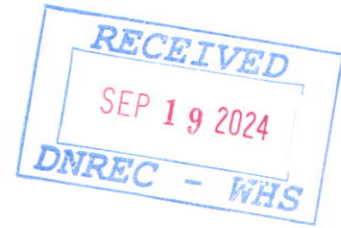


RECEIPT

DATE 09/19/24No. 654566RECEIVED FROM Plymouth Environmental Co.\$ 350.00Three Hundred Fifty and 00/100 DOLLARS FOR RENT FOR DE-SW-0257

ACCOUNT	
PAYMENT	
BAL. DUE	

 CASH CHECK MONEY ORDER CREDIT CARDFROM # 2672 TO _____BY E.W.



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

89 KINGS HIGHWAY
DOVER, DELAWARE 19901

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

SOLID WASTE TRANSPORTER PERMIT APPLICATION

Language Preference: English

Instructions: You must complete this application in its entirety and attach all applicable documentation. (Note: For applicants renewing an existing permit, this application requires the submission of updated information and documentation. References to material submitted under previous applications are no longer accepted.)

The application must be signed by the company owner or a corporate officer. A check or money order payable to the “**State of Delaware**” must accompany this application and be sent to:

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

1. Type of Permit

- New – **SCRAP TIRES ONLY** Submit a check or money order, payable to the “State of Delaware,” in the amount of \$75.00.
- New – **ALL OTHERS** Submit a check or money order, payable to the “State of Delaware” in the amount of \$350.00.
- Renewal: Permit # DE-SW- 257 Expiration Date 12-31-24

Please indicate the term for which you desire your permit to be issued. Submit a check or money order, payable to the “State of Delaware,” for the indicated permit fee.

SCRAP TIRES ONLY

- One Year - \$75.00
- Two Years - \$125.00
- Three Years - \$175.00
- Four Years - \$225.00
- Five Years - \$275.00

ALL OTHERS

- One Year - \$350.00
- Two Years - \$650.00
- Three Years - \$950.00
- Four Years - \$1250.00
- Five Years - \$1550.00

2. Release to Public

Do you wish to be included on the list of transporters that is provided to persons requesting a list of Delaware permitted solid waste transporters? Yes No

3. Company Information

Company Name Plymouth Environmental Co., Inc.

Location Address:	Mailing Address:
923 Haws Avenue, Norristown, PA 19401	923 Haws Avenue, Norristown, PA 19401

Contact: James Kelly Title: President

Business Phone: 610-239-9920 Fax: 610-239-9921

E-mail: jkelly@plyenv.com

24 hr Emergency Contact Phone: 610-239-9920

4. Company Ownership Information

(a). Please indicate the company type:

- Proprietorship
- Partnership
- Corporation - If company is a corporation, indicate city, state, and date of incorporation.

City: Lafayette Hill State: PA Date: 1-12-90

- Municipality
- Public institution
- Limited Liability Corporation (LLC) State: _____
- Other: (must specify) _____

(b). For each Owner, Partner, or Corporate Officer, attach a list with name, title, mailing address, date of birth, and % ownership. Include all stockholders owning greater than 5% outstanding shares.

Attachment 1

(c). If company is owned by or affiliated with a parent company, attach parent company name, address & mailing address, and % ownership.

Attachment _____

No parent company

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? Yes No

(c). If you answered "YES" to question 7.b., above, does your company provide recycling services to those customers? Yes No N/A

(d). If you offer recycling services, does your company collect and transport the recyclables separately from the waste generated by your customers? Yes No

(e). If you offer recycling services, are the recyclables ultimately taken to an incinerator (waste-to-energy) or landfill? Yes No

