| RECEIPT DATE 09/2        | +7/24 No. 654579   |
|--------------------------|--------------------|
| RECEIVED FROM Chuck That | Junk, LLC \$950,00 |
| Nine hundred fifty a     | and too DOLLARS    |
| OFOR RENT DE-SW-1893     |                    |
| ACCOUNT CASH             | tou                |
| PAYMENT CHECK FROM       | 70 TO              |
| BAL. DUE CARD BY         | 3-11               |





SEP 27 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

1.

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

### SOLID WASTE TRANSPORTER PERMIT APPLICATION

Language Preference: English

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

The application <u>must be signed by</u> the company owner or a corporate officer. A check or money order payable to the "State of Delaware" must accompany this application and be sent to:

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

| Type of Permit  New − SCRAP TIRES ONLY Submit a check or money order, payable to the "State of Delaware," in the amount of \$75.00. |   |  |  |  |  |
|---|---|--|--|--|--|
| ☐ New – <b>ALL OTHERS</b> Submit a check or m the amount of \$350.00.   | oney order, payable to the "State of Delaware" in                           |  |  |  |  |
| Renewal: Permit # DE-SW- 1893   | Expiration Date 12-31-2024  |  |  |  |  |
| Please indicate the term for which you desire order, payable to the "State of Delaware," for  | your permit to be issued. Submit a check or money the indicated permit fee. |  |  |  |  |
| SCRAP TIRES ONLY  | ALL OTHERS  |  |  |  |  |
| ☐ One Year - \$75.00  | ☐ One Year - \$350.00   |  |  |  |  |
| ☐ Two Years - \$125.00  | ☐ Two Years - \$650.00  |  |  |  |  |
| ☐ Three Years - \$175.00  | ☑ Three Years - \$950.00  |  |  |  |  |
| ☐ Four Years - \$225.00   | ☐ Four Years - \$1250.00  |  |  |  |  |
| ☐ Five Years - \$275.00   | ☐ Five Years - \$1550.00  |  |  |  |  |

| - | *  |      | 7.0 | -            |    |     |
|---|----|------|-----|--------------|----|-----|
| 7 | Re | ease | to  | $P_{\rm II}$ | ıh | 110 |

|     | 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.  | Com  | pany Information  |  |  |  |  |  |  |
|     | Com  | pany Name Chuck That Junk LLC   |  |  |  |  |  |  |
| Loc | cation   | Address:  | Mailing Address:   |  |  |  |  |  |
|     | 417  | Silo Road, New Castle DE 19720  | 417 Silo Road, New Castle, DE 19720  |  |  |  |  |  |
|     |  |   |  |  |  |  |  |  |
|     |  |   |  |  |  |  |  |  |
| Co  | ntact:   | Kimberly Shevchuck Titl   | e: President/Owner   |  |  |  |  |  |
|     |  |   | N/A  |  |  |  |  |  |
|     |  | info@chuckthatjunk.com  |  |  |  |  |  |  |
|     | _  | nergency Contact Phone: 302-644-JUNK (  | 5865)  |  |  |  |  |  |
| 4.  |  | pany Ownership Information  |  |  |  |  |  |  |
|     | (a). Please indicate the company type:  ☐ Proprietorship ☐ Partnership ☐ Corporation - If company is a corporation, indicate city, state, and date of incorporation. |   |  |  |  |  |  |  |
|     |  | City: Sta   | te: Date:  |  |  |  |  |  |
|     |  | <ul> <li>☐ Municipality</li> <li>☐ Public institution</li> <li>☑ Limited Liability Corporation (LLC) St</li> <li>☐ Other: (must specify)</li> </ul> | tate: Delaware   |  |  |  |  |  |
|     | (b).   |   | fficer, attach a list with name, title, mailing address, l stockholders owning greater than 5% outstanding |  |  |  |  |  |
|     |  | Attachment "A"  |  |  |  |  |  |  |
|     | (c).   | If company is owned by or affiliated with a address & mailing address, and % ownersh  | parent company, attach parent company name, ip.  |  |  |  |  |  |
|     |  | ☐ Attachment  No parent company   |  |  |  |  |  |  |

