

RECEIPT

DATE

09/24/24

No.

654569

RECEIVED FROM

Lewis Enterprises, Inc.

\$ 350.00

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

DOLLARS

 FOR RENT FOR

DE-SW-1526

ACCOUNT	
PAYMENT	
BAL. DUE	

 CASH CHECK MONEY
ORDER CREDIT
CARD

FROM

30464

TO

BY

M.M.



RECEIVED

SEP 23 2024

DNREC - WHS

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

89 KINGS HIGHWAY
DOVER, DELAWARE 19901

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

SOLID WASTE TRANSPORTER PERMIT APPLICATION

Language Preference:

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- 1526 Expiration Date 09/30/2024

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

SCRAP TIRES ONLY

- 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 Lewis Enterprises, Inc.

Location Address:	Mailing Address:
6714 Forest Grove Road	P.O. Box 3664
Parsonsburg, MD 21849	Salisbury, MD 21802

Contact: Deanna Powell Title: Office Manager

Business Phone: 410-749-8818 Fax: 410-860-0681

E-mail: deanna@asapservicescorp.com

24 hr Emergency Contact Phone: 410-860-0707

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: Salisbury State: MD Date: 12/31/1996

- 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 _____

(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) _____
 - 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# 860954 MC# 9299

- 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 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.

X Spill Control Plan: Attachment _____

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.

X 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

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 Ray A. Lewis Date September 17, 2024
Print Name Ray A. Lewis 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.

Lewis Enterprises, Inc.
P.O. Box 3664
Salisbury, MD 21802

State of Delaware
Department of Natural Resources & Environmental Control

RE: Attachments for Solid Waste Transporter Permit Application

4. (b) Ray A. Lewis, President



100% of Ownership

5. Lewis Sand & Gravel LLC
38227 Firemans Road
Millsboro, DE 19966

6. A.S.A.P. Total Disposal
P.O. Box 3733
Salisbury, MD 21802
Roll-Off Containers, Portable Restrooms

A.S.A.P. Pumping Service
P.O. Box 3664
Salisbury, MD 21802
Septic Pumping, Grease Trap Pumping, Commercial High Pressure Jetting

Lewis Construction
P.O. Box 3664
Salisbury, MD 21802
Septic System Installation and Repairs

Lewis Sand & Gravel, LLC
38227 Firemans Road
Millsboro, DE 19966

Attachment 8 (b)

Wicomico County
Solid Waste & Recycling Center
6948 Brick Klin Road
Salisbury, MD 21801

Jones CrossRoads Landfill
28560 Landfill Lane
Georgetown, DE 19947

Worcester County
1 Market Street
Snow Hill, MD 21863

Somerset County
4941 Crisfield Hwy
Crisfield, MD 21817

Attachment 9 (b)

Same as above but only Worcester County needs to be renewed yearly. Account # WOR-41

Attachment 12

Our drivers have many years of driving experience with both driving and standard safety measures of being on the road. Each one is required to have a clean driving record, DOT medical card and a CDL license. We check driving records yearly per DOT regulations.

Attachment 14

Ray A. Lewis
Johnny Rayne
Dwayne Gray
Cordelia Adkins

Worcester County Department of Public Works

Solid Waste Division

7091 CENTRAL SITE LANE
 NEWARK, MD 21841
 (410) 632-3177
 FAX (410) 632-3000

copy
 Mailed
 7/30/24

COMMERCIAL HAULER ANNUAL LICENSE APPLICATION

July 1, 2024—June 30, 2025

Application must be in the name of a legal entity. No licenses will be issued to a trade name.

NAME Lewis Enterprises, Inc. T/A A.S.A.P. Total Disposal PHONE 410-860-0707
 FED ID/SOC SEC #: [REDACTED] FAX: 410-860-0681
 ADDRESS P.O. Box 3664 ACCT# (if applicable) WOR-41
 CITY Salisbury STATE MD ZIP CODE 21822
 E-MAIL CONTACT: deanna@asapservicescorp.com

Commercial licenses are \$25.00 for each vehicle.