8. Treatment, Storage, and Disposal Facilities

- (a). Do you cross state lines with the waste? Yes No
- (b). Identify in an attachment **all** solid waste Treatment, Storage, Disposal Facilities, Reclamation Facilities and Transfer Stations to which the waste will be transported.
- Delaware Solid Waste Authority locations: (attachment) 2
 - Clean Earth of New Castle, Inc. (thermal treatment facility for PHC-soils)
 - Delaware Recyclable Products, Inc. (dry waste, commercial, industrial, and PHC-soils)
 - Other in-state solid waste facilities, including private facilities: (attachment) _____
 - Out of state solid waste TSD facilities: (attachment) _____

9. Other Transporter Permits

- (a). Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)
- Attachment _____
- Not applicable-No transporter permit required for these solid waste types in our home state.
- (b). List solid waste transporter permits held in other states.
- Attachment _____
- No transporter permits in other states
- (c). Indicate your Federal DOT number and Motor Carrier number:
- DOT# 968727 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. Proof of Financial Responsibility

The transporter must submit proof of financial responsibility as established in section 7.2.4 of Delaware's *Regulations Governing Solid Waste*. This proof may be established by a Certificate of Insurance, with MCS-90 endorsement where applicable, or by other means approved by the Department. (The Certificate of Insurance must identify the **Department of Natural Resources and Environmental Control, Compliance and Permitting Section** as the certificate holder.)

- (a). Are you for-hire in interstate commerce? Yes No (For-Hire means you are in the business of transporting, for compensation or payment, wastes generated by a company other than your own.)
- (b). Do you transport in the State of Delaware Only (Intrastate)? Yes No
- (c). Do you transport Interstate? Yes No

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

	FOR-HIRE INTERSTATE	ALL OTHERS
Residential Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Industrial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Dry Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Ash	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Infectious Waste	\$1,000,000.00 + MCS-90 <input type="checkbox"/>	\$750,000.00 + MCS-90 <input type="checkbox"/>
Non-Hazardous Petroleum Contaminated Soils	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Asbestos	\$1,000,000.00 + MCS-90 <input checked="" type="checkbox"/> (For Hire & Private)	\$350,000.00 <input type="checkbox"/>
Scrap Tires Only	\$350,000.00 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>

11. Spill Control and Safety

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

- ✓ Spill Control Plan: Attachment 4

12. Driver Training

IN SUMMARY OR OUTLINE FORM, describe the procedures that your company takes to ensure that all company drivers are safe and competent drivers. Small owner-operators may describe their years of experience and driving record in lieu of a formal program.

- (a). Include requirements for special licenses (e.g. CDL, including any special endorsements), any special training received, including dates training was received (e.g. asbestos training), and any ongoing company programs. (e.g. weekly safety meetings or annual refresher courses);
- (b). Include your company procedure for periodic checks of the driver's records for moving violations, and your company policy on progressive counseling/discipline based on points;
- (c). Describe how drivers are instructed in the following:
 - (i) Knowledge of proper handling procedures for the type of solid waste being transported.
 - (ii) Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)
 - (iii) Familiarity with the conditions of the solid waste transporter's permit.

- ✓ Driver Training, attachment 5

13. Vehicle Identification

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

NOTE: You must notify CAPS in writing of any changes to information contained within this application, such as additions or deletions of vehicles, in accordance with conditions of the issued permit.

Vehicle List Attached

14. Vehicle Operator Information

Is a list of all vehicle operators attached? Yes

What tax form do you submit to the IRS for your vehicle operators?

- Form W-2
 Form 1099-Misc
 Other

15. Environmental Record

List all criminal citations, arrests, convictions, civil or administrative violations, and civil or administrative enforcement actions, and the disposition(s) thereof for the violation or alleged violation of any environmental statute, regulation, permit, license, approval, or order, regardless of the state in which it occurred. Indicate whether it was a local, state, or federal violation or alleged violation. List all such items for the applicant, and if the applicant is other than an individual, for any employee while employed by the applicant, or any partner, officer, or director of the applicant as an individual or for any former business of such partner, officer, or director. For civil or administrative violations or alleged violations, list all such items for the last five (5) years from the date of the application. Information submitted under this section is subject to verification. **Failure to submit complete and accurate information may lead to permit denial or revocation.**