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

| 5. | Company locations in Delaware  |
|----|--|
|    | List name and <u>street</u> address of each company location, including freight terminals, within the State of Delaware.   |
|    | ✓ Attachment "A"  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 Recyclables delivered to Delaware Recycling Center at 1101 Lambson Lane in New Castle, DE 19720.   |

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

| 8.  | Trea  | tment, Storage, and Disposal Facilities   |  |  |  |  |  |
|-----|---|---|--|--|--|--|--|
|     | (a).  | Do you cross state lines with the waste?  |  |  |  |  |  |
|     | (b).  | Identify in an attachment <i>all</i> solid waste Treatment, Storage, Disposal Facilities, Reclamation Facilities and Transfer Stations to which the waste will be transported.  |  |  |  |  |  |
|     |   | <ul> <li>☑ Delaware Solid Waste Authority locations: (attachment) "A"</li> <li>☐ Clean Earth of New Castle, Inc. (thermal treatment facility for PHC-soils)</li> <li>☐ Delaware Recyclable Products, Inc. (dry waste, commercial, industrial, and PHC-soils)</li> <li>☑ Other in-state solid waste facilities, including private facilities: (attachment) "A"</li> <li>☐ Out of state solid waste TSD facilities: (attachment)</li> </ul> |  |  |  |  |  |
| 9.  | Othe  | er Transporter Permits  |  |  |  |  |  |
|     | (a).  | Attach a copy of your home state solid waste transporter permit. ( $N/A$ if Delaware is your home state.)   |  |  |  |  |  |
|     |   | ☐ Attachment Not applicable-No transporter permit required for these solid waste types in our home state.   |  |  |  |  |  |
|     | (b).  | List solid waste transporter permits held in other states.  |  |  |  |  |  |
|     | ☐ Attachment  ✓ No transporter permits in other states  |   |  |  |  |  |  |
|     | (c). Indicate your Federal DOT number and Motor Carrier number:   |   |  |  |  |  |  |
|     |   | DOT# 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.  |   |  |  |  |  |  |
|     | Per DOT and Motor Carrier, permits are not needed because we are under weight limit (we are 22,000 lbs) and do intrastate traveling only (Delaware only).   |   |  |  |  |  |  |
| 10. | Proo  | f of Financial Responsibility   |  |  |  |  |  |
|     | The transporter must submit proof of financial responsibility as established in section 7.2.4 of Delaware's <i>Regulations Governing Solid Waste</i> . This proof may be established by a Certificate of Insurance, with MCS-90 endorsement where applicable, or by other means approved by the Department. (The Certificate of Insurance must identify the <b>Department of Natural Resources and Environmental Control, Compliance and Permitting Section</b> as the certificate holder.) |   |  |  |  |  |  |
|     | (a). Are you for-hire in interstate commerce? ☐ Yes ☑ No (For-Hire means you are in the business of transporting, for compensation or payment, wastes generated by a company other  |   |  |  |  |  |  |
|     |   | than your own.)   |  |  |  |  |  |

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

|   | FOR-HIRE<br>INTERSTATI                   | 2      | ALL OTHERS            |
|---|--|--------|-----------------------|
| Residential Waste                             | \$750,000.00 + MC                        | S-90 🔲 | \$350,000.00          |
| Commercial Waste                              | \$750,000.00 + MC                        | S-90 🔲 | \$350,000.00          |
| Industrial Waste                              | \$750,000.00 + MC                        | S-90 🔲 | \$350,000.00          |
| Dry Waste                                     | \$750,000.00 + MC                        | S-90 🔲 | \$350,000.00          |
| Ash   | \$750,000.00 + MC                        | S-90 🗌 | \$350,000.00          |
| Infectious Waste                              | \$1,000,000.00 + MC                      | S-90 🗆 | \$750,000.00 + MCS-90 |
| Non-Hazardous Petroleum<br>Contaminated Soils | \$750,000.00 + MC                        | S-90 🔲 | \$350,000.00          |
| Asbestos                                      | \$1,000,000.00 + MC<br>(For Hire & Priva |        | \$350,000.00          |
| Scrap Tires Only                              | \$350,000.00                             |        | \$350,000.00          |

## 11. Spill Control and Safety

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

Spill Control Plan: Attachment "A"

## 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 | "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 - Attachment "A" 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 Kimberly A. Shevchuck Date 09-24-2024

VEHICLE INFORMATION - See Item 13 of the application.

