

# RECEIPT

DATE

04/25/24

No.

654488

RECEIVED FROM

Mark Rainford Tmp Swices

\$350.00

Three Hundred Fifty and 0/100

DOLLARS

 FOR RENT FOR

DE-SW-1767

ACCOUNT	
PAYMENT	
BAL. DUE	

 CASH CHECK MONEY  
ORDER CREDIT  
CARD

FROM

#3309

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:

**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- 1767 Expiration Date 06/30/2024

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 TMP SERVICES, LLC

Location Address:	Mailing Address:
14 COWBIRD COURT DOVER DE 19904 DEL	PO BOX 359 DOVER DE 19903

Contact: MARK RAINFORD Title: OWNER

Business Phone: 302-222-8298 Fax: \_\_\_\_\_

E-mail: [REDACTED]

24 hr Emergency Contact Phone: 302-222-8298

**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: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_

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# N/A \_\_\_\_\_ 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.

SOLE PROPRIETOR

**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:

	<b>FOR-HIRE INTERSTATE</b>	<b>ALL OTHERS</b>
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.

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.

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 \_\_\_\_\_ Date \_\_\_\_\_

Print Name MARK RAINFORD Title OWNER

**\*\*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.



TMPSERV-01

PPAYNE

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/26/2024

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 Pratt Insurance, Inc. 4 Village Square Smyrna, DE 19977	CONTACT NAME:		
	PHONE (A/C, No, Ext):	(302) 653-6681	FAX (A/C, No):
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Donegal Mutual Insurance Company		13692
INSURED  TMP Services, LLC P.O. Box 359 Dover, DE 19903	INSURER B : Atlantic States		22586
	INSURER C :		
	INSURER D :		
	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  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			GL8958549	12/25/2023	12/25/2024	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ 15,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			1000118924	12/25/2023	12/25/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<input type="checkbox"/> 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	N/A				PER STATUTE	OTHER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

## CERTIFICATE HOLDER

## CANCELLATION

DENREC  
Attn: Tara Grazier  
89 Kings Highway  
Dover, DE 19901

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

**Davis, DaQuan (DNREC)**

---

**From:** mark rainford <mrainford@gmail.com>  
**Sent:** Monday, September 30, 2024 1:11 PM  
**To:** Davis, DaQuan (DNREC)  
**Subject:** de-sw-1767  
**Attachments:** SW Application - 2024 with attachments - copy 2.pdf



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  
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**SOLID WASTE TRANSPORTER PERMIT APPLICATION**

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Renewal: Permit # DE-SW- 1767 Expiration Date 06/30/2024

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  
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**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 TMP SERVICES, LLC

Location Address:	Mailing Address:
14 COWBIRD COURT DOVER DE 19904 DEL	PO BOX 359 DOVER DE 19903

Contact: MARK RAINFORD Title: OWNER

Business Phone: 302-222-8298 Fax: \_\_\_\_\_

E-mail: [REDACTED]

24 hr Emergency Contact Phone: 302-222-8298

**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: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_

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 N/A

(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 #3  
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) \_\_\_\_\_
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 coal ash  
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- 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)
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  - 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# N/A      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.
- SOLE PROPRIETOR-NOT FOR HIRE

**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.)

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- (c). Do you transport Interstate?      Yes      No

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

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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.

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.

Driver Training, attachment N/A



### 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 \_\_\_\_\_

Print Name MARK RAINFORD Title OWNER

**\*\*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.

**Davis, DaQuan (DNREC)**

---

**From:** mark rainford <mwrainford@gmail.com>  
**Sent:** Monday, September 30, 2024 9:40 AM  
**To:** Davis, DaQuan (DNREC)  
**Subject:** sw application  
**Attachments:** SW Application - 2024 with attachments - copy 2.pdf

Mr. Davis,

Gm, take a look and let me know if you have what's needed.

