMPSTER EXPRESS LLC

### DRIVER TRAINING

- 1. When hired, all drivers are required to review/sign the following documents
  - a). Safe Driving and Training Acknowledgement Form states that the driver knows what is expected of them to keep them and others safe while on the road.
  - b). Procedural Guidelines for Drivers gives drivers a checklist of tasks to complete with each job.
  - c). Drivers Policy Acknowledgement Form Department of Transportation FMCSA distracted driving policy handouts for review. Cargo Policy drivers are responsible for securing any load they are carrying, monitoring cargo shifting and tying loads down appropriately. Medical Card Policy cards are to be carried with them at all times, no exceptions.
- 2. When hired Dumpster Express obtains the motor vehicle record for use in making decisions to hire or terminate drivers.
- 3. CDL License and Medical Card are required to operate trucks.
- 4. A Drug and Alcohol Policy is in place. Upon hiring and also random testing is done according to the FMCSA guidelines.

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

MAKE - MODEL - YEAR	TYPE	VIN # (Serial Number)	LICENSE PLATE # and STATE of REGISTRATION	mfgr's GVWR	OWNERSHIP
Mack-Roll off-2020	Roll Off	1M2GR3GC4LM012005	PA-AH52186	84,000	Dumpster Express LLC
Mack-Roll off-2020	Roll Off	1M2GR3GC6LM015214	PA-AH49411	58,300	Dumpster Express LLC
Kenworth-Hook Lift-2022	Hook lift	2NJHHM6X2NN474130	PA-AH52187	26,000	Dumpster Express LLC
Kenworth-Roll off-2012	Roll off	1NKDXPTX6CJ323920	PA-AH49410	73,280	Dumpster Express LLC
Operator Name	Hire Date				
Joseph Blei	7/2020				
Jeremiah Nonnemaker	3/2022				
9					

### Davis, DaQuan (DNREC)

From:

Jenny Showers DE <JShowers@DumpsterExpress.us>

Sent:

Tuesday, September 10, 2024 2:52 PM

To:

Davis, DaQuan (DNREC)

Subject:

**REVISED Dumpster Express Application** 

**Attachments:** 

Dumpster Express-REVISED Delaware Solid Waste Permit Application.pdf

Mr. Davis,

I have attached the updated application for Delaware Solid Waste Transporter Permit.

Would you like for me to also send a hard copy in the mail?

Please advise.

Thank you Jenny Showers Dumpster Express, LLC 610-558-3294



### DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL

COMPLIANCE &
PERMITTING

DIVISION OF WASTE AND HAZARDOUS SUBSTANCES 89 Kings Highway DOVER, DE 19901

PHONE (302) 739-9403 FAX: (302) 739-5060

August 26, 2024

Certified Mail Return Receipt Requested 7021 1970 0000 8507 7767

### NOTICE OF DEFICIENCY 24-SW-33

Jenny Showers Dumpsters Express LLC 21 Crozerville Road Aston, PA 19024

Subject:

Notice of Deficiency

Reference:

Application for Delaware Solid Waste Transporter Permit

Dear Ms. Showers:

Delaware's Department of Natural Resources and Environmental Control (DNREC), Compliance and Permitting Section (CAPS), is in receipt of your application for a permit to transport solid waste in, through, or out of the State of Delaware. The application was received by this office on August 6, 2024.

After a review of your application, we have determined that the application is deficient. Since receipt of your application, we have made attempts to contact you in order to secure the deficient information but have not received a response. You must submit the following information as listed per transporter application item number, in order for us to process your application.

Item 9(c) requires MC Number. Please complete item 9(c) as required. regulated commodifies for line in

Most id's carrier who transports I regulated commodities for him in interstate commerce.

☑ Item 10 requires a Certificate of Insurance and MCS-90 endorsement form from Dumpsters Express LLC. Please amend item 10 and submit an updated certificate of insurance with the DNREC Compliance and Permitting Section listed as the certificate holder and MCS-90 endorsement form with the same policy number.

Delaware Dept. of Natural Resources and Environmental Control
Compliance and Permitting Section
89 Kings Highway
Dover, DE 19901

Notice of Deficiency: Dumpsters Express LLC Page 2 of 2

ALOG F

- Item 12 requires information on your company driver training program procedures. The plan should describe the qualifications for hiring drivers and any subsequent training after the driver is hired. Please submit the information requested in item 12.
- Item 12(a) requires requirements for special licenses to be listed. Please amend item 12 to include this information as required.
- Item 12(b) requires a procedure for period checks of driving records. Please amend item 12 to include this information as required.
  - ☑ Item 12(c) requires knowledge of proper handling procedures for the type of solid waste being transported. Please amend item 12 to include this information as required.

  - Item 12(e) requires familiarity with Delaware's solid waste transporter permit. Please amend item 12 to include this information as required.