- Attachment _____
 No violations within the specified time period

16. Certification

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

**Signature  Date 9-17-24
Print Name James Kelly Title President

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

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
 - 6).
- (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).
 - 2).
- (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:
- (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 #1

List of Officers and Stockholders

James Kelly

[REDACTED]
Date of Birth: [REDACTED]
100% Ownership



ATTACHMENT #2

Section 8 (b)

Disposal of reclamation facilities to which the waste will be transported:

Northern Facility – Cherry Island



ATTACHMENT #3

#10 Proof of Financial Responsibility

USDOT Number: 968727 Date Received: 03/06/2024

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.



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 Plymouth Environmental Co., Inc. of Pennsylvania (Motor Carrier name) (Motor Carrier state or province)

Dated at 12:00 noon on this 06th day of Mar, 2024

Amending Policy Number: 11CAB5828413 Effective Date: 03/04/2024

Name of Insurance Company: Arch Insurance Company 185 Asylum Street, City Place II, 16th Floor, Hartford, CT, 06103

Countersigned by: John Tschida (authorized company representative)

The policy to which this endorsement is attached provides primary or excess insurance, as indicated for the limits shown (check only one):

- This insurance is primary and the company shall not be liable for amounts in excess of \$ 1,000,000.00 for each accident. This insurance is excess and the company shall not be liable for amounts in excess of \$ NA for each accident in excess of the underlying limit of \$ NA for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: 651-855-7100

Cancellation of this endorsement may be effected by the company or the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the FMCSA's registration requirements under 49 U.S.C. 13901, by providing thirty (30) days notice to the FMCSA (said 30 days notice to commence from the date the notice is received by the FMCSA at its office in Washington, DC).

Filings must be transmitted online via the Internet at http://www.fmcsa.dot.gov/urs.

(continued on next page)

DEFINITIONS AS USED IN THIS ENDORSEMENT

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

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

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

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

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

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

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

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

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

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

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

(continued on next page)

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

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



ATTACHMENT #4

SPILL CONTROL AND SAFETY PLAN

1. Spill control and safety equipment carried in each vehicle:
 1. Reflectors and/or flares
 2. Fire Extinguisher
 3. First Aid Kit
 4. Broom and shovel
 5. Heavy duty gloves
 6. Heavy duty poly bags
 7. Flashlight
2. All loads will be enclosed to prevent accidental discharge of the waste during transport to the dump site.
3. If a small amount of debris escapes from the vehicle, the driver will stop and clean up all waste material before continuing to the dump site.
4. If there is an accident of other emergency which causes a large portion of the load to be dumped and the driver cannot clean it up, the following person will be contacted:

James Kelly [REDACTED] [REDACTED]
5. The person contacted will send out an additional crew and equipment to completely clean up the site. If an additional crew is not available, the person contacted will contact for clean-up services with another company.
6. 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 any one of the following numbers: 911, 302-739-9401 or 1-800-662-8802.
7. This plan will be carried in all vehicles, along with the permit.



ATTACHMENT #5

DRIVER TRAINING

Plymouth Environmental Co., Inc. is an asbestos removal contractor not a solid waste transportation company. From time to time on projects which we handle there is a need for our employees to transport small amounts of asbestos containing waste to the landfill. Our drivers do not carry a special licensing other than the standard vehicle operator's license but they are instructed in the applicable regulations and requirement, such as:

- 1. Knowledge of current DOT Motor Carrier Safety Regulations.**
- 2. Safe vehicle operations to avoid creating hazards to human health, safety, welfare and the environment.**
- 3. Knowledge of proper handling procedures for the type of solid waste being transported.**
- 4. Familiarity with the approved accidental discharge containment plan.**
- 5. Familiarity with the conditions of the solid waste transporter's permit.**

All of our employees are certified and licensed by the State of Delaware in the handling of asbestos materials.