#5 one location in delaware which is same as #3  
#11,#12, #13 you already have

I can stop by and sign today. You should already have a signed copy that i dropped off earlier this summer.

Mark Rainford,  
302-222-8298



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- 1767 Expiration Date 06/30/2024

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 TMP SERVICES, LLC

Location Address:	Mailing Address:
14 COWBIRD COURT DOVER DE 19904 DEL	PO BOX 359 DOVER DE 19903

Contact: MARK RAINFORD Title: OWNER  
 Business Phone: 302-222-8298 Fax: \_\_\_\_\_  
 E-mail: mwrainford@gmail.com  
 24 hr Emergency Contact Phone: 302-222-8298

**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: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_  
 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 \_\_\_\_\_ (blacked out) greater than 5% outstanding shares.

Attachment N/A

*MARK RAINFORD*  
PO, BOX 359  
DOVER, DE 19903

(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 #3  
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# N/A \_\_\_\_\_ 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.

SOLE PROPRIETOR-NOT FOR HIRE

**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:

	<b>FOR-HIRE INTERSTATE</b>	<b>ALL OTHERS</b>
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.

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.

Driver Training, attachment N/A

**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

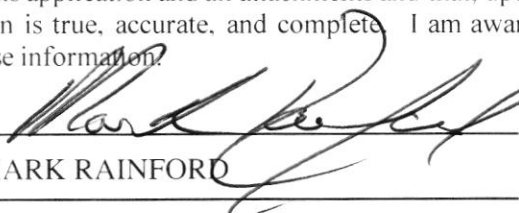
**15. Environmental Record**

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 9-30-24 <sup>9-30-24</sup>  
Print Name MARK RAINFORD Title OWNER

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



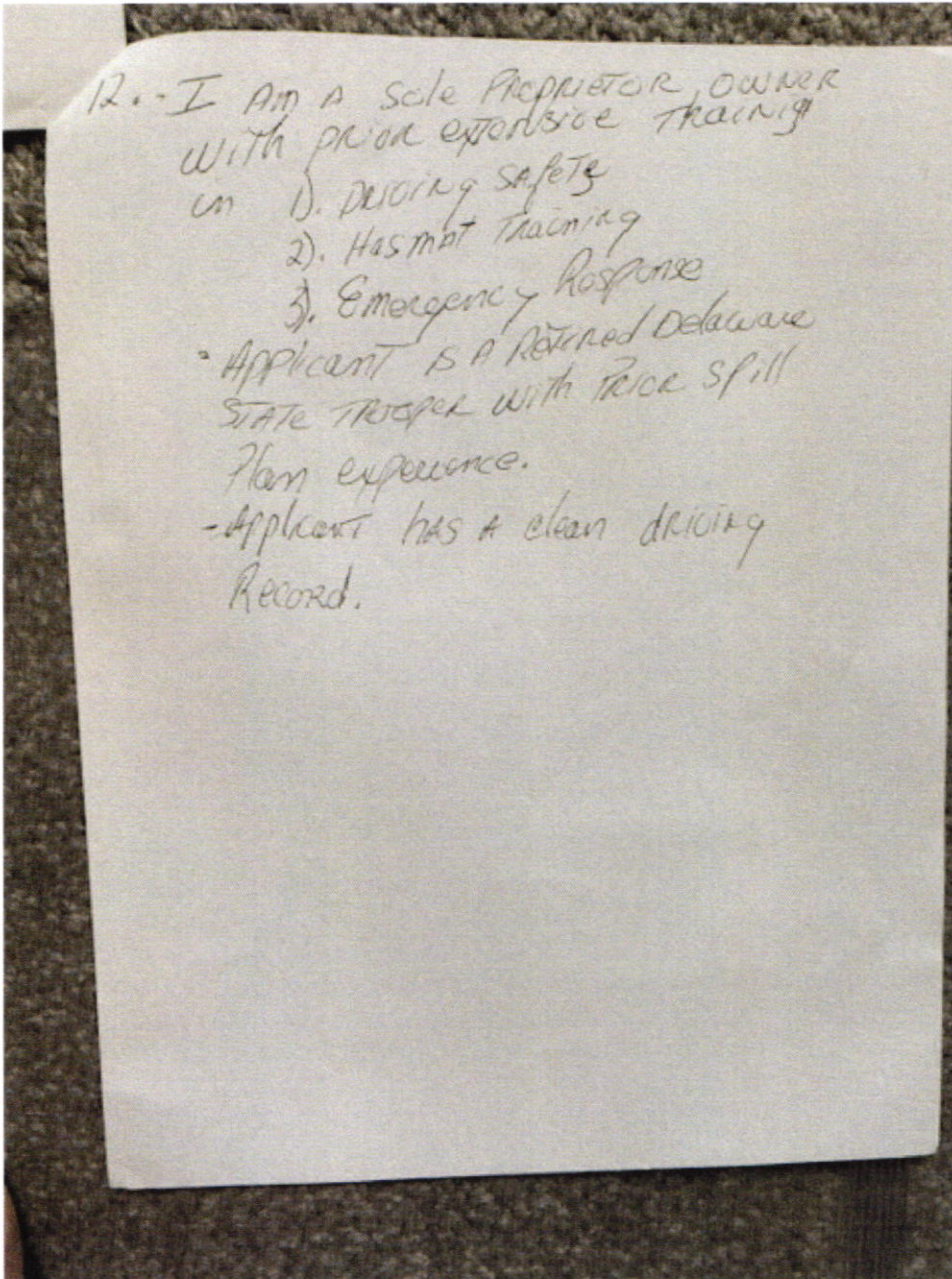
## SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