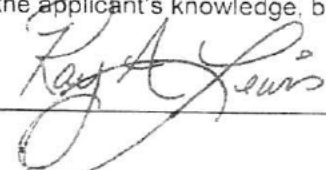
(Please supply existing large permit number)

VEHICLE (YR, MAKE, MODEL)	TAG NUMBER	FEE -EA. VEHICLE	PERMIT # (lg. decal)	PERMIT # (sm. annual seal) (office use)
<u>2007 Mack Roll Off</u>	<u>CL120986 DE</u>	<u>\$ 25.00</u>	<u> </u>	<u> </u>
<u>2005 Mack Roll Off</u>	<u>CL109518 DE</u>	<u>\$ 25.00</u>	<u> </u>	<u> </u>
<u>2001 FRT. Roll Off</u>	<u>337ED70 MD</u>	<u>\$25.00</u>	<u> </u>	<u> </u>
<u>1993 intl. Roll Off</u>	<u>102ED63 MD</u>	<u>\$25.00</u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

Please make checks payable to Worcester County

Applicant hereby certifies that:

Applicant has not had a Worcester County Hauler's License suspended or revoked prior hereto. Applicant is familiar with all laws and regulations relating to solid waste activities in Worcester County; and understands that it is unlawful to deposit solid waste originating outside of Worcester County in any County owned or operated landfill. Applicant agrees to pay the current rates and fees which are shown on the back of this application. Applicant is authorized by the above named entity to apply, sign for, and obtain a Solid Waste Hauler's License. The above information is true to the best of the applicant's knowledge, belief, and understanding.

Signature  Date: July 30, 2024 Amount Paid:
 cash comm. acct check #
 Printed Name: Ray A. Lewis

A.S.A.P. SERVICES CORP.

Complete Septic Services Since 1990

P.O. Box 3664, Salisbury, MD 21802

PHONE 410-860-0707

Spill Control & Prevention

Lewis Enterprises, Inc. will enact the following procedures in the unlikely event of a spill:

1. HALT SOURCE:

Immediately cease using any leaking or damaged unit, which is causing the spill. Properly repair the unit prior to resuming use of the unit.

2. CONTAIN SPILL:

In the event large quantities of liquid biosolids have been spilled, use straw bales, where available, to either form a barrier or soak up the biosolids.

3. CLEAN UP:

A variety of equipment can be used to remove spilled biosolids. This equipment depends on how much and what type of biosolids have been spilled. Vacuum equipment, biosolids applicator, front-end loaders, shovels, and brooms will be used to remove all material possible. Biosolids cleaned up from the spill site will be taken to the local sanitary landfill.

4. FINAL CLEAN UP:

Flush roadways with water under pressure as necessary to clean any remaining amounts of biosolids. Allow drying and incorporating on road shoulders if required. Minute amounts of biosolids, which have been dripped or tracked on to roadways, can be removed by pressure washing. In the event a spill occurs on private property, final clean-up should be completed immediately to the satisfaction of the owner.

5. CLEAN UP MANAGEMENT:

The Lewis Enterprises driver shall immediately take charge of initiating clean-up activities. Lewis Enterprises labor shall be used and additional labor will be secured as necessary.

6. REPORTING:

In the event of a spill, the driver shall immediately notify the wastewater manager in charge at the Princess Anne treatment facility and the Crown Sports Center, where the biosolids have originated. The driver will then notify the Lewis Enterprises, Inc. office. A spill report will be completed, which will include all relevant information regarding the spill, including how the spill occurred and what clean-up action was taken. Any spill will be reported within 2 hours by telephone to the Maryland Department of the Environment and followed within 5 days by a complete written report if necessary.

7. SPILL PREVENTION:

The project manager shall take the following steps in preventing spills from occurring:

- a. Insure that the truck drivers watch the loading operations and clean off any biosolids deposited on the outside of the truck or trailer before they leave the loading area. Insure that the wash water is controlled and is returned to the head of the treatment plant.
- b. Insure that the tank hatches, valves, and dust caps are closed and in place prior to and during transport of any biosolids.
- c. Inspect tank hatches and valves on transport vehicles arriving at the receiving location for any leakage and repair or replace problem before the truck unit is loaded again.
- d. Insure liquid biosolids unloading operations at the receiving location are conducted to minimize hose drainage.