The requested information must be submitted to the CAPS within five (5) days of your receipt of this Notice of Deficiency. Failure to do so will result in our inability to process your transporter permit application and the non-refund of the application processing fee. Please be aware that transportation of solid waste into, out of, or through Delaware without a permit violates the 7 <u>Del. Code</u>, Chapter 60, and is subject to enforcement.

Please submit the required information to:

DaQuan L. Davis

Delaware Department of Natural Resources and Environmental Control

Compliance and Permitting Section

89 Kings Highway

Dover, Delaware 19901

daquan.davis@delaware.gov

If you have any questions regarding this Notice, please contact Mr. Davis at (302) 739-9403.

Sincerely,

Karen G. J'Anthony

Environmental Program Manager II Compliance and Permitting Section

KGJ:DLD:cr DLD2486.doc



## 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 che Delaware," in the amount of \$75.00.	eck or money order, payable to the "State of
	✓ New – <b>ALL OTHERS</b> Submit a check or mother amount of \$350.00.	oney order, payable to the "State of Delaware" in
	Renewal: Permit # DE-SW	Expiration Date
	Please indicate the term for which you desire order, 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 - \$225.00	☐ Four Years - \$1250.00
	☐ Five Years - \$275.00	☐ Five Years - \$1550.00

2.	Rele	ease to Public	
		you wish to be included on the list of transporters?	orters that is provided to persons requesting a list of Yes \( \square\) No
3.	Con	npany Information	
	Com	npany Name Dumpster Express LLC	
_			I
Lo	cation	Address:	Mailing Address:
	21 (	Crozerville Road, Aston, PA 19014	21 Crozerville Road, Aston, PA 19014
Со	ntact:	Jenny Showers Tit	le: Operations Coordinator
			x:
		jshowers@dumpsterexpress.us	
		nergency Contact Phone: 610-312-3687	
24	nr En	hergency Contact Phone:	
4.	Con	npany Ownership Information	
	(a).	Please indicate the company type:  Proprietorship Partnership Corporation - If company is a corporation	ion, indicate city, state, and date of incorporation.
		City: Sta	te: Date:
		☐ Municipality ☐ Public institution ☐ Limited Liability Corporation (LLC) S ☐ Other: (must specify)	
	(b).		fficer, attach a list with name, title, mailing address, l stockholders owning greater than 5% outstanding
		Attachment A, B	
	(c).	If company is owned by or affiliated with a address & mailing address, and % ownersh	a parent company, attach parent company name, ip.
		☐ Attachment No parent company	

Solid Waste Transporter Application Page 3 of 6

5. Company locations in Delaware

	List name and $\underline{street}$ 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, recover 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?
	(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?		
	(b).	Identify in an attachment <i>all</i> solid waste Treatment, Storage, D Facilities and Transfer Stations to which the waste will be trans		s, Reclamation
		☐ Delaware Solid Waste Authority locations: (attachment) ☐ Clean Earth of New Castle, Inc. (thermal treatment facility ☐ Delaware Recyclable Products, Inc. (dry waste, commerci ☐ Other in-state solid waste facilities, including private facil ☐ Out of state solid waste TSD facilities: (attachment)	al, industrial, and ities: (attachmen	
9.	Othe	er Transporter Permits		
	(a).	Attach a copy of your home state solid waste transporter permit home state.)	t. (N/A if Delaw	vare is your
		✓ Attachment D  Not applicable-No transporter permit required for these soli	id waste types in	our home state.
	(b).	List solid waste transporter permits held in other states.		
		☐ Attachment No transporter permits in other states		
	(c).	Indicate your Federal DOT number and Motor Carrier number	:	
		DOT# 4086393 MC# N/A		
		✓ N/A If N/A, please provide an explanation, on the following required to have a DOT or MC number.	ng page, as to wh	y you are not
		Dumpster Express is not required to have a MC number by carrier that does not haul federally regulated material.	because we are	a private
10.	Proo	f of Financial Responsibility		
	Dela Insur Depa	transporter must submit proof of financial responsibility as ware's <i>Regulations Governing Solid Waste</i> . This proof may rance, with MCS-90 endorsement where applicable, or by artment. (The Certificate of Insurance must identify the <b>Departmental Control</b> , <b>Compliance and Permitting Section</b> as the state of the state	be established by other means a ment of Natural	a Certificate of pproved by the Resources and
	(a).	Are you for-hire in interstate commerce?  Yes  No (For business of transporting, for compensation or payment, wastes than your own.)		
		Do you transport in the State of Delaware Only (Intrastate)? Do you transport Interstate?	☐ Yes ☑ Yes	☑ No □ No

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

	FOR-HIRE INTERSTATI	Ξ	ALL OTHERS
Residential Waste	\$750,000.00 + MC	S-90 □	\$350,000.00
Commercial Waste	\$750,000.00 + MC	S-90 □	\$350,000.00
Industrial Waste	\$750,000.00 + MC	S-90 🗌	\$350,000.00
Dry Waste	\$750,000.00 + MC	S-90 ✓	\$350,000.00
Ash	\$750,000.00 + MC	S-90 🗌	\$350,000.00
Infectious Waste	\$1,000,000.00 + MC	S-90 🗆	\$750,000.00 + MCS-90
Non-Hazardous Petroleum Contaminated Soils	\$750,000.00 + MC	S-90 □	\$350,000.00
Asbestos	\$1,000,000.00 + MC (For Hire & Priva		\$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.