- (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.

**Davis, DaQuan (DNREC)**

---

**From:** Mark 2tall <mwrainford@gmail.com>  
**Sent:** Monday, September 30, 2024 9:53 AM  
**To:** Davis, DaQuan (DNREC)  
**Subject:** De-Sw-1767 Permit application info



Attachment

4(b). MACK Rainard 100%

5. 14 Cowbird Court  
Dover, DE 19904

8(b). All Delaware Landfills and Transport Stations

11. Spill Control Plan

Applicant is a sole proprietor collecting, transporting, and disposing of

1. Solid waste
2. Yard waste

3. TIRES

4. Construction and Household Items.

Spill Control Plan includes:

1. have readily available Emergency Response Reports #5 in each vehicle glove box or drivers door pocket
2. Securing all containers before transport.
3. Securing each vehicle carrying bulk tank with a covering tarp
4. Regular vehicle maintenance
5. Fire extinguisher, broom, shovel, first aid kit, mask, gloves (see vehicle list)

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). EXTERIOR vehicle inspection of braking system, tires, brake
- 2). Check engine components for leaks, belts etc.

(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: MARK RAINFORD Phone: 302-222-8298

(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.

Mark Rainford  
Sent from my iPhone

## Davis, DaQuan (DNREC)

---

**From:** Davis, DaQuan (DNREC) on behalf of WHStranporters  
**Sent:** Friday, September 27, 2024 2:04 PM  
**To:** mwrainford@gmail.com  
**Subject:** Delaware Solid Waste Transporter Permit Application  
**Attachments:** Submittal TMP Services LLC.pdf; SW Application - 2024 with attachments - copy.pdf  
**Categories:** Egress Switch: Unprotected

Hi Mr. Rainford,

Here is your Solid Waste Transporter Permit Renewal Application. Please complete this application within 5 business days and send it via email.