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

| MAKE - MODEL - YEAR | TYPE         | VIN # (Serial Number) | LICENSE PLATE # and STATE of REGISTRATION | mfgr's<br>GVWR | OWNERSHIP             |
|---------------------|--------------|-----------------------|---|----------------|-----------------------|
| Ford F250 2020      | Pickup       | 1FT7W2B65LEE08852     | C54963                                    | 10,000         | Gregory Shevchuck Jr. |
| CAM Superline 2021  | Dump Trailer | 5JWCA1223MP510185     | T72120                                    | 12,000         | Chuck That Junk LLC   |
|                     |              |                       |   |                |                       |
|                     |              |                       |   |                |                       |
|                     |              |                       |   |                |                       |
|                     |              | 87                    |   |                |                       |
|                     |              |                       |   |                |                       |
|                     |              |                       |   |                |                       |
|                     |              |                       |   |                |                       |
|                     |              |                       |   |                |                       |
|                     |              |                       |   |                |                       |
|                     |              |                       |   |                |                       |
|                     |              |                       |   |                |                       |
|                     |              |                       |   |                |                       |
|                     |              |                       |   |                |                       |
|                     |              |                       |   |                |                       |
|                     |              |                       |   |                |                       |

### 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). Heavy duty contractor bags
- (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). For truck: check tires, fluids, wipers, lights, windows, and make sure any cargo in bed is strapped down.
  - 2). For trailer: check tires, lights, hydraulics for leaks and cracks in hoses, tarp in good condition, and emergency brake cable.
- (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: Kim Shevchuck

Phone: 302-644-5865

(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.

# Chuck That Junk LLC Solid Waste Transporter Permit Application Attachment "A"

## 4. Company Ownership Information

b.) Kimberly A. Shevchuck
President/CEO
417 Silo Road, New Castle, DE 19720
51% ownership

Gregory A. Shevchuck Jr. Vice President/COO 417 Silo Road, New Castle, DE 19720 49% ownership

## 5. Company Locations in Delaware

417 Silo Road, New Castle, DE 19720

## 8. Treatment, Storage, and Disposal Facilities

b.) Waste and recycling will be transported to the following:

Delaware Solid Waste Authority locations:

- 1. Cherry Island Landfill 1706 East 12th Street, Wilmington, DE 19809
- 2. Sandtown Landfill 1107 Willow Grove Road, Felton, DE 19943
- 3. Jones Crossroads Landfill 28560 Landfill Lane, Georgetown, DE 19947
- 4. Pinetree Corner Transfer Station 276 Pinetree Rd., Townsend, DE 19734
- 5. Milford Transfer Station 1170 South DuPont Blvd., Milford, DE 19963
- 6. Rt 5 Transfer Station 29997 John P. Healy Drive, Harbeson, DE 19951

Other in-state solid waste facilities, including private facilities:

- 1. Middletown Materials (A-Del) 1559 Cedar Lane Rd., Middletown, DE 19709
- 2. Delaware Recycling Center 1101 Lambson Lane, New Castle, DE 19720

## 10. Proof of Financial Responsibility

d.) Certificate of Insurance attached as part of Attachment "B"

## 11. Spill Control and Safety

No hazardous waste will be transported by Chuck That Junk LLC. Below is a Spill Control and Safety Plan in case of accidental fluid leaks (i.e. gasoline, motor oil, hydraulic fluid, etc.) from the vehicle or dump trailer:

- 1. List of safety and spill control equipment:
  - a. 2.5 lb. ABC Fire Extinguisher
  - b. 2.5 lb. Bucket of Oil Dri
  - c. Safety/Traffic Cones
  - d. Safety Glasses
  - e. Caution Tape
  - f. First Aid Kit
  - g. Brady SPC Universal Spill Kit
  - h. Zep Concrete/Asphalt Cleaner & Degreaser
- 2. Driver preventative measures:
  - a. Driver performs daily walk around inspection of vehicle and trailer.
  - b. Routine maintenance on vehicle and trailer every 5,000 miles.
- 3. Driver immediate corrective actions in case of accidental fluid leak:
  - a. Driver will shut off any equipment that has a leak.
  - b. Put down oil pads to absorb any fluid.
  - c. Put down oil socks to dam up the flow of fluid.
  - d. After the leak has stopped, put down Oil Dri on any impacted areas.
  - e. Dispose of the oil pads, oil socks and Oil Dri in a sorbent disposable bag.
  - f. Clean the impacted area with Zep Concrete/Asphalt Cleaner & Degreaser.
- 4. Company internal communications:
  - a. Inform the main office of any incident that may have occurred.
- 5. Company external communications:
  - a. Main office will contact DNREC's 24-hour complaint line at 1-800-662-8802 to activate the ERT or SERT.
  - Main office will contact DELDOT's Transportation Management Center at 302-659-4600 if an incident will impact the roadway.
- 6. Cleanup and decontamination measures:
  - a. Driver will shut off any equipment that has a leak.
  - b. Put down oil pads to absorb any fluid.