1	Spill	Control	Plan:	Attachment	E	
---	-------	---------	-------	------------	---	--

### 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.

				T.
1	Driver	Training,	attachment	r

#### 13. Vehicle Identification

15. Environmental Record

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

The interpretation of the property of the desired of the property of the prope	
Is a list of all vehicle operators attached?	✓ Yes
What tax form do you submit to the IRS for your  ☐ Form W-2 ☐ Form 1099-Misc ☐ Other	vehicle operators?

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.

	Att	achment_			_		
1	No	violations	within	the	specified	time	period

### 16. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, upon personal knowledge and information, the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information.

**Signature	Date 9/9/2024	
Print Name John Smith	Title Owner	

<sup>\*\*</sup>A legal owner or corporate officer must sign the application\*\*

### Attachment - A

John Smith

Owner - Dumpster Express

DOB: 2/23/1996

21 Crozerville Road

Aston, PA 19014

### Attachment - B

Michael Seeds

Owner – Dumpster Express

50%

21 Crozerville Road

Aston, PA 19014

### Attachment - C

- 8. Treatment, Storage, and Disposal Facilities
- (b). Other In-state solid waste facilities, including private facilities:

WM-DRPI Landfill

198 Marsh Lane

New Castle, DE 19720



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/06/2024

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.

	SUBROGATION IS WAIVED, subject to his certificate does not confer rights to				may require	an endorsement. A state	ement o	n
_	DUCER	110 00111	mode mondor in nod or oddr	CONTACT Nicole Py	le			
Mo	ntgomery Insurance Services Inc.	PHONE (610) 5	65-8280	FAX (A/C, No):	(610) 5	65-9685		
	) West State Street			(A/C, NO, EXI).	nontgomeryinsi		(010)0	
330	West State Street							
	41		PA 19063	D		RDING COVERAGE	-	NAIC#
Me	7(57)		PA 19003	Ad-di-	Mutual Insura			13692
INSL	JRED			MOUNTER D.	States Insuran			22586
	Dumpster Express, LLC			INSURER C : Berkley	Industrial Com	р		31295
	21 Crozerville Rd			INSURER D:				
				INSURER E :				
	Aston		PA 19014	INSURER F :				
CO	VERAGES CER	TIFICATE	E NUMBER: 2024 MASTER	2		REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES OF I							
	NDICATED. NOTWITHSTANDING ANY REQUIRENTATION OF MAY PERTA						HIS	
	XCLUSIONS AND CONDITIONS OF SUCH PO					OBJECT TO ALL THE TERMS,		
INSR	TYPE OF INSURANCE	INSD WV	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	s	
LIN	COMMERCIAL GENERAL LIABILITY	III OD WW	b rozar mamozn	(MANUSON TITT)	(MINIODITITI)	EACH OCCURRENCE	s 1,000	0,000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED	s 1,000	
	CLAIMS-MADE Z OCCUR					PREMISES (Ea occurrence)	s 15,00	
А			CPP9321084	05/01/2024	05/01/2025	MED EXP (Any one person)	9	
-			011 002 1004	30/0 //2024	00/0 //2020		\$ 1,000,000 e 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000 \$ 2,000	
	POLICY X PRO-					PRODUCTS - COMP/OP AGG		0,000
	OTHER:					COMBINED SINGLE LIMIT	\$ 1.000	2 000
	AUTOMOBILE LIABILITY					(Ea accident)	\$ 1,000	0,000
_	ANY AUTO OWNED SCHEDULED		4000400400	05/04/0004	05/04/0005	BODILY INJURY (Per person)	\$	
В	AUTOS ONLY AUTOS		1000162462	05/01/2024	05/01/2025	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					(Per accident)	\$	
							\$	
	✓ UMBRELLA LIAB ✓ OCCUR	CXL9321084				EACH OCCURRENCE	\$ 2,000	
Α	EXCESS LIAB CLAIMS-MADE			05/01/2024	05/01/2025	AGGREGATE	\$ 2,000	0,000
	DED RETENTION \$						s	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A CCWC421101		05/01/2024	05/01/2025	➤ PER STATUTE OTH-		
С	ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	\$ 500,0	000
v	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	""	30110121101	55/01/2024	03/01/2023	E.L. DISEASE - EA EMPLOYEE	\$ 500,0	000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	s 500,0	000
	Contractors Tools & Equipment					Blanket Unscheduled	\$250	,000
Α	Contractors roots & Equipment		CPP9321084	05/01/2024	05/01/2025	Blanket Leased/Rented	\$250	,000
						Deductible	\$5,00	00
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (ACORD	101, Additional Remarks Schedule,	may be attached if more s	pace is required)	-		
	aware Dept. of Natural Resources and Enviro							
CE	RTIFICATE HOLDER			CANCELLATION				
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CA THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVE ACCORDANCE WITH THE POLICY PROVISIONS.					F, NOTICE WILL BE DELIVER		BEFORE	
	and Permitting Section							
	89 Kings Highway			AUTHORIZED REPRESE				
	Dover		DE 19901		mar	ia connelly		