Thank you,  
DaQuan Davis



### DaQuan L. Davis

Environmental Scientist I

**Division of Waste and Hazardous Substances**

☎ 302-739-9403

✉ [daquan.davis@delaware.gov](mailto:daquan.davis@delaware.gov)

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 [dnrec.delaware.gov](http://dnrec.delaware.gov)

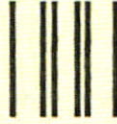




SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input type="checkbox"/> Agent  <input type="checkbox"/> Address</p> <p>B. Received by (Printed name)  C. Date of Delivery </p>
<p>1. Article Addressed to:</p>  <p>Mark Rainford        TMP Services, LLC        Po Box 359        Dover, DE. 19903</p>  <p>9590 9402 7499 2098 6142 10</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No        delivery address below: <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Priority Mail Express  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Signature Confirmation  <input type="checkbox"/> Signature Confirmation Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7021 1970 0000 8507 7774</p>	<p><input type="checkbox"/> Restricted Delivery</p>



USPS TRACKING#




First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

9590 9402 7499 2098 6142 10

United States  
Postal Service *DL*

• Sender: Please print your name, address, and ZIP+4® in this box•

  
DNREC - CAPS - WASTE COMPLIANCE  
89 KINGS HWY  
DOVER DE 19901



STATE OF DELAWARE  
DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL  
CONTROL

DIVISION OF WASTE AND HAZARDOUS SUBSTANCES  
89 KINGS HIGHWAY  
DOVER, DE 19901

COMPLIANCE &  
PERMITTING

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

August 27, 2024

Certified Mail  
Return Receipt Requested  
7021 1970 0000 8507 7774

**NOTICE OF DEFICIENCY**  
**24-SW-34**

Mark Rainford  
TMP Services, LLC  
Po Box 359  
Dover, DE, 19903

Subject: Notice of Deficiency  
Reference: Application for Delaware Solid Waste Transporter Permit

Dear Mr. Rainford:

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 June 25, 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 2 requires a response. Please respond to question 2 as required.
- Item 4(a) requires Company Ownership Information. Please complete item 4(a) as required.
- Item 4(b) requires Company Ownership Information. Please complete item 4(b) as applicable and attach company information as required.
- Item 4(c) requires Company Ownership Information. Please complete item 4(c) as applicable and attach company information as required.
- Item 5 requires Locations in Delaware. Please amend item 5 and attach Delaware locations, if applicable.
- Item 6 requires you to identify any Company Affiliates. Please amend item 6 of the application to indicate if your company has affiliates.

- Item 7(a) requires Waste Types Transported to be identified. Please complete item 7(a) as required.
- Item 9(b) requires A list of solid waste permits held in other states. Please complete item 9(b) as required.
- Item 9(c) requires A DOT and MC Number. Please complete item 9(c) as required.
- Item 10 requires you to indicate whether your company is for hire. Please complete item 10.
- Item 11 requires you to submit a copy of your company Spill Control Plan. Please submit a spill plan that addresses the elements identified on the application. As a model, a generic plan is included with this correspondence to use if you have no formal plan in place. You may use this sample as a guide to help develop your company's spill response procedures. You cannot submit the generic template in lieu of a company plan.
- Item 11(3) requires driver pre-trip inspections to be listed. Please amend item 11 to include this information as required.
- Item 11(4) requires a designated emergency coordinator to be listed. Please amend item 11 to include this information as required.
- 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(d) requires familiarity with the spill control plan. 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.
- Item 13 requires a list identifying vehicles. Your included vehicle list that had a vehicle that did not belong to your company. Please provide a lease agreement that indicates the applicant is solely responsible for the operation and liability incurred from the leased vehicle's operation.
- Item 14 requires vehicle operator information. You did not provide an answer to the question on the application. Please fill out the application in its entirety.
- Item 15 Environmental Record. If applicable, please amend question 15 to include all environmental records for any employee, partner, officer, or director.

- Item 16 Certification. Please amend item 16 and ensure the application is signed by a legal owner or corporate officer.

