

RECEIPT

DATE

10/17/24

No.

628105

RECEIVED FROM

The Delaware State Fair, Inc.

\$ 1500.00

One thousand five hundred fifty and $\frac{00}{100}$ DOLLARS

FOR RENT

FOR

DE-SW-1502

| | |
|----------|--|
| ACCOUNT | |
| PAYMENT | |
| BAL. DUE | |

- CASH
- CHECK
- MONEY ORDER
- CREDIT CARD

FROM

75314

TO

BY

M.M.



RECEIVED

OCT 17 2024

DNREC - WHS

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

89 KINGS HIGHWAY
DOVER, DELAWARE 19901

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

SOLID WASTE TRANSPORTER PERMIT APPLICATION

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- 1502 Expiration Date 12/31/2024

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 The Delaware State Fair, Inc.

| Location Address: | Mailing Address: |
|--|-----------------------------------|
| 18500 S. DuPont Hwy. Harrington, DE. 19952 | P.O. Box 28 Harrington, DE. 19952 |
| | |
| | |

Contact: George Scuse Jr. Title: Facilities Manger

Business Phone: 302-398-7008 Fax: 302-398-5030

E-mail: george@thestatefair.net

24 hr Emergency Contact Phone: 302-242-6292 (mobile)

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: Harrington State: DE. Date: 10/10/2024

- Municipality
- Public institution
- Limited Liability Corporation (LLC) State: _____
- Other: (must specify) 501-C3 non-profit Corp. (Fair)

(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 as to stockholders

(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

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) Milford
- 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# _____ MC# _____

- N/A If N/A, please provide an explanation, on the following page, as to why you are not required to have a DOT or MC number.

10. Proof of Financial Responsibility

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

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

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

| | FOR-HIRE INTERSTATE | ALL OTHERS |
|---|--|--|
| Residential Waste | \$750,000.00 + MCS-90 <input type="checkbox"/> | \$350,000.00 <input type="checkbox"/> |
| Commercial Waste | \$750,000.00 + MCS-90 <input type="checkbox"/> | \$350,000.00 <input checked="" 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 10.10.24
Print Name DANNY AGUILAR Title General Manager

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

THE DELAWARE STATE FAIR, INC.
18500 SOUTH DuPONT HIGHWAY
POST OFFICE BOX 28
HARRINGTON, DE 19952-0028



PHONE: (302) 398-3269
FAX: (302) 398-5030
WEBSITE: www.delawarestatefair.com
E-MAIL: info@thestatefair.net

Solid Waste Transporter Permit Application Attachment

4. (b) R. Ronald Draper, President - PO Box 28, Harrington, DE 19952
Kenneth Clark, 1st Vice President - PO Box 28, Harrington, DE 19952
Harvey Kenton, 2nd Vice President - PO Box 28, Harrington, DE 19952
Jeanie DeLeo, 3rd Vice President - PO Box 28, Harrington, DE 19952
Mark Breeding, 4th Vice President - PO Box 28, Harrington, DE 19952
C. Douglas Crouse, Treasurer - PO Box 28, Harrington, DE 19952
Danny R. Aguilar, Secretary - PO Box 28, Harrington, DE 19952
5. The Delaware State Fair, Inc. - 18500 South DuPont Highway, Harrington, DE 19952
8. (b) Delaware Solid Waste Authority - 1170 South DuPont Boulevard, Milford, DE 19963
9. (c) N/A - We are not required to have a DOT# because we do not leave the state with our trucks.
12. (a). We require all of our driver's to hold a COL License in order to drive the trucks.
(b). We run every driver's OMV records once a year in order to maintain quality driver's operating our trucks.
(c). Every driver must go through an in-house driver training course once a year in order to be up to date on proper operating procedures, spill control procedures, and any new rules or regulations regarding the transporter permit.
13. 1. STRG - 2003 - Model CC4 - Registration# CL92130 - VIN# 2FZACGAK93AL75790 - MGWR 33,000
2. PTRB - 2020 - Registration# CL145061 - VIN# 3BPDLK0X7LF107389

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.

THE DELAWARE STATE FAIR, INC.
18500 SOUTH DuPONT HIGHWAY
POST OFFICE BOX 28
HARRINGTON, DE 19952-0028



PHONE: (302) 398-3269
FAX: (302) 398-5030
WEBSITE: www.delawarestatefair.com
E-MAIL: info@thestatefair.net

SPILL CONTROL PLAN

1. Spill control and safety equipment carried in each vehicle
 - Reflectors and/or flares
 - Fire Extinguisher
 - First aid kit
 - Heavy-duty gloves, hard hat, safety glasses

2. Spill Reporting
 - If there is an accident or other emergency which causes a portion of the load to be spilled, the driver, if injured, will contact the following designated company coordinator: George Scuse, Office Phone: 302-398-7008, or Cell Phone: 302-242-6292
 - 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, diesel fuel, or hydraulic fluid, the person contacted will notify the state emergency response team by calling one of the following numbers: Delaware: 911, 800-662-8802, or 302-739-9401

3. Clean-up plan
 - The driver will use the on-truck spill kit to contain the spill.
 - DSF will consult with DNREC-EPO for the proper clean-up & disposal of the cleaned material

4. Record keeping procedures
 - DSF uses a waste hauling system for unit tracking, truck tracking, service order, routing, disposal, billing, and asset management. We also keep hard copies of all invoices, service and disposal tickets

5. Days and hours of operation
 - Monday thru Friday
 - 8:00am to 5:00pm

6. The driver will preform the following pre-trip inspections
 - DOT pre-trop before each use
 - Pre-trip review of spill control plan

7. This plan will be carried in all vehicles, along with the permit



DELASTA-06

SKEITHLEY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/10/2024

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).

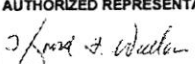
| | | | |
|---|---|----------------|--------|
| PRODUCER Pratt Insurance, Inc. 4 Village Square Smyrna, DE 19977 | CONTACT NAME: | | |
| | PHONE (A/C, No, Ext): (302) 653-6681 | FAX (A/C, No): | |
| INSURED Delaware State Fair, Inc. PO Box 28 Harrington, DE 19952 | E-MAIL ADDRESS: | | |
| | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A : Westfield Insurance Company | | 24112 |
| | INSURER B : Southern Ins Co of Virginia | | 26867 |
| | 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 |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC OTHER: | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPI/OP AGG \$ \$ |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | CMM3444007 | 11/1/2023 | 11/1/2024 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | 1000011963 | 12/15/2023 | 12/15/2024 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 |

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

| | |
|--|---|
| CERTIFICATE HOLDER State of Delaware DNREC- 89 Kings Hwy Dover, DE 19901 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE  |