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/17/2024

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).

PRODUCER Staples & Associates Insurance 1410 S Salisbury Blvd Salisbury MD 21801	CONTACT NAME: PHONE (A/C, No, Ext): (410) 546-3999 FAX (A/C, No): 410-546-6165 E-MAIL ADDRESS: certs@staplesagency.com														
INSURED Lewis Enterprises Inc A.S.A.P. PO Box 3664 Salisbury MD 21802	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : DONEGAL MUT INS CO</td> <td style="text-align: center;">13692</td> </tr> <tr> <td>INSURER B : SOUTHERN INS CO OF VA</td> <td style="text-align: center;">26867</td> </tr> <tr> <td>INSURER C : PENINSULA IND CO</td> <td style="text-align: center;">39900</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : DONEGAL MUT INS CO	13692	INSURER B : SOUTHERN INS CO OF VA	26867	INSURER C : PENINSULA IND CO	39900	INSURER D :		INSURER E :		INSURER F :	
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INSURER E :															
INSURER F :															

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			CPP9364415	09/08/2024	09/08/2025	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			1000110570	09/08/2024	09/08/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			CXL9364415	09/08/2024	09/08/2025	EACH OCCURRENCE \$ 5,000,000
							AGGREGATE \$ 5,000,000
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N Y N/A	1000110569	09/08/2024	09/08/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
			E.L. EACH ACCIDENT \$ 1,000,000				
			E.L. DISEASE - EA EMPLOYEE \$ 1,000,000				
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101. Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER DEPARTMENT OF NATURAL RESOURCE & ENVIRONMENTAL CONTROL, SOLID & HAZARDOUS WASTE 89 KINGS HIGHWAY DOVER, DE, 19901	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Janell Bishop</i>
--	--

Void <input type="checkbox"/>		a Employee's social security number [REDACTED]		Copy D – For Employer OMB No. 1545-0008			
b Employer identification number (EIN) 52-2016953		1 Wages, tips, other compensation 140044.00		2 Federal income tax withheld 31884.44			
c Employer's name, address, and ZIP code LEWIS ENTERPRISES, INC P.O. BOX 3664 SALISBURY MD 21802-3664		3 Social security wages 129772.00		4 Social security tax withheld 8045.86			
		5 Medicare wages and tips 129772.00		6 Medicare tax withheld 1881.69			
		7 Social security tips		8 Allocated tips			
		d Control number		9 [REDACTED]		10 Dependent care benefits	
e Employee's name, address, and ZIP code RAY A LEWIS [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 SCorp MP 8772.00 Auto Ad 1500.00		12c			
				12d			
15 State Employer's state ID number MD 08413341	16 State wages, tips, etc. 140044.00	17 State income tax 13204.22	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form **W-2** Wage and Tax Statement
Copy D – For Employer

REV 12/19/23 QBDT

2023

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

Void

a Employee's social security number

Copy D – For Employer
OMB No. 1545-0008

b Employer identification number (EIN)

52-2016953

1 Wages, tips, other compensation

18200.00

2 Federal income tax withheld

1352.00

c Employer's name, address, and ZIP code

LEWIS ENTERPRISES, INC

3 Social security wages

18200.00

4 Social security tax withheld

1128.40

P.O. BOX 3664

5 Medicare wages and tips

18200.00

6 Medicare tax withheld

263.90

SALISBURY

MD 21802-3664

7 Social security tips

8 Allocated tips

d Control number

9

10 Dependent care benefits

e Employee's name, address, and ZIP code

JOHN H. RAYNE

11 Nonqualified plans

12a See instructions for box 12

13 Statutory employee

Retirement plan

Third-party sick pay

12b

14 Other

12c

12d

15 State Employer's state ID number

MD 08413341

16 State wages, tips, etc.

18200.00

17 State income tax

1245.97

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

Form **W-2** Wage and Tax Statement

REV 12/19/23 QBDT

2023

Department of the Treasury—Internal Revenue Service
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Copy D – For Employer

