

RECEIPT

DATE 11/21/24

No. 628144

RECEIVED FROM New Castle County Dept of Public Works

\$ 1550.00

One thousand five hundred fifty and ⁰⁰/₁₀₀ DOLLARS

FOR RENT

FOR DE-SW-0591

ACCOUNT	
PAYMENT	
BAL. DUE	

CASH

CHECK

MONEY ORDER

CREDIT CARD

FROM 7517617

TO _____

BY M.M.

RECEIVED

NOV 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

Language Preference: English

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

The application 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- 05914 Expiration Date September 30, 2024

Please indicate the term for which you desire your permit to be issued. Submit a check or money order, payable to the “State of Delaware,” for the indicated permit fee.

SCRAP TIRES ONLY

- One Year - \$75.00
- Two Years - \$125.00
- Three Years - \$175.00
- Four Years - \$225.00
- Five Years - \$275.00

ALL OTHERS

- One Year - \$350.00
- Two Years - \$650.00
- Three Years - \$950.00
- Four Years - \$1250.00
- Five Years - \$1550.00

2. Release to Public

Do you wish to be included on the list of transporters that is provided to persons requesting a list of Delaware permitted solid waste transporters? Yes No

3. Company Information

Company Name New Castle County Department of Public Works

Location Address:	Mailing Address:
187A Old Churchmans Road	187A Old Churchmans Road
New Castle, DE 19720	New Castle, DE 19720

Contact: Kevin Penozza Title: Acting Sewer Operations Manager

Business Phone: 302-395-5723 Fax: _____

E-mail: Kevin.Penozza@newcastlede.gov

24 hr Emergency Contact Phone: 302-395-5700

4. Company Ownership Information

(a). Please indicate the company type:

- Proprietorship
- Partnership
- Corporation - If company is a corporation, indicate city, state, and date of incorporation.

City: _____ State: _____ Date: _____

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

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

Attachment _____

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

- Attachment _____
- No parent company

5. Company locations in Delaware

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

- Attachment _____
- No Delaware locations

6. Company Affiliates

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

- Attachment _____
- No affiliates

7. Type of Waste to be Transported

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

- Residential waste
- Commercial waste (from **non-manufacturing, non-processing** businesses and offices)
- Industrial waste (from a manufacturing or industrial process)
- Dry waste: construction/demolition debris
 trees/stumps
 other (must specify) Soils from utility excavations
- 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) Cherry Isla
 - 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 checked="" 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 checked="" 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 B

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 E

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 G
- 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 Penzo Date 11/15/24
Print Name Kevin Penzo Title Acting Sewer Operations Manager

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/11/2024

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 AP Benefit Advisors, LLC dba BHI 111 Continental Dr, Ste 405 Newark, DE 19713	CONTACT NAME: Tracy A Reed PHONE (A/C, No, Ext): (302) 995-2029 FAX (A/C, No): (302) 995-2220 E-MAIL ADDRESS: tracy.reed@assuredpartners.com														
INSURER(S) AFFORDING COVERAGE															
INSURED New Castle County, Department of Public Works 87 Reads Way New Castle, DE 19720	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER A : The Travelers Indemnity Company</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>25658</td> <td></td> </tr> <tr> <td>INSURER B : Travelers Property Casualty Company of America</td> <td>25674</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER A : The Travelers Indemnity Company	NAIC #	25658		INSURER B : Travelers Property Casualty Company of America	25674	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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25658															
INSURER B : Travelers Property Casualty Company of America	25674														
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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ZLP-16P67268-24-PA	10/1/2024	10/1/2025	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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			H-810-2C416104-IND-24	10/1/2024	10/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			ZUP-16P6727A-24-PA	10/1/2024	10/1/2025	EACH OCCURRENCE \$ 5,000,000
							AGGREGATE \$ 5,000,000
							Prod&Comp Agg \$ 5,000,000
							\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N <input type="checkbox"/> N/A ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							PER STATUTE OTH-ER 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)
This Certificate is issued for insured operations usual to haul waste water.

CERTIFICATE HOLDER

CANCELLATION

State of Delaware Department of Natural Resources & Environmental Control Division of Waste & Hazardous Substances Compliance & Permitting Section 89 Kings Highway Dover, DE 19901	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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New Castle County
Department of Public Works
Spill Control Plan
For Waste Transportation

1. Spill control and safety equipment carried in each vehicle:
 - a. Reflectors and/or flares
 - b. Fire Extinguishers
 - c. First Aid Kit
 - d. Rake, broom and shovel
 - e. Heavy duty trash bags
 - f. Flashlight
 - g. Protective coveralls
 - h. Nitrile gloves
 - i. Eye protection
2. All loads will be enclosed, covered or tarped to prevent accidental discharge of the waste during transport to the landfill site.
3. The driver will perform the following pre trip inspections. (see attached)
4. If a small amount of debris escapes from the vehicle, the driver will stop and clean up all waste materials before continuing to the next collection site or to the landfill site.
5. If there is an accident or other emergency which causes a large portion of the load to be dumped and the driver cannot clean it up, the 24-hour dispatcher should be contacted:
 - a. New Castle County Dispatcher – 302-395-5700
6. The dispatcher will send out an additional crew(s) and equipment necessary to completely clean the site
7. If the accident of spill has the potential to cause environmental damage (either due to the nature of the waste, locations 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 on of the following numbers: 911, 1-800-662-8802, 302-739-9401
8. If the driver encounters a "hot load" or fire in the solid waste compartment of the vehicle, the driver will find a safe place to dump the load. He will move the vehicle a safe distance from the site and immediately contact the dispatcher who will contact the local Fire Department. He will secure the area from pedestrian and vehicular traffic. He will attempt to extinguish the fire if possible and/or assist the Fire Department as directed.
9. A copy of this plan will be carried in all vehicles along with the permit.