### DUMPSTER EXPRESS LLC SPILL CONTROL PLAN

- 1. Spill control and safety equipment carried in each vehicle:
  - a). Reflectors and/or flares
  - b). Fire extinguisher
  - c). First aid kit
  - d). Heavy-duty gloves, hard hat
  - e). Flashlight
- 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 when hauling waste:
  - a). Make sure all debris/material is secure and will not fall out during transportation
  - b). Make sure all safety equipment is charged and secured.
- 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: Kevin Smith Phone: 610-312-3687

- 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
  - Pennsylvania: 911, PA DEP 1-800-541-2050, National Response Center 1-800-424-8802
- 6. This plan will be carried in all vehicles, along with the permit.

## DUMPSTER EXPRESS LLC DRIVER TRAINING

- 1. When hired, all drivers are required to review/sign the following documents
  - a). Safe Driving and Training Acknowledgement Form states that the driver knows what is expected of them to keep them and others safe while on the road.
  - b). Procedural Guidelines for Drivers gives drivers a checklist of tasks to complete with each job. Outlines the proper steps to follow the disposal of nonhazardous solid waste and correct disposal.
  - c). Drivers Policy Acknowledgement Form Department of Transportation FMCSA distracted driving policy handouts for review. Cargo Policy drivers are responsible for securing any load they are carrying, monitoring cargo shifting and tying loads down appropriately. Medical Card Policy cards are always carried with them, no exceptions. Spill Control Plan laminated and pinned in trucks for easy review.
- When hired Dumpster Express obtains the motor vehicle record for use in making decisions to hire or terminate drivers. The MVR is checked every year to ensure drivers are compliant with our requirements. If not, then a mandatory meeting is held with the driver to discuss further actions if necessary.
- 3. CDL License and Medical Card are required to operate trucks. No other special licenses are required. We do not haul hazardous material.
- 4. A Drug and Alcohol Policy is in place. Upon hiring and random testing is done according to the FMCSA guidelines.
- 5. Drivers are required to have a minimum of 3 years of industry experience within a roll off truck.
- 6. Weekly check-in with drivers regarding safety updates/concerns.
- 7. Upon hire drivers will be informed of the importance of transport permits and that they must be displayed clearly on the truck (PA-WH# and DE-WH#) and they also are required to inform the office if expiration date is near.

VEHICLE INFORMATION - See Item 13 of the application.

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

MAKE - MODEL - YEAR	TYPE	VIN # (Serial Number)	LICENSE PLATE # and STATE of REGISTRATION	mfgr's GVWR	OWNERSHIP
Mack-Roll off-2020	Roll Off	1M2GR3GC4LM012005	PA-AH52186	84,000	Dumpster Express LLC
Mack-Roll off-2020	Roll Off	1M2GR3GC6LM015214	PA-AH49411	58,300	Dumpster Express LLC
Kenworth-Hook Lift-2022	Hook lift	2NJHHM6X2NN474130	PA-AH52187	26,000	Dumpster Express LLC
Kenworth-Roll off-2012	Roll off	1NKDXPTX6CJ323920	PA-AH49410	73,280	Dumpster Express LLC
Operator Name	Hire Date				
Joseph Blei	7/2020				
Jeremiah Nonnemaker	3/2022				

### SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

SHILL CONTROL LEAN FOR SOLID WASTE HACLERS
(1) Spill control and safety equipment carried in each vehicle:
1). Reflectors and/or flares
2). Fire extinguisher
3). First aid kit
4). Heavy-duty gloves, hard hat
5). Flashlight
6).
(2) 411 1 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1

- (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).
- (4) If there is an accident or other emergency which causes a portion of the load to be spilled, the driver, if uninjured, will contact the following designated company coordinator:

  Name:

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

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

New Jersey:

2).

- (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.