RECEIP	T DATE	0/03/24	No.	654584
RECEIVED FROM Ches	co Di	sposal, LLC		\$350.00
Three hund	red f	ifty and too		DOLLARS
SFOR RENT DE-	1-1°	(07	100	
ACCOUNT	CASH	- 7178		
PAYMENT	CHECK	FROM 2 3	то	
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#### RECEIVED

SEP 25 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:

*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

Type of Permit  ☐ New – SCRAP TIRES ONLY Submit a check Delaware," in the amount of \$75.00.	or money order, payable to the "State of
New − <b>ALL OTHERS</b> Submit a check or mone the amount of \$350.00.	ey order, payable to the "State of Delaware" in
Renewal: Permit # DE-SW- 1907	Expiration Date 12/31/2024
Please indicate the term for which you desire yo order, payable to the "State of Delaware," for the	ur permit to be issued. Submit a check or money e 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

2.	Rele	ase to Public
		rou wish to be included on the list of transporters that is provided to persons requesting a list of ware permitted solid waste transporters? Yes  No
3.	Com	pany Information
	Com	pany Name Mesco Pisposal LLC
Lo	cation	Address: Mailing Address:
32	)2 N	J Jennersville Rd West Grove, PA 30 Holly Drive West Grove, PA 19390
Со	ntact:	Conor Balcavage Title: President
		Phone: 6/0-742-3990 Fax:
E-1	mail: _	Chesco disposal @gmail.com
		nergency Contact Phone: 610-742-3990
4.	Com	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: West Grove State: Ph Date: 716/2021
		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 100 % owned - Conor Balcavage
	(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

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

5. Company locations in Delaware

	List name and $\underline{street}$ 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:
	(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

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

8.	Trea	ttment, Storage, and Disposal Facilities
	(a).	Do you cross state lines with the waste? ☐ Yes ☑ No
	(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.
		□ 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)
9.	Oth	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 MD  No transporter permits in other states
	(c).	Indicate your Federal DOT number and Motor Carrier number:
		DOT# 3758292 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.	Proc	of of Financial Responsibility
	Dela Insu Depa	transporter must submit proof of financial responsibility as established in section 7.2.4 of ware's <i>Regulations Governing Solid Waste</i> . This proof may be established by a Certificate of rance, with MCS-90 endorsement where applicable, or by other means approved by the artment. (The Certificate of Insurance must identify the <b>Department of Natural Resources and ironmental 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.)
		Do you transport in the State of Delaware Only (Intrastate)? Yes No No You transport Interstate? Yes

(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	\$350,000.00
Commercial Waste	\$750,000.00 + MCS-90	\$350,000.00
Industrial Waste	\$750,000.00 + MCS-90	\$350,000.00
Dry Waste	\$750,000.00 + MCS-90	\$350,000.00
Ash	\$750,000.00 + MCS-90	\$350,000.00
Infectious Waste	\$1,000,000.00 + MCS-90	\$750,000.00 + MCS-90
Non-Hazardous Petroleum Contaminated Soils	\$750,000.00 + MCS-90	\$350,000.00
Asbestos	\$1,000,000.00 + MCS-90 (For Hire & Private)	\$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 \_\_\_\_\_\_

#### 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.

Drivor	Training	attachm ont	
DIIVEI	rraining,	attachment	V

#### 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? 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.

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

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 GVWR	OWNERSHIP
FOVE F650 2021		IFDWF60C8M0F07980	ZXE 3259 PA	26,000	Chesco Disposal LLC
			****		
				_	
	<del> </del>				

#### 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 d

- uring 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.



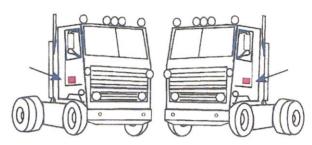
#### **Chesco Disposal LLC Driver Training**

Chesco Disposal LLC is a small owner-operated dumpster company providing services to Pennsylvania & Delaware. Conor Balcavage is a 100% owner and has over 10 years of driver experience ranging from small trucks to large trucks. He currently holds his permit for CDL Class A & plans to obtain that license in the coming months. He currently has a clean driving record with his license.

