

RECEIPT

DATE 10/21/24

No.

628110

RECEIVED FROM

Scrap Tire Solution

\$

75.00Seventy five and $\frac{00}{100}$

DOLLARS

 FOR RENT FORNew DE-SW-2094

ACCOUNT

PAYMENT

BAL. DUE

 CASH CHECK MONEY
ORDER CREDIT
CARD

FROM

1065

TO

BY

M.M.



RECEIVED

OCT 21 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- _____ Expiration Date _____

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 Scrap Tire Solution

Location Address:	Mailing Address:
195 Hay Rd.	1102 Foulk rd
Wilmington, DE 19809	Wilmington, DE 19803

Contact: Kevin Kriss Title: VP Operations

Business Phone: 302-750-0000 Fax: _____

E-mail: kevin@scrap tiresolution.com

24 hr Emergency Contact Phone: 302-750-0000

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: Wilmington State: DE Date: 02/09/2023

- Municipality
- Public institution
- Limited Liability Corporation (LLC) State: _____
- Other: (must specify) _____

(b). For each Owner, Partner, or Corporate Officer, attach a list with name, title, mailing address, date of birth, and % ownership. Include all stockholders owning greater than 5% outstanding shares.

Attachment _____

(c). If company is owned by or affiliated with a parent company, attach parent company name, address & mailing address, and % ownership.

- Attachment _____
- No parent company

5. Company locations in Delaware

List name and street address of each company location, including freight terminals, within the State of Delaware.

- Attachment _____
 No Delaware locations

6. Company Affiliates

List name, location and mailing addresses, nature of business relationship of all company Affiliates, which affiliates are engaged in the business of waste transport, treatment, storage, disposal, recovery or reclamation. (Affiliated companies are defined as those companies owned by the same owners, corporate officers, or parent company.)

- Attachment _____
 No affiliates

7. Type of Waste to be Transported

(a). Check all that apply. Refer to Delaware's *Regulations Governing Solid Waste* for definitions of waste categories.

- Residential waste
 Commercial waste (from **non-manufacturing, non-processing** businesses and offices)
 Industrial waste (from a manufacturing or industrial process)
 Dry waste: construction/demolition debris
 trees/stumps
 other (must specify) _____
 Ash: municipal incinerator
 coal ash
 other (must specify) _____
 Infectious waste
 Non-hazardous petroleum-hydrocarbon contaminated soils
 Asbestos-containing waste
 Scrap Tires

(b). Does your company collect and transport residential (household) waste from single family homes, condominiums and apartment complexes in Delaware? Yes No

(c). If you answered "YES" to question 7.b., above, does your company provide recycling services to those customers? Yes No N/A

(d). If you offer recycling services, does your company collect and transport the recyclables separately from the waste generated by your customers? Yes No

(e). If you offer recycling services, are the recyclables ultimately taken to an incinerator (waste-to-energy) or landfill? Yes No

8. Treatment, Storage, and Disposal Facilities

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

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

9. Other Transporter Permits

- (a). Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)

- Attachment _____
- Not applicable-No transporter permit required for these solid waste types in our home state.

- (b). List solid waste transporter permits held in other states.

- Attachment _____
- No transporter permits in other states

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

DOT# _____ 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.

We do not operate vehicles over 10000lbs or operate for hire

10. Proof of Financial Responsibility

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

- (a). Are you for-hire in interstate commerce? Yes No (For-Hire means you are in the business of transporting, for compensation or payment, wastes generated by a company other than your own.)