Plymouth Environmental Co., Inc. holds weekly safety meetings with all employees covering all aspects of removal and disposal of asbestos material.

Only project supervisory personnel handle the transport of asbestos materials to the landfill. The driving record of these individuals is monitored on a regular basis.

22222 VOID <input type="checkbox"/>		a Employee's social security number [REDACTED]		OMB No. 1545-0008		
b Employer identification number (EIN) 25-1620182		1 Wages, tips, other compensation 167057.62		2 Federal income tax withheld 29480.33		
c Employer's name, address, and ZIP code PLYMOUTH ENVIRONMENTAL CO INC 923 HAWS AVE NORRISTOWN, PA 19401		3 Social security wages 168200.00		4 Social security tax withheld 9932.40		
		5 Medicare wages and tips 167057.62		6 Medicare tax withheld 2422.34		
		7 Social security tips		8 Allocated tips		
d Control number		9 [REDACTED]		10 Dependent care benefits		
e Employee's name, address, and ZIP code SHAUN RIORDAN [REDACTED]		11 Nonqualified plans		12a See instructions for box 12		
		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b		
		14 Other [REDACTED]		12c		
				12d		
15 State Employer's state ID number PA 17797705		16 State wages, tips, etc. 167057.62	17 State income tax 3128.64	18 Local wages, tips, etc. 167057.62	19 Local income tax 1670.58	20 Locality name 161002
				30510.44	1066.34	51000

Form **W-2** Wage and Tax Statement
 Copy D - For Employer or
 Copy 1 - For State, City, or Local Tax Department

2023

Department of the Treasury—Internal Revenue Service
 For Privacy Act and Paperwork Reduction
 Act Notice, see separate instructions.

LW2ER

22222 VOID <input type="checkbox"/>		a Employee's social security number [REDACTED]		OMB No. 1545-0008		
b Employer identification number (EIN) 25-1620182		1 Wages, tips, other compensation 111586.78		2 Federal income tax withheld 21289.69		
c Employer's name, address, and ZIP code PLYMOUTH ENVIRONMENTAL CO INC 923 HAWS AVE NORRISTOWN, PA 19401		3 Social security wages 116008.42		4 Social security tax withheld 7192.52		
		5 Medicare wages and tips 116008.42		6 Medicare tax withheld 1682.12		
		7 Social security tips		8 Allocated tips		
d Control number		9 [REDACTED]		10 Dependent care benefits		
e Employee's name, address, and ZIP code STEPHEN D BOROI [REDACTED]		11 Nonqualified plans		12a See instructions for box 12 D 4421.64		
		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b		
		14 Other PAUC 81.19		12c		
				12d		
15 State Employer's state ID number PA 17797705		16 State wages, tips, etc. 116008.42	17 State income tax 1561.46	18 Local wages, tips, etc. 116008.42	19 Local income tax 1160.10	20 Locality name 161002
				10867.24	1078.81	51000

Form **W-2** Wage and Tax Statement
 Copy D - For Employer or
 Copy 1 - For State, City, or Local Tax Department

2023

Department of the Treasury—Internal Revenue Service
 For Privacy Act and Paperwork Reduction
 Act Notice, see separate instructions.