#### Chesco Disposal LLC Spill Control & Safety Plan

- 1. Spill control and safety equipment carried in each vehicle:
  - a. Reflectors and/or flares
  - b. Fire Extinguisher
  - c. First Aid Kit
  - d. Heavy-duty gloves, Safety vest & hard hat
  - e. Flashlight
  - f. Eye protection
- 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:
  - a. Brake lights
  - b. Emergency flashers
  - c. Turn signals
  - d. Head lights
  - e. Mirrors
  - f. All window conditions
  - g. Wheel chocks
  - h. Wiper & washer operation
  - i. Heater/defroster operation
  - j. Horn
  - k. Parking brake
  - I. Seat belt
  - m. Wheels & tires
  - n. Proper securement of all loads.
  - o. Proper safety equipment in operable condition.
- 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:
  - a. Conor Balcavage Phone: 610-742-3990
- 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:
  - a. Delaware: 911, (302) 739-9401 o 1-800-662-8802
- 6. The designated coordinator will contract for clean-up services with another company.
  - a. ACV Enviro: 1-800-777-4557





Each qualified waste vehicle is issued two (2) stickers. Place the stickers on the vehicle as shown in the diagram

are not valid.

18



## **COMMONWEALTH OF PENNSYLVANIA**

1950259821

Waste Transportation Safety Program Written Authorization

Phone No. (610) 742-3990

VIN# 1FDWF6DC8MDF07982 WH21950 Expires Mar 2025

CHESCO DISPOSAL, LLC CONOR BALCAVAGE 30 HOLLY DRIVE WEST GROVE, PA 19390-8902

THIS WRITTEN AUTHORIZATION MUST BE KEPT WITH THE WASTE TRANSPORTATION VEHICLE AT ALL TIMES.

If lost or damaged contact DEP immediately at 717-783-9258. A replacement fee is required. Duplication or Photocopies of this original documentation

### **CAUTION! REMOVE STICKERS CAREFULLY.**

Applied stickers take 24 hours to reach full tack

APPLICATION INSTRUCTIONS

1. Clean Surface To Which Sticker Will be Applied of Dirt, Grease or Oily Substances.

2. Remove Sticker From Carrier Sheet.

3. Position Sticker, Then Press Firmly Until Tightly Affixed To Surface.





#### CECIL COUNTY FINANCE DEPARTMENT 200 CHESAPEAKE BLVD., SUITE 1100 ELKTON, MARYLAND 21921

TELEPHONE: 410-996-5385 Fax: 410-996-5319

Date:

July 2, 2024

RE:

Cecil County Landfill permit sticker

Please attach the enclosed permit stickers to your trucks as indicated below. Each sticker must be placed on the truck in accordance with the enclosed instructions provided by the Cecil County Landfill. Should you have any questions regarding the permit application please contact the Cecil County Landfill at (410) 996-6275. Please note all trucks entering the Cecil County Landfill must have a Cecil County permit sticker.

Additional permit stickers may be requested by contacting the Finance Department at (410) 996-5385 for an application.

Customer: Chesco Disposal Account Number: 1828

Truck Year	Truck Description	Tag Number	Sticker Number
2021	Ford F650	ZXE3259	5780

Please note, the expiration date as stated on this form relates to the process for renewing the Information Collection Request for this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not expire. For questions, please contact the Office of Registration and Safety Information, Registration, Licensing, and Insurance Division.

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0008. Public reporting for this collection of information is estimated to be approximately 2 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.