- c. Put down oil socks to dam up the flow of fluid.
- d. After the leak has stopped, put down Oil Dri on any impacted areas.
- e. Dispose of the oil pads, oil socks and Oil Dri in a sorbent disposable bag.
- f. Clean the impacted area with Zep Concrete/Asphalt Cleaner & Degreaser.
- g. Contact DNREC to see if any additional corrective action needs to be taken.

## 12. Driver Training

Due to being a small owner-operator, the following is a summary of years of experience and driving record in lieu of a formal program: Vice President, Greg Shevchuck, has over 18 years of experience as a Delaware CDL Class A Driver (License No. 1183593) with no traffic violations or accidents to date. Additional driver training includes Safety National Defensive Driving Course (see attached copy), as well as yearly Spill Prevention Class.

## 13. Vehicle Identification

## Vehicle

Make: Ford Model: F250 Year: 2020

Serial No: 1FT7W2B65LEE08852

License Plate No: C54963 State of Registration: Delaware Manufacturer's GVWR: 10,000 Ownership: Gregory Shevchuck Jr.

### Trailer

Make: CAM Model: Superline

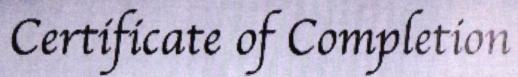
Year: 2021

Serial No: 5JWCA1223MP510185

License Plate No: T72120 State of Registration: Delaware Manufacturer's GVWR: 12,000 Ownership: Chuck That Junk LLC

## 14. Vehicle Operator Information

Gregory Shevchuck Jr. Vice President Delaware CDL Class A Driver (License No.



This certifies that

## Greg Shevchuck

has satisfactorily completed

## 2023 - Safety National Defensive Driving Course

equivalent to 3.5 hours of computer-based, interactive training offered by DST, Inc. (On Q Safety)

With Specific Training In:

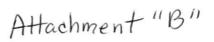
Search and Scan to aid Defensive Driving Hazard Recognition Sight, Speed and Space Management Judging Safe Distance Attention and Distractions Backing

Edward Paulsen
Edward Paulsen, President, DST, Inc.

February 7, 2023

Date







## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/31/2024

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).