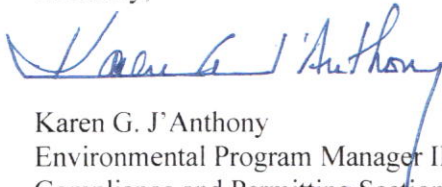
The requested information must be submitted to the CAPS within five (5) days of your receipt of this Notice of Deficiency. Failure to do so will result in our inability to process your transporter permit application and the non-refund of the application processing fee. Please be aware that transportation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

## Davis, DaQuan (DNREC)

---

**From:** Davis, DaQuan (DNREC) on behalf of WHStranporters  
**Sent:** Thursday, June 27, 2024 10:28 AM  
**To:** mwrainford@gmail.com  
**Subject:** Delaware Solid Waste Transporter  
**Attachments:** SW Application - 2024 with attachments - copy.pdf

**Categories:** Egress Switch: Unprotected

Hi Mr. Rainford,

Thank you for submitting your Solid Waste Renewal Application. However, the application is incomplete. If a completed application is not provided by June 30th, 2024, there will be no extension options and the permit will lapse. Please review the application and ensure that all questions are answered and that the required information is included. The sections requiring updates or corrections are as follows:

- Section 2
- Section 4
- Section 5
- Section 6
- Section 7
- Section 9
- Section 10
- Section 11
- Section 12
- Section 13
- Section 14
- Section 15
- Section 16

Please send the updated application by July 7, 2024, via email.

Thank you,  
DaQuan Davis



### DaQuan L. Davis

Environmental Scientist I

**Division of Waste and Hazardous Substances**

☎ 302-739-9403

✉ [daquan.davis@delaware.gov](mailto:daquan.davis@delaware.gov)

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 [dnrec.delaware.gov](http://dnrec.delaware.gov)



## Davis, DaQuan (DNREC)

---

**From:** Grazier, Tara (DNREC)  
**Sent:** Wednesday, June 26, 2024 10:22 AM  
**To:** WHStranporters  
**Subject:** FW: SW APPLICATION  
**Attachments:** SW Application - 2024 with attachments - copy.pdf

Tara C. Grazier  
Planner II  
Phone: 302-739-9403  
Email: tara.grazier@delaware.gov  
89 Kings Highway, Dover, DE 19901  
dnrec.delaware.gov

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

From: mark rainford <mwrainford@gmail.com>  
Sent: Wednesday, June 26, 2024 8:46 AM  
To: Grazier, Tara (DNREC) <Tara.Grazier@delaware.gov>  
Subject: SW APPLICATION

GM,  
Sending you the populated pdf application. Let me know if its populated. Will have COI emailed to you. I will be out of the country Thursday June 27th. returning July 2nd.  
Thanks  
Mark Rainford

## Davis, DaQuan (DNREC)

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**From:** Grazier, Tara (DNREC)  
**Sent:** Wednesday, June 26, 2024 10:22 AM  
**To:** WHStranporters  
**Subject:** FW: TMP Services LLC  
**Attachments:** TMP.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged



### Tara C. Grazier

Planner II

Phone: 302-739-9403

Email: [tara.grazier@delaware.gov](mailto:tara.grazier@delaware.gov)

89 Kings Highway, Dover, DE 19901

[dnrec.delaware.gov](http://dnrec.delaware.gov)



---

**From:** Pamela S. Payne <[ppayne@pratt-insurance.com](mailto:ppayne@pratt-insurance.com)>  
**Sent:** Wednesday, June 26, 2024 9:13 AM  
**To:** Grazier, Tara (DNREC) <[Tara.Grazier@delaware.gov](mailto:Tara.Grazier@delaware.gov)>  
**Cc:** [mwrainford@gmail.com](mailto:mwrainford@gmail.com)  
**Subject:** TMP Services LLC

Good morning Tara,

Please see attached COI for TMP Services LLC. Mark Rainford requested that I send to you. Please let me know if you have any questions.

Thank you,

Pam Payne  
Commercial Lines CSR

Pratt Insurance Inc  
4 Village Sq Smyrna, DE 19977  
Office Main Phone: 302-653-6681  
Direct Line: 302-389-5289

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