U.S. Department of Transportation

Federal Motor Carrier Safety Administration OMB No: 2126-0008 Expiration: 05/31/2024 Form MCS-90 Revised 06/03/2021

USDOT Number: 3758292	Date Received:
	VOLUMENT AND THE WAR AND THE W

# FORM MCS-90 ENDORSEMENT FOR MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY UNDER SECTIONS 29 AND 30 OF THE MOTOR CARRIER ACT OF 1980

Issue	to Chesco Disposal, LLC
	(Motor Carrier name)
of 30	HOLLY DR WEST GROVE, PA 19390
	(Motor Carrier state or province)
Ame	at 06:28 AM on this 9th day of November, 2023 ding Policy Number: CA 963251002 Effective Date: 11/08/2023 of Insurance Company: United Financial Cas Co
	Countersigned by:  Authorized company representative
The p	olicy to which this endorsement is attached provides primary or excess insurance, as indicated for the limits shown (check only one):
X	This insurance is primary and the company shall not be liable for amounts in excess of \$1,000,000 for each accident.
	This insurance is excess and the company shall not be liable for amounts in excess of \$ for each accident in excess of the underlying limit of \$ for each accident.
polic	ever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that licy is in force as of a particular date. The telephone number to call is: 1-800-444-4487.
	lation of this endorsement may be effected by the company of the insured by giving (1) thirty-five (35) days notice in writing to the other said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the

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

days notice to commence from the date the notice is received by the FMCSA at its office in Washington, D.C.).

#### **DEFINITIONS AS USED IN THIS ENDORSEMENT**

insured is subject to the FMCSA's registration requirements under 49 U.S.C. 13901, by providing thirty (30) days notice to the FMCSA (said 30

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

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

**BODILY INJURY** means injury to the body, sickness, or disease to any person, including death resulting from any of these.

**PROPERTY DAMAGE** means damage to or loss of use of tangible property.

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

**PUBLIC LIABILITY** means liability for bodily injury, property damage, and environmental restoration.



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

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

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

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

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

#### **SCHEDULE OF LIMITS - PUBLIC LIABILITY**

Тур	e of Carriage	Commodity Transported	January 1, 1985		
(1)	For-hire (in interstate or foreign commerce, with a gross vehicle weight rating of 10,000 or more pounds).	Property (nonhazardous)	\$750,000		
(2)	For-hire and Private (in interstate, foreign, or intrastate commerce, with a gross vehicle weight rating of 10,000 or more pounds).	Hazardous substances, as defined in 49 CFR 171.8, transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Division 1.1, 1.2, and 1.3 materials, Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material, as defined in 49 CFR 173.403.	\$5,000,000		
(3)	For-hire and Private (in interstate or foreign commerce, in any quantity; or in intrastate commerce, in bulk only; with a gross vehicle weight rating of 10,000 or more pounds).	Oil listed in 49 CFR 172.101; hazardous waste, hazardous materials, and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101, but not mentioned in (2) above or (4) below.	\$1,000,000		
(4)	For-hire and Private (In interstate or foreign commerce, with a gross vehicle weight rating of less than 10,000 pounds).	Any quantity of Division 1.1, 1.2 or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403.	\$5,000,000		

<sup>\*</sup> The schedule of limits shown does not provide coverage. The limits shown in the schedule are for information purposes only.