| th  | is certificate does not confer rights to   | the o          | ertifi                                  | cate holder in lieu of such                        |                    |                              |                            |   |             |         |
|---|--|----------------|---|--|--------------------|------------------------------|----------------------------|---|-------------|---------|
| PRO   | DUCER  |                |   |  | CONTAC<br>NAME:    | Crystal Ale                  | exander                    |   |             |         |
| Insle   | ey Insurance   |                |   |  | PHONE<br>(A/C, No  | (302) 28                     | 86-0777                    | FAX<br>(A/C, No):   | (302) 2     | 86-0155 |
| 110 Christiana Medical Center                             |  |                | E-MAIL ADDRESS: coi@Insleyinsurance.com |  |                    |                              |                            |   |             |         |
|   |  |                |   |  |                    | INS                          | SURER(S) AFFOR             | RDING COVERAGE  |             | NAIC #  |
| Nev   | vark   |                |   | DE 19702   | INSURE             | Eradarial                    |                            | ance Company  |             | 14753   |
| INSU  | RED  |                |   |  | INSURE             | United E                     | inancial Cas In            | s Co  |             | 11770   |
|   | Chuck that Junk, LLC   |                |   |  | INSURE             |                              |                            |   |             |         |
|   | 417 Silo Rd  |                |   |  | INSURE             |                              |                            |   |             |         |
|   |  |                |   |  | INSURE             |                              |                            |   |             |         |
|   | New Castle   |                |   | DE 19720   | INSURE             |                              |                            |   |             |         |
| CO  | /ERAGES CER  | TIFIC          | ΔTF                                     | NUMBER: Master 23-24                               | INSURE             | KF:                          |                            | REVISION NUMBER:  |             |         |
|   | HIS IS TO CERTIFY THAT THE POLICIES OF   | _              |   | HOMBER.  | ISSUED             | TO THE INSUE                 |                            |   | IOD         |         |
| IN<br>Cl  | DICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PERT<br>CCLUSIONS AND CONDITIONS OF SUCH PO | REME<br>AIN, T | NT, TE                                  | ERM OR CONDITION OF ANY<br>SURANCE AFFORDED BY THE | CONTRA<br>E POLICI | ACT OR OTHER<br>ES DESCRIBEI | R DOCUMENT \ D HEREIN IS S | WITH RESPECT TO WHICH T   | HIS         |         |
| NSR   |  | ADDL           | SUBR                                    |  | TILDOO             | POLICY EFF                   | POLICY EXP                 | LIMIT   |             |         |
| LTR   | TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY   | INSD           | WVD                                     | POLICY NUMBER                                      |                    | (MM/DD/YYYY)                 | (MM/DD/YYYY)               |   | s 1,000     | 0.000   |
|   | CLAIMS-MADE OCCUR  |                |   |  |                    |                              |                            | DAMAGE TO RENTED PREMISES (Ea occurrence)                             | \$ 50,00    |         |
|   | ➤ Business Owners  |                |   |  |                    |                              |                            | MED EXP (Any one person)  | \$ 5,000    | )       |
| Α   |  |                |   | BP202101901  |                    | 11/05/2023                   | 11/05/2024                 | PERSONAL & ADV INJURY   | s 1,000     | ,000    |
|   | GEN'L AGGREGATE LIMIT APPLIES PER:   |                |   |  |                    |                              |                            | GENERAL AGGREGATE   | s 2,000,000 |         |
|   | POLICY PRO-<br>JECT LOC  |                |   |  |                    |                              |                            | PRODUCTS - COMP/OP AGG  | s 2,000,000 |         |
|   | OTHER:   |                |   |  |                    |                              |                            | TROBUSTO COMITOT ACC  | \$          |         |
|   | AUTOMOBILE LIABILITY   |                |   |  |                    |                              |                            | COMBINED SINGLE LIMIT   | \$ 500,0    | 000     |
|   | ANY AUTO   |                |   |  |                    |                              |                            | (Ea accident) BODILY INJURY (Per person)                              | \$          |         |
| В   | OWNED SCHEDULED  |                |   | 974248963  |                    | 11/05/2023                   | 11/05/2024                 | BODILY INJURY (Per accident)  | s           |         |
| _   | AUTOS ONLY AUTOS NON-OWNED   |                |   |  |                    |                              |                            | PROPERTY DAMAGE   | \$          |         |
|   | AUTOS ONLY AUTOS ONLY  |                |   |  |                    |                              |                            | (Per accident)  | s           |         |
|   | UMBRELLA LIAB OCCUR  | -              |   |  |                    |                              |                            |   |             |         |
|   | EVOESSIAR  |                |   |  |                    |                              |                            | EACH OCCURRENCE   | \$          |         |
|   | CLAIMS-MADE  | -              |   |  |                    |                              |                            | AGGREGATE   | \$          |         |
|   | DED RETENTION \$ WORKERS COMPENSATION  | _              |   |  |                    |                              |                            | I DER I OTH   | \$          |         |
|   | AND EMPLOYERS' LIABILITY Y/N   |                |   |  |                    |                              |                            | PER OTH-<br>STATUTE ER  |             |         |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? |  |                |   |  |                    | E.L. EACH ACCIDENT           | \$                         |   |             |         |
|   | (Mandatory in NH) If yes, describe under   |                |   |  |                    |                              |                            | E.L. DISEASE - EA EMPLOYEE  | \$          |         |
|   | DESCRIPTION OF OPERATIONS below  |                |   |  |                    |                              |                            | E.L. DISEASE - POLICY LIMIT   | \$          |         |
|   |  |                |   |  |                    |                              |                            |   |             |         |
|   |  |                |   |  |                    |                              |                            |   |             |         |
|   |  |                |   |  |                    |                              |                            |   |             |         |
| DESC  | RIPTION OF OPERATIONS / LOCATIONS / VEHICL   | ES (AC         | ORD 1                                   | 01, Additional Remarks Schedule,                   | may be at          | tached if more sp            | pace is required)          | -   |             |         |
|   |  |                |   |  |                    |                              |                            |   |             |         |
|   |  |                |   |  |                    |                              |                            |   |             |         |
|   |  |                |   |  |                    |                              |                            |   |             |         |
|   |  |                |   |  |                    |                              |                            |   |             |         |
|   |  |                |   |  |                    |                              |                            |   |             |         |
| CEF   | RTIFICATE HOLDER   |                |   |  | CANC               | ELLATION                     |                            |   |             |         |
| CER   | TIFICATE HOLDER  |                |   |  | CANC               | ELLATION                     |                            |   | 7/10/2      |         |
|   | Department of Natural Resource   | es and         | d Envir                                 | ronmental  | THE                | EXPIRATION D                 | ATE THEREOF                | SCRIBED POLICIES BE CAN<br>F, NOTICE WILL BE DELIVER<br>F PROVISIONS. |             | BEFORE  |
|   | 89 Kings Hwy   |                |   |  | AUTHOR             | RIZED REPRESEN               | TATIVE                     |   |             |         |
|   | -  |                |   |  |                    |                              |                            | 0 1   |             |         |
|   | Dover  |                |   | DE 19901   |                    |                              | corptal                    | alegarde  |             |         |
|   |  |                |   |  |                    |                              | a 1000 2015                | ACORD CORDORATION   | AH          |         |