22222 VOID <input type="checkbox"/>		a Employee's social security number [REDACTED]		OMB No. 1545-0008	
b Employer identification number (EIN) 25-1620182		1 Wages, tips, other compensation 174879.03		2 Federal income tax withheld 30416.58	
c Employer's name, address, and ZIP code PLYMOUTH ENVIRONMENTAL CO INC 923 HAWS AVE NORRISTOWN, PA 19401		3 Social security wages 160200.00		4 Social security tax withheld 9932.40	
		5 Medicare wages and tips 195381.06		6 Medicare tax withheld 2833.03	
		7 Social security tips		8 Allocated tips	
d Control number		9 [REDACTED]		10 Dependent care benefits	
e Employee's name, address, and ZIP code THOMAS DREYER [REDACTED]		11 Nonqualified plans		12a See instructions for box 12 D 20503.02	
		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
		14 Other PAUC 136.74		12c	
				12d	
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax	
				18 Local wages, tips, etc. 2637.2	
				19 Local income tax 92.67	
				20 Locality name 510000	

Form **W-2** Wage and Tax Statement
 Copy D - For Employer or
 Copy 1 - For State, City, or Local Tax Department

2023

Department of the Treasury—Internal Revenue Service
 For Privacy Act and Paperwork Reduction
 Act Notice, see separate instructions.

LW2ER

22222 VOID <input type="checkbox"/>		a Employee's social security number [REDACTED]		OMB No. 1545-0008		
b Employer identification number (EIN) 25-1620182		1 Wages, tips, other compensation 110285.93		2 Federal income tax withheld 19116.40		
c Employer's name, address, and ZIP code PLYMOUTH ENVIRONMENTAL CO INC 923 HAWS AVE NORRISTOWN, PA 19401		3 Social security wages 110285.93		4 Social security tax withheld 6837.73		
		5 Medicare wages and tips 110285.93		6 Medicare tax withheld 1599.15		
		7 Social security tips		8 Allocated tips		
d Control number		9		10 Dependent care benefits		
e Employee's name, address, and ZIP code GARY GANDIA [REDACTED]		11 Nonqualified plans		12a See instructions for box 12		
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b		
		14 Other PAUC 77.202		12c		
				12d		
15 State Employer's state ID number PA 17797705		16 State wages, tips, etc. 110285.93	17 State income tax 3385.78	18 Local wages, tips, etc. 110285.93 3040.34	19 Local income tax 1102.86 106.26	20 Locality name 461002 510000

Form **W-2** Wage and Tax Statement
 Copy D - For Employer or
 Copy 1 - For State, City, or Local Tax Department

2023

Department of the Treasury—Internal Revenue Service
 For Privacy Act and Paperwork Reduction
 Act Notice, see separate instructions.

22222		VOID <input type="checkbox"/>		a Employee's social security number [REDACTED]		OMB No. 1545-0008	
b Employer identification number (EIN) 25-1620182				1 Wages, tips, other compensation 32278.13		2 Federal income tax withheld 27345.35	
c Employer's name, address, and ZIP code PLYMOUTH ENVIRONMENTAL CO INC 923 HAWS AVE NORRISTOWN, PA 19401				3 Social security wages 145278.83		4 Social security tax withheld 9007.29	
				5 Medicare wages and tips 145278.83		6 Medicare tax withheld 2106.54	
				7 Social security tips		8 Allocated tips	
d Control number				9 [REDACTED]		10 Dependent care benefits	
e Employee's name, address, and ZIP code MICHAEL GERHARD [REDACTED]				11 Nonqualified plans		12a See instructions for box 12 D 13000.72	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
				14 Other PADO 101.71		12c	
						12d	
15 State Employer's state ID number PA 17797705		16 State wages, tips, etc. 145278.83	17 State income tax 4460.07	18 Local wages, tips, etc. 7450.2	19 Local income tax 177.86	20 Locality name 510000	

Form **W-2** Wage and Tax Statement
 Copy D - For Employer or
 Copy 1 - For State, City, or Local Tax Department

2023

Department of the Treasury—Internal Revenue Service
 For Privacy Act and Paperwork Reduction
 Act Notice, see separate instructions.