**AADAMS** 



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/18/2024

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

th	nis c	ertificate does not	confer rights to	o the	cert	ificate holder in lieu of su			•						
PRODUCER						CONTACT NAME:									
Risk Averse Insurance 594 S New Middletown Rd						PHONE (A/C, No, Ext): (610) 335-1139 FAX (A/C, No): (610) 862-9633						862-9633			
FL 1							E-MAIL ADDRESS: rai@superiorinspartners.com								
Media, PA 19063							INSURER(S) AFFORDING COVERAGE						NAIC #		
							INSURER A : Nautilus Insurance						17370		
INSURED								INSURER B : United Financial Casualty Company 117							
Chesco Disposal, LLC								INSURER C:							
30 Holly Dr							INSURER D:								
West Grove, PA 19390							INSURE								
								INSURER F:							
CO	VFR	AGES	CFR	TIFIC	CATE	NUMBER:	REVISION NUMBER:								
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												LICY PERIOD			
C	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	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s			
A	Х	COMMERCIAL GENER		INOD	VVVD			(MINIOD/1111)	(MINICOD/11111)	EACH OCCURREN	CE	\$	1,000,000		
		CLAIMS-MADE	X OCCUR			NN1593082		11/8/2023	11/8/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)		\$	100,000		
										MED EXP (Any one	person)	\$	5,000		
										PERSONAL & ADV INJURY		\$	1,000,000		
	GEN	L AGGREGATE LIMIT A	APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000		
	X	POLICY PRO- JECT	LOC							PRODUCTS - COM	P/OP AGG	\$	2,000,000		
_		OTHER:			-					COMBINED SINGLE	T LIMIT	\$	4 000 000		
В	AUT	AUTOMOBILE LIABILITY								(Ea accident)	- LIMIT	\$	1,000,000		
		ANY AUTO OWNED	SCHEDULED			963251002		11/8/2023	11/8/2024	BODILY INJURY (Pe	er person)	\$			
		AUTOS ONLY HIRED AUTOS ONLY	AUTOS NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	er accident) GE	\$			
		ACTOS CHET	7,0100 0,121							1, 2, 2, 2, 2, 3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,		\$			
		UMBRELLA LIAB	OCCUR							EACH OCCURREN	CE	\$			
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE	OL.	\$			
		DED RETENTION	ON \$							ACCINECATE		\$			
	WOR	KERS COMPENSATION								PER STATUTE	OTH- ER				
AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE									E.L. EACH ACCIDE	anavar	\$				
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N/A						E.L. DISEASE - EA						
If yes, describe under DESCRIPTION OF OPERATIONS below															
	DES	CRIPTION OF OPERATION	DING Delow							E.L. DISEASE - POL	LICY LIMIT	2			
DES	CRIPT	ION OF OPERATIONS /	OCATIONS / VEHICL	E9 //	COR	101 Additional Parradia School	lo ment	o attached if a		-d\					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Commercial Auto Policy includes MCS-90 endorsement.															
		10 ATE 110: 25-													
CEI	KIIF	ICATE HOLDER			-		CANC	ELLATION							
Delaware Department of Natural Resources and Environment Control, Compliance and Permitting Section 89 Kings Hwy 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								
						Blog									
ACC	) DD	25 (2016/03)		11-11-11-11-11-11-11-11-11-11-11-11-11-											

#### Davis, DaQuan (DNREC)

From:

chescodisposal@gmail.com

Sent:

Tuesday, October 29, 2024 9:28 AM

To:

WHStransporters

Subject:

RE: Missing Information on Delaware Solid Waste transporter Permit

We primarily use Revolution Recovery, 1101 Lambson Lane New Castle, DE 19720. We just haul waste, we do not do residential curbside pickup.

Conor Balcavage Chesco Disposal LLC

chescodisposal@gmail.com

(610) 742-3990

From: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> On Behalf Of WHStransporters

Sent: Tuesday, October 29, 2024 9:16 AM

To: chescodisposal@gmail.com

Subject: RE: Missing Information on Delaware Solid Waste transporter Permit

Which locations does Chesco Disposal dump at? Please provide the specific addresses. Do you transport anything other than waste?

Thank you, DaQuan Davis



# DaQuan L. Davis

Environmental Scientist I

#### Division of Waste and Hazardous Substances

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







From: <a href="mailto:chescodisposal@gmail.com">chescodisposal@gmail.com</a>

Sent: Thursday, October 24, 2024 4:03 PM

To: WHStransporters < WHStransporters@delaware.gov>

Subject: RE: Missing Information on Delaware Solid Waste transporter Permit

I am still waiting on my operating authority to be updated with a new MC#, when I went through my FMCSA audit last year the officer told me that it was not required for my line of work and had the operating authority changed.