## Davis, DaQuan (DNREC)

| From:   | Chuck That Junk LLC <info@chuckthatjunk.com></info@chuckthatjunk.com>                                      |
|---|--|
| Sent:   | Tuesday, October 1, 2024 6:51 PM<br>WHStransporters  |
| To:<br>Subject:   | Re: Missing Information on Delaware Solid Waste Transporter Permit   |
| Attachments:  | Solid Waste Transporter Permit Application for Chuck That Junk LLC (SW-DE-1893) - Attachment A Revised.pdf |
| Please see attached revised   | Attachment "A". Thank you.   |
| × Marie and the second | Kimberly Shevchuck   |
|   | Chuck That Junk, LLC   |
|   | New Castle, DE 19720   |
|   | 302-644-JUNK (5865)  |
|   | info@chuckthatjunk.com   |
|   | www.ChuckThatJunk.com  |
|   | www.facebook.com/chuckthatjunk   |
|   |  |
| On Mon, Sep 30, 2024 at 1:  | 46 PM WHStransporters < <u>WHStransporters@delaware.gov</u> > wrote:                                       |
| Hi,   |  |
| •   | your application to renew your Delaware solid waste transporter permit. Upon review, I have                |
| found that some informat  | ion is missing or needs to be updated. Please address the item listed below:                               |
| <ul> <li>Section 4(b)- Your of information and section 4(b)</li> </ul>  | ownership information is missing owners' dates of birth. Please update your ownership end it back.         |
| Please provide the informa  | ation requested above via e-mail within five (5) days.   |
|   |  |
| Thank you,  |  |
| Da Ower Davis   |  |
| DaQuan Davis  |  |
|   |  |



## DaQuan L. Davis Environmental Scientist I

## **Division of Waste and Hazardous Substances**

- 302-739-9403
- daquan.davis@delaware.gov
- 9 89 Kings Hwy SW, Dover, DE 19901
- dnrec.delaware.gov







## Chuck That Junk LLC Solid Waste Transporter Permit Application Attachment "A"

## 4. Company Ownership Information

b.) Kimberly A. Shevchuck President/CEO 417 Silo Road, New Castle, DE 19720 51% ownership

Gregory A. Shevchuck Jr.
Vice President/COO
417 Silo Road, New Castle, DE 19720
49% ownership

## 5. Company Locations in Delaware

417 Silo Road, New Castle, DE 19720

## 8. Treatment, Storage, and Disposal Facilities

b.) Waste and recycling will be transported to the following:

Delaware Solid Waste Authority locations:

- Cherry Island Landfill 1706 East 12th Street, Wilmington, DE 19809
- 2. Sandtown Landfill 1107 Willow Grove Road, Felton, DE 19943
- 3. Jones Crossroads Landfill 28560 Landfill Lane, Georgetown, DE 19947
- 4. Pinetree Corner Transfer Station 276 Pinetree Rd., Townsend, DE 19734
- 5. Milford Transfer Station 1170 South DuPont Blvd., Milford, DE 19963
- 6. Rt 5 Transfer Station 29997 John P. Healy Drive, Harbeson, DE 19951

Other in-state solid waste facilities, including private facilities:

- 1. Middletown Materials (A-Del) 1559 Cedar Lane Rd., Middletown, DE 19709
- 2. Delaware Recycling Center 1101 Lambson Lane, New Castle, DE 19720

## 10. Proof of Financial Responsibility

d.) Certificate of Insurance attached as part of Attachment "B"

## 11. Spill Control and Safety

No hazardous waste will be transported by Chuck That Junk LLC. Below is a Spill Control and Safety Plan in case of accidental fluid leaks (i.e. gasoline, motor oil, hydraulic fluid, etc.) from the vehicle or dump trailer:

- 1. List of safety and spill control equipment:
  - a. 2.5 lb. ABC Fire Extinguisher
  - b. 2.5 lb. Bucket of Oil Dri
  - c. Safety/Traffic Cones
  - d. Safety Glasses
  - e. Caution Tape
  - f. First Aid Kit
  - g. Brady SPC Universal Spill Kit
  - h. Zep Concrete/Asphalt Cleaner & Degreaser
- 2. Driver preventative measures:
  - a. Driver performs daily walk around inspection of vehicle and trailer.
  - b. Routine maintenance on vehicle and trailer every 5,000 miles.
- 3. Driver immediate corrective actions in case of accidental fluid leak:
  - a. Driver will shut off any equipment that has a leak.
  - b. Put down oil pads to absorb any fluid.
  - c. Put down oil socks to dam up the flow of fluid.
  - d. After the leak has stopped, put down Oil Dri on any impacted areas.
  - e. Dispose of the oil pads, oil socks and Oil Dri in a sorbent disposable bag.
  - f. Clean the impacted area with Zep Concrete/Asphalt Cleaner & Degreaser.
- 4. Company internal communications:
  - a. Inform the main office of any incident that may have occurred.
- 5. Company external communications:
  - a. Main office will contact DNREC's 24-hour complaint line at 1-800-662-8802 to activate the ERT or SERT.
  - b. Main office will contact DELDOT's Transportation Management Center at 302-659-4600 if an incident will impact the roadway.
- 6. Cleanup and decontamination measures:
  - a. Driver will shut off any equipment that has a leak.
  - b. Put down oil pads to absorb any fluid.

- c. Put down oil socks to dam up the flow of fluid.
- d. After the leak has stopped, put down Oil Dri on any impacted areas.
- e. Dispose of the oil pads, oil socks and Oil Dri in a sorbent disposable bag.
- Clean the impacted area with Zep Concrete/Asphalt Cleaner & Degreaser.
- g. Contact DNREC to see if any additional corrective action needs to be taken.

## 12. Driver Training

Due to being a small owner-operator, the following is a summary of years of experience and driving record in lieu of a formal program: Vice President, Greg Shevchuck, has over 18 years of experience as a Delaware CDL Class A Driver (License No. 1183593) with no traffic violations or accidents to date. Additional driver training includes Safety National Defensive Driving Course (see attached copy), as well as yearly Spill Prevention Class.

## 13. Vehicle Identification

#### Vehicle

Make: Ford Model: F250 Year: 2020

Serial No: 1FT7W2B65LEE08852

License Plate No: C54963 State of Registration: Delaware Manufacturer's GVWR: 10,000 Ownership: Gregory Shevchuck Jr.

#### Trailer

Make: CAM Model: Superline Year: 2021

Serial No: 5JWCA1223MP510185

License Plate No: T72120 State of Registration: Delaware Manufacturer's GVWR: 12,000 Ownership: Chuck That Junk LLC

## 14. Vehicle Operator Information

Gregory Shevchuck Jr. Vice President Delaware CDL Class A Driver (License No.