- (b). Do you transport in the State of Delaware Only (Intrastate)? Yes No

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

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

	FOR-HIRE INTERSTATE	ALL OTHERS
Residential Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Industrial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Dry Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Ash	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Infectious Waste	\$1,000,000.00 + MCS-90 <input type="checkbox"/>	\$750,000.00 + MCS-90 <input type="checkbox"/>
Non-Hazardous Petroleum Contaminated Soils	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Asbestos	\$1,000,000.00 + MCS-90 <input type="checkbox"/> (For Hire & Private)	\$350,000.00 <input type="checkbox"/>
Scrap Tires Only	\$350,000.00 <input type="checkbox"/>	\$350,000.00 <input checked="" 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 Kevin Kriss Date 10/16/2024
Print Name Kevin Kriss Title VP Operations

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

SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

- (1) Spill control and safety equipment carried in each vehicle:
 - 1). Reflectors and/or flares
 - 2). Fire extinguisher
 - 3). First aid kit
 - 4). Heavy-duty gloves, hard hat
 - 5). Flashlight
 - 6). Standard spill kit (PPE. universal sorbents)
- (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). Vehicle inspection (tire pressure, vehicle panels, engine oil , other)
 - 2). Load inspection (locked doors, secure tarps, other)
- (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: Kevin Kriss 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: (MDE) Emergency Response(866) 633-4686

New Jersey: New Jersey Department of Environmental Protection (877) 927-6337
- (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.

4b) Owners Information:

33.33%

Glenn Fedale Jr. - VP

[REDACTED]
[REDACTED] [REDACTED] [REDACTED]
[REDACTED]

33.33%

Erik Gonzalez - President

[REDACTED] [REDACTED]
[REDACTED]
[REDACTED] [REDACTED] [REDACTED]

33.33%

Ronald Bennett - Treasurer

[REDACTED]
[REDACTED] [REDACTED] [REDACTED]
[REDACTED] [REDACTED]

5) Company Location:

Scrap Tire Solution
195 Hay Rd
Edgmore, DE 19809

8b) TSD Facilities

Scrap Tire Solution
195 Hay Rd
Edgmore, DE 19809

10d) COI attached

12) Driver Training

Sean Davie of Lincoln University, PA will be the sole operator of the listed vehicle. He has been operating the listed vehicle for 15 years with no major fault accidents hauling heavy HVAC equipment. He is intimate with the permit and understands the implications.

On the limited occasions when we will need to haul small quantities of scrap tires, only the locked rear of the vehicle will be used (no trailer). The tires will be secured in the lock rear using ratchet straps to prevent contents shifting during transport.

14) Vehicle Operator information:

Sean Davie

[REDACTED]

[REDACTED]



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/15/2024

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 Marion Miller and Associates PO 419 12 S Queen Street 2C Rising Sun MD 21911	CONTACT NAME: Lori Reustle PHONE (A/C, No, Ext): (410) 378-5367 E-MAIL ADDRESS: LReustle@MarionMillerInsurance.com	FAX (A/C, No):	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Comfortech Heating And Cooling LLC 168 Valleyview Cir Lincoln University PA 19352-9703	INSURER A: Nationwide Assurance Company		10723
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES CERTIFICATE NUMBER: CL24101574390 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 - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			ACPBA013097354150	10/01/2024	10/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ ADBPA \$ 10,000
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						

CERTIFICATE HOLDER**CANCELLATION**

Proof Of Insurance

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

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Davis, DaQuan (DNREC)

From: Kevin Kriss <kevin@scrapresolution.com>
Sent: Friday, November 1, 2024 10:26 AM
To: WHStranporters
Subject: Re: Missing and Incorrect Information on Delaware Solid Waste Tansporter permit Application
Attachments: STS_Comfortech Vehicle Lease Agreement.pdf

Happy Friday DaQuan!

Sorry for the delay, I was finally able to get signatures for the lease agreement.

Thanks again for all your help!
Best,
Kevin

On Tue, Oct 29, 2024 at 12:02 PM WHStranporters <WHStranporters@delaware.gov> wrote:

Thank you for submitting the other information. Please keep me updated on the lease agreement.

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: Kevin Kriss <kevin@scrap tiresolution.com>

Sent: Tuesday, October 29, 2024 9:44 AM

To: WHStranporters <WHStranporters@delaware.gov>

Cc: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov>

Subject: Re: Missing and Incorrect Information on Delaware Solid Waste Tansporter permit Application

Daquan,

I am still waiting for a lease agreement from Sean Davie. I do hope to have that by EOD. Other wise here is the rest of the requested information.