What is the TSDFs? I use Revolution Recovery if that is what you are asking.

Conor Balcavage Chesco Disposal LLC chescodisposal@gmail.com (610) 742-3990

From: Davis, DaQuan (DNREC) < daquan.davis@delaware.gov > On Behalf Of WHStransporters

Sent: Thursday, October 24, 2024 2:41 PM

To: chescodisposal@gmail.com

Subject: RE: Missing Information on Delaware Solid Waste transporter Permit

Please address the missing items listed below:

• Section 8- Please provide your Delaware TSDFs.

• Section 9(c)- If so, please provide a motor carrier number (mc #).

Please provide the information requested above via e-mail by tomorrow (10/25/2024).

Thank you, DaQuan Davis

From: Davis, DaQuan (DNREC) On Behalf Of WHStransporters

Sent: Friday, October 4, 2024 2:36 PM

To: chescodisposal@gmail.com

Subject: RE: Missing Information on Delaware Solid Waste transporter Permit

Also, the MC # is required for all for-hire transporters.

Thank you, 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



From: chescodisposal@gmail.com <chescodisposal@gmail.com>

Sent: Saturday, September 28, 2024 2:30 PM

To: WHStransporters < WHStransporters@delaware.gov >

Subject: RE: Missing Information on Delaware Solid Waste transporter Permit

- 1. Check is in the mail, my apologies it got missed in the mailing.
- 2. is date of birth, mailing address is 30 Holly Drive West Grove, PA 19390, I own the company 100%
- 3. No
- 4. What is the TSDF?
- 5. Home state and Maryland copies should both be in the packet.
- 6. No MC #
- 7. Interstate
- 8. Owner is the only driver.

Conor Balcavage Chesco Disposal LLC chescodisposal@gmail.com (610) 742-3990

From: Davis, DaQuan (DNREC) <a href="mailto:daquan.davis@delaware.gov">daquan.davis@delaware.gov</a> On Behalf Of WHStransporters

Sent: Thursday, September 26, 2024 2:46 PM

To: chescodisposal@gmail.com

Subject: Missing Information on Delaware Solid Waste transporter Permit

Hi Mr. Balcavage

Thank you for submitting your application to renew your Delaware solid waste transporter permit. Upon review, I have found that some information is missing or needs to be updated. Please address the items listed below:

- Section 1- Please mail a check for \$350.00.
- Section 4(b)- Your ownership information is missing the dates of birth and owner's mailing address. Please
  update your ownership information and send it back.
- Section 4 c- Do you have a parent company?
- Section 8- Please provide your Delaware TSDFs.
- Section 9(a)- Please provide your home state transporter permit.
- Section 9(b)- Do you have any other state solid waste permits?
- Section 9(c)- If so, please provide a motor carrier number (mc #).
- Section 10- Please select interstate of intrastate.
- Section 14-Is the owner the only driver?

Please provide the information requested above via e-mail within five (5) days.

Thank you, DaQuan Davis



# DaQuan L. Davis

Environmental Scientist I

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

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





#### Davis, DaQuan (DNREC)

From:

chescodisposal@gmail.com

Sent:

Saturday, September 28, 2024 2:30 PM

To:

WHStransporters

Subject:

RE: Missing Information on Delaware Solid Waste transporter Permit

Follow Up Flag:

Follow up

Flag Status:

Flagged

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- 4. What is the TSDF?
- 5. Home state and Maryland copies should both be in the packet.
- 6. No MC #
- 7. Interstate
- 8. Owner is the only driver.

Conor Balcavage

Chesco Disposal LLC

chescodisposal@gmail.com

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- Section 9(c)- If so, please provide a motor carrier number (mc #).
- Section 10- Please select interstate of intrastate.
- · Section 14-Is the owner the only driver?

Please provide the information requested above via e-mail within five (5) days.

#### Thank you, DaQuan Davis



# DaQuan L. Davis

Environmental Scientist I

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

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