Void <input type="checkbox"/>		a Employee's social security number		Copy D – For Employer OMB No. 1545-0008	
b Employer identification number (EIN)		1 Wages, tips, other compensation		2 Federal income tax withheld	
52-2016953		37418.38		3628.00	
c Employer's name, address, and ZIP code LEWIS ENTERPRISES, INC P.O. BOX 3664 SALISBURY MD 21802-3664		3 Social security wages		4 Social security tax withheld	
		37418.38		2319.94	
		5 Medicare wages and tips		6 Medicare tax withheld	
		37418.38		542.57	
d Control number		7 Social security tips		8 Allocated tips	
e Employee's name, address, and ZIP code		9		10 Dependent care benefits	
DWAYNE T GRAY		11 Nonqualified plans		12a See instructions for box 12	
[REDACTED]		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
		14 Other		12c	
				12d	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
MD 08413341	37418.38	2774.88			

orm **W-2 Wage and Tax Statement**
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REV 12/19/23 QBDT

2023

Department of the Treasury—Internal Revenue Service
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<input type="checkbox"/> Void		a Employee's social security number [REDACTED]		OMB No. 1545-0008		
b Employer identification number (EIN) 52-2016953		1 Wages, tips, other compensation 33634.38		2 Federal income tax withheld 1441.00		
c Employer's name, address, and ZIP code LEWIS ENTERPRISES, INC P.O. BOX 3664 SALISBURY MD 21802-3664		3 Social security wages 33634.38		4 Social security tax withheld 2085.33		
		5 Medicare wages and tips 33634.38		6 Medicare tax withheld 487.70		
		7 Social security tips		8 Allocated tips		
d Control number		9 [REDACTED]		10 Dependent care benefits		
e Employee's name, address, and ZIP code CORDELIA L ADKINS [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		12c		
				12d		
15 State Employer's state ID number MD 08413341		16 State wages, tips, etc. 33634.38	17 State income tax 2218.47	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement
 Copy D - For Employer

REV 12/19/23 QBOT

2023

Department of the Treasury—Internal Revenue Service
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Davis, DaQuan (DNREC)

From: Judy <Judy@asapservicescorp.com>
Sent: Tuesday, September 24, 2024 12:36 PM
To: Davis, DaQuan (DNREC)
Subject: SW permit
Attachments: Scans_052095.pdf

Mr. Davis - You emailed Deanna Powell with some questions with our application for SW Permitting. I have attached an updated sheet for your use.

THANK YOU

Judy A.S.A.P. Services Corp
410-860-0707

8. Treatment, Storage, and Disposal Facilities

- (a). Do you cross state lines with the waste? Yes No
- (b). Identify in an attachment *all* solid waste Treatment, Storage, Disposal Facilities, Reclamation Facilities and Transfer Stations to which the waste will be transported.

- Delaware Solid Waste Authority locations: (attachment) _____
- Clean Earth of New Castle, Inc. (thermal treatment facility for PHC-soils)
- Delaware Recyclable Products, Inc. (dry waste, commercial, industrial, and PHC-soils)
- Other in-state solid waste facilities, including private facilities: (attachment) _____
- Out of state solid waste TSD facilities: (attachment) _____

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 MD & DE Only
- No transporter permits in other states

- (c). Indicate your Federal DOT number and Motor Carrier number:

DOT# 860954 MC# 9299

- 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

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 Lewis Enterprises, Inc.

Location Address:	Mailing Address:
6714 Forest Grove Road	P.O. Box 3664
Parsonsburg, MD 21849	Salisbury, MD 21802

Contact: Deanna Powell Title: Office Manager

Business Phone: 410-749-8818 Fax: 410-860-0681

E-mail: deanna@asapservicescorp.com

24 hr Emergency Contact Phone: 410-860-0707

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: Salisbury State: MD Date: 12/31/1996

- 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 _____

(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