LW2ER

22222		VOID <input type="checkbox"/>		a Employee's social security number [REDACTED]		OMB No. 1545-0008	
b Employer identification number (EIN) 25-1620182				1 Wages, tips, other compensation 168142.01		2 Federal income tax withheld 34046.97	
c Employer's name, address, and ZIP code PLYMOUTH ENVIRONMENTAL CO INC 923 HAWS AVE NORRISTOWN, PA 19401				3 Social security wages 160200.00		4 Social security tax withheld 9932.40	
				5 Medicare wages and tips 168142.01		6 Medicare tax withheld 2438.06	
				7 Social security tips		8 Allocated tips	
d Control number				9 [REDACTED]		10 Dependent care benefits	
e Employee's name, address, and ZIP code ROBERTO SANTOS [REDACTED]				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
				14 Other PAUC 117.69		12c	
						12d	
15 State Employer's state ID number PA 17797705		16 State wages, tips, etc. 168142.01		17 State income tax 3161.98		18 Local wages, tips, etc. 38831.47	
				19 Local income tax 1357.45		20 Locality name 510000	

Form **W-2** Wage and Tax Statement
 Copy D - For Employer or
 Copy 1 - For State, City, or Local Tax Department

2023

Department of the Treasury—Internal Revenue Service
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 Act Notice, see separate instructions.

LW2ER

Davis, DaQuan (DNREC)

From: Davis, DaQuan (DNREC) on behalf of WHStranporters
Sent: Thursday, September 19, 2024 3:23 PM
To: jkelly@plyenv.com
Subject: Missing Information on Delaware Solid Waste Transporter Permit Application

Categories: Egress Switch: Unprotected

Hi Mr. Kelly,

Thank you for submitting your renewal application but I found that the state of registrations was missing from the vehicle list. Please update your vehicle list and add the state in which each vehicle is registered. in.

Please provide this information via email within 5 days.

Thank you,
DaQuan Davis



DaQuan L. Davis

Environmental Scientist I

Division of Waste and Hazardous Substances

☎ 302-739-9403

✉ daquan.davis@delaware.gov

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 dnrec.delaware.gov



Davis, DaQuan (DNREC)

From: Georgeana Sarnoski <gsarnoski@plyenv.com>
Sent: Monday, September 23, 2024 8:45 AM
To: Davis, DaQuan (DNREC)
Subject: DE Solid Waste Transporter Renewal
Attachments: mkelly@plyenv.com_20240923_084052.pdf

Good morning:

Attached is the information you requested that was missing on our application. State of Licenses is PA.

Thank you.

Georgeana Sarnoski
Office Manager

923 Haws Avenue
Norristown, PA 19401
610-239-9920
office
610-239-9921 fax

<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.plycos.com%2F&data=05%7C02%7Cdaquan.davis%40delaware.gov%7C1d0c4d1735964ea8744808dcbcd94f4%7C8c09e56951c54deeabb28b99c32a4396%7C0%7C0%7C638626923726997789%7CUnknown%7CTWFpbGZsb3d8eyJWljojMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6IjEhaWwiLCJXVCi6Mn0%3D%7C0%7C%7C%7C&sdata=rnZ5wk2%2BY877ZeA1Tdv7FOfZ1lw3qICEwwaQgBRsdi8%3D&reserved=0>

-----Original Message-----

From: mkelly@plyenv.com <mkelly@plyenv.com>
Sent: Monday, September 23, 2024 8:41 AM
To: gsarnoski@plyenv.com
Subject: Scanned image from Sharp

Reply to: mkelly@plyenv.com <mkelly@plyenv.com> Device Name: Sharp Device
Model: MX-4071
Location: Plymouth Environmental Co.

File Format: PDF (Medium)
Resolution: 200dpi x 200dpi

Attached file is scanned image in PDF format.

Use Acrobat(R)Reader(R) or Adobe(R)Reader(R) of Adobe to view the document.

Adobe(R)Reader(R) can be downloaded from the following URL:

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1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=yeVNHpqtgR8Shmz04DzUFY3cOn282r6TZIRxGKUfOqY%3D&reserved=0