Best Regards,

Kevin

- Section 10- You did not submit a certificate of insurance from Scrap Tire Solution. Please provide this form and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section the address is 89 Kings HWY, Dover, DE 19901. [See attached](#)
- Section 13- Scrap Tire Solution does not own the vehicle on the list submitted. Please provide a lease agreement between the scrap tire solution and the vehicle owner. [TBD](#)
- Section 14- Is Sean Davie an employee of Scrap Tire Solution? [Yes](#)
- Section 16- Please have the owners sign and date the application. [See revised application attached with owner signature](#)

On Tue, Oct 22, 2024 at 12:37 PM Kevin Kriss <kevin@scrap tiresolution.com> wrote:

Thanks for the feedback. I will get this missing info over in the next few days.

Best Regards,

Kevin

On Tue, Oct 22, 2024 at 11:52 AM WHStranporters <WHStranporters@delaware.gov> wrote:

Hello,

Thank you for submitting your application to obtain 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 10- You did not submit a certificate of insurance from Scrap Tire Solution. Please provide this form and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section the address is 89 Kings HWY, Dover, DE 19901.
- Section 13- Scrap Tire Solution does not own the vehicle on the list submitted. Please provide a lease agreement between the scrap tire solution and the vehicle owner.
- Section 14- Is Sean Davie an employee of Scrap Tire Solution?
- Section 16- Please have the owners sign and date the application.

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



VEHICLE LEASE AGREEMENT

This Vehicle Lease Agreement (hereinafter referred to as the "Agreement") is made and effective [11-1-2024] (the "Effective Date"), and is entered into

BY AND BETWEEN: **[Sean Davie/Comfortech Heating and Cooling]**, having address [REDACTED], hereinafter referred to as the "Lessor".

AND: **[Scrap Tire Solution]**, hereinafter referred to as the "Lessee", having address [195 Hay Rd, Wilmington, DE 19809], collectively referred to as the "Parties".

Whereas, the Lessor is the legal owner of the vehicle and is willing to lease the vehicle to the Lessee.

Whereas, the Lessee intends to lease the vehicle from the Lessor.

Now, therefore, for the consideration set herein, receipt of which is duly acknowledged, the parties agree as follows:

1. This Agreement is a lease only and shall not create any other right or interest in the vehicle, except for the terms in this Agreement.
2. The vehicle being leased possesses the following features:
 1. Make: **2011 Ford**
 2. Model: **F-250**
 3. Color: **White**
 4. Mileage: **60,200**
 5. License: **ZGA 0849 PA**
3. The Lessee has paid the amount of **\$300.00** to the Lessor, from which refundable security amounts is **\$300.00**.
4. Amount due at Lease Signing is \$0.
5. The cost of the vehicle at the end of the lease period will be **\$0.00**, excluding any repair and wear and tear of the vehicle. The following ingredients are included in the lease cost:
 1. Retail price of the vehicle **\$5000.00**.
 2. Agreed value of the vehicle between the Lessor and Lessee **\$5000.00**.
 3. Amortized amount over the period of the lease **\$3600.00**.
 4. The vehicle depreciation rate is **\$0.00** per month.
 5. Lease rate of Lessor **\$300.00/month**.
 6. Other fees/taxes:

7. The lease is made for a period of **12 Months**, starting from **11-1-2024** to **11-1-2025**.
6. The payable shall be paid on a monthly basis on the first day of every month.
7. The Parties have not set any mileage limit.
8. In the event of theft, Lessee is responsible for all the payments until the amount is recovered from the insurance agency.
9. Lessee is responsible to maintain an insurance policy for the vehicle in the form of any bodily injury and total loss from theft or collision. The Lessor shall be informed of the insurance by the Lessee.
10. Lessee is responsible to pay any tax, assessment, or fee incurred during the lease period.
11. At the end of the lease term, the residual value of the vehicle shall be determined in good faith and a reasonable estimate. If the residual value of the vehicle is greater than its actual value, the Lessee shall pay for the difference, and if the residual value of the vehicle is less than the actual value, the Lessee will have no further liability.
12. In the event of early termination of the lease, the Lessee shall pay for the charges amount depending on how early the lease is being terminated.
13. All notices under this Agreement shall be delivered through the mail, in person, or via email.
14. The Agreement shall be terminated if the Lessee fails to make payments.
15. Upon termination or end of the Agreement, the vehicle shall be returned to the Lessor.
16. In case any provision of this Agreement is held invalid by any competent authority, the Agreement shall cease to exist to that extent.
17. The Lessor warrants that the vehicle is in an "as is" condition, and the Lessor does not make further warranty regarding its durability, quality, and suitability.
18. The Lessee indemnifies the Lessor from any loss or harm and promises to keep the vehicle in good condition.
19. This Agreement shall be governed and construed by the laws of DE.

Notice to lessee:

1. Do not sign this agreement before you read and understand it.
2. You are entitled to a completed copy of this agreement.
3. Your signature indicates you have read the entire agreement and have received a completed copy.

Failure to renew this contract or return vehicle on the due date will result in the vehicle being reported as stolen and you may be convicted of a felony and be fined and imprisoned. You are responsible for all costs incurred.

IN WITNESS WHEREOF, on this date the parties hereto have executed this Lease Agreement:

LESSOR

LESSEE

Erik Gonzalez

Signed (signature)

Erik Gonzalez

Print Name

11/1/2024

Date

Sean Davie

Signed (signature)

Sean Davie

Print Name

11/1/2024

Date

From: [Kevin Kriss](#)
To: [WHStranporters](#)
Cc: [Davis, DaQuan \(DNREC\)](#)
Subject: Re: Missing and Incorrect Information on Delaware Solid Waste Transporter permit Application
Date: Tuesday, October 29, 2024 9:45:08 AM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)
[image006.png](#)
[image007.png](#)
[image008.png](#)
[24-25 Cert - To Whom It May Concern.pdf](#)
[STS Solid Waste Transport Permit.pdf](#)

Daquan,

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Best Regards,

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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





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- _____ Expiration Date _____

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 Scrap Tire Solution

Location Address:	Mailing Address:
195 Hay Rd.	1102 Foulk rd
Wilmington, DE 19809	Wilmington, DE 19803

Contact: Kevin Kriss Title: VP Operations

Business Phone: 302-750-0000 Fax: _____

E-mail: kevin@scrap tiresolution.com

24 hr Emergency Contact Phone: 302-750-0000

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: Wilmington State: DE Date: 02/09/2023

- Municipality
- Public institution
- Limited Liability Corporation (LLC) State: _____
- Other: (must specify) _____

(b). For each Owner, Partner, or Corporate Officer, attach a list with name, title, mailing address, date of birth, and % ownership. Include all stockholders owning greater than 5% outstanding shares.

Attachment _____

(c). If company is owned by or affiliated with a parent company, attach parent company name, address & mailing address, and % ownership.

- Attachment _____
- No parent company

5. Company locations in Delaware

List name and street address of each company location, including freight terminals, within the State of Delaware.

- Attachment _____
 No Delaware locations

6. Company Affiliates

List name, location and mailing addresses, nature of business relationship of all company Affiliates, which affiliates are engaged in the business of waste transport, treatment, storage, disposal, recovery or reclamation. (Affiliated companies are defined as those companies owned by the same owners, corporate officers, or parent company.)

- Attachment _____
 No affiliates

7. Type of Waste to be Transported

(a). Check all that apply. Refer to Delaware's *Regulations Governing Solid Waste* for definitions of waste categories.

- Residential waste
 Commercial waste (from **non-manufacturing, non-processing** businesses and offices)
 Industrial waste (from a manufacturing or industrial process)
 Dry waste: construction/demolition debris
 trees/stumps
 other (must specify) _____
 Ash: municipal incinerator
 coal ash
 other (must specify) _____
 Infectious waste
 Non-hazardous petroleum-hydrocarbon contaminated soils
 Asbestos-containing waste
 Scrap Tires

(b). Does your company collect and transport residential (household) waste from single family homes, condominiums and apartment complexes in Delaware? Yes No

(c). If you answered "YES" to question 7.b., above, does your company provide recycling services to those customers? Yes No N/A

(d). If you offer recycling services, does your company collect and transport the recyclables separately from the waste generated by your customers? Yes No

(e). If you offer recycling services, are the recyclables ultimately taken to an incinerator (waste-to-energy) or landfill? Yes No

8. Treatment, Storage, and Disposal Facilities

- (a). Do you cross state lines with the waste? Yes No
- (b). Identify in an attachment **all** solid waste Treatment, Storage, Disposal Facilities, Reclamation Facilities and Transfer Stations to which the waste will be transported.
 - Delaware Solid Waste Authority locations: (attachment) _____
 - Clean Earth of New Castle, Inc. (thermal treatment facility for PHC-soils)
 - Delaware Recyclable Products, Inc. (dry waste, commercial, industrial, and PHC-soils)
 - Other in-state solid waste facilities, including private facilities: (attachment) _____
 - Out of state solid waste TSD facilities: (attachment) _____

9. Other Transporter Permits

- (a). Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)
 - Attachment _____
 - Not applicable-No transporter permit required for these solid waste types in our home state.

- (b). List solid waste transporter permits held in other states.
 - Attachment _____
 - No transporter permits in other states

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

DOT# _____ 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.

We do not operate vehicles over 10000lbs or operate for hire

10. Proof of Financial Responsibility

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

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

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

	FOR-HIRE INTERSTATE	ALL OTHERS
Residential Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Industrial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Dry Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Ash	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Infectious Waste	\$1,000,000.00 + MCS-90 <input type="checkbox"/>	\$750,000.00 + MCS-90 <input type="checkbox"/>
Non-Hazardous Petroleum Contaminated Soils	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Asbestos	\$1,000,000.00 + MCS-90 <input type="checkbox"/> (For Hire & Private)	\$350,000.00 <input type="checkbox"/>
Scrap Tires Only	\$350,000.00 <input type="checkbox"/>	\$350,000.00 <input checked="" 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 Kevin Kriss Date 10/16/2024

Print Name Kevin Kriss Title VP Operations

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

Glenn Fedale _____ Erik Gonzalez Erik Gonzalez Ron Bennett _____
Date Date 10/28/2024 Date

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). Standard spill kit (PPE, universal sorbents)
- (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). Vehicle inspection (tire pressure, vehicle panels, engine oil , other)
 - 2). Load inspection (locked doors, secure tarps, other)
- (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: Kevin Kriss Phone: 3025610766
- (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: (MDE) Emergency Response(866) 633-4686

New Jersey: New Jersey Department of Environmental Protection (877) 927-6337
- (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.



SCRATIR-01

KCRAWFORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/18/2024

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 this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER L & W Insurance Inc. 3705 Kennett Pike Greenville, DE 19807	CONTACT NAME: PHONE (A/C, No, Ext): (302) 543-7121 FAX (A/C, No): (302) 543-7164 E-MAIL ADDRESS: contact@lwinsurance.com
INSURER(S) AFFORDING COVERAGE	
INSURED	NAIC #
Scrap Tire Solution, LLC 195 Hay Rd Wilmington, DE 19809	INSURER A : Cincinnati Indemnity Insurance Company 23280 INSURER B : Liberty Mutual 002283 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			ENP 0718456	6/6/2024	6/6/2025	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMPI/OP AGG \$ 2,000,000
							\$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ENP 0718456	6/6/2024	6/6/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			ENP 0718456	6/6/2024	6/6/2025	EACH OCCURRENCE \$ 1,000,000
							AGGREGATE \$ 1,000,000
							\$
B	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			WC5-33S-B25H7L-014	6/20/2024	6/20/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

Department of Natural Resources and Environmental Control

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