Original Inspection System®

"UTILITY/BUCKET TRUCK" Vehicle Inspection Check-List Report # 2-208

INSPECTION DATE: _____ INSPECTION TIME: _____ AM PM TIME ZONE: _____

MOTOR VEHICLE INFORMATION

TRUCK/TRACTOR (Power Unit): _____ ODOMETER _____ mi/km

MAKE: _____ LICENSE PLATE/UNIT # _____ STATE/PROV. _____

CARRIER NAME: _____ CARRIER PHONE: _____

CARRIER ADDRESS: _____

TRUCK/TRACTOR INSPECTION INFO					TRAILER/TRUCK INSPECTION & TRIP INFO				
TYPE OF INSPECTION <input type="radio"/> POST-TRIP <input type="radio"/> PRE-TRIP <input type="radio"/> IN-TRANSIT <input type="radio"/> GRADE (Downhill) <input type="radio"/> OTHER					LICENSE PLATE/UNIT # and ODOMETER READINGS				
POST-TRIP PRE-TRIP IN-TRANSIT GRADE (Downhill) OTHER					POST-TRIP PRE-TRIP IN-TRANSIT GRADE (Downhill) OTHER				
✓ if OK, Identify DEFECTS with X or <input type="radio"/>					✓ if OK, Identify DEFECTS with X or <input type="radio"/>				
LIGHTS/REFLECTORS <input type="checkbox"/> Lights <input type="checkbox"/> Reflectors, Tape <input type="checkbox"/> Alarms / Warnings <input type="checkbox"/> Controls / Switches <input type="checkbox"/> Wiring / Connections		WHEELS <input type="checkbox"/> Steering Wheel & Column <input type="checkbox"/> Wheels <input type="checkbox"/> Rims, Fasteners, Lugs <input type="checkbox"/> Tires, Tread, Inflation, Wear <input type="checkbox"/> Fifth Wheel			# 1/ _____ mi/km # 2/ _____ mi/km # 3/ _____ mi/km		TRAILER & UTILITY/BUCKET TRUCK <input type="checkbox"/> Load Security, Load Covering, Tarps, Screens <input type="checkbox"/> Trailer Landing Gear, Frame, Support Structure <input type="checkbox"/> Suspension, Air Bags, Springs & Control Attachments <input type="checkbox"/> Towing and Coupling Devices <input type="checkbox"/> GlidePlate, King Pin, Hitch, Ball, Stabilizers <input type="checkbox"/> Fifth Wheel <input type="checkbox"/> Air Brake Adjustment & Connections, Fluid <input type="checkbox"/> Parking Brake, ABS <input type="checkbox"/> Brake Booster, Pressure, Lines <input type="checkbox"/> Wheels, Rims, Fasteners, Lugs <input type="checkbox"/> Tires, Inflation, Tread, Wear <input type="checkbox"/> Lights, Reflectors, Tape, Beacons, Backup, Alarms <input type="checkbox"/> Trailer Bed, Ramp, Equipment Tie-Downs, Blocks <input type="checkbox"/> Header/End Boards, Endgates, Hinges, Latches <input type="checkbox"/> Outriggers/Stabilizers <input type="checkbox"/> Boom, Winch, Bucket, Limit Switches, Fall Arrest <input type="checkbox"/> Telescoping Boom/Bucket/Ground Controls, Stops <input type="checkbox"/> Tension Devices, Slings, Binders, Hooks, Chains <input type="checkbox"/> Equipment Storage Compartments, Trays, Doors <input type="checkbox"/> Bucket, Turret, Boom Support Deck, Mounting <input type="checkbox"/> Equipment Trailering/Load, Size, Weight Distribution <input type="checkbox"/> Air, Hydraulic, Cylinders, Pins, Electrical Systems <input type="checkbox"/> Placards, Load/Vehicle Markers, Emergency, Safety <input type="checkbox"/> Other: _____		
WINDOWS <input type="checkbox"/> Windows <input type="checkbox"/> Windshield <input type="checkbox"/> Windshield Washers <input type="checkbox"/> Wipers <input type="checkbox"/> Defrosters <input type="checkbox"/> Heaters		MISCELLANEOUS <input type="checkbox"/> Mirrors - Inside & Outside <input type="checkbox"/> Horn, Alarms, Back-up <input type="checkbox"/> Driver Seat, Security <input type="checkbox"/> Driver Seat Belt/Restraint <input type="checkbox"/> Passenger Seat Restraints <input type="checkbox"/> Fuel System <input type="checkbox"/> Exhaust System <input type="checkbox"/> Towing / Coupling Devices <input type="checkbox"/> Suspension, Air Bags, Springs and Control Attachments <input type="checkbox"/> Load Security, Load Covering <input type="checkbox"/> Doors, Hood, Body, Locks <input type="checkbox"/> Engine Compartment <input type="checkbox"/> Transmission <input type="checkbox"/> Pedals, Controls, Levers <input type="checkbox"/> Fluids & Levels <input type="checkbox"/> Pressures <input type="checkbox"/> Instruments and Gauges <input type="checkbox"/> Communication <input type="checkbox"/> Documentation <input type="checkbox"/> Emergency/Safety Equipment <input type="checkbox"/> Other: _____			Circle Trailer Delivery # 1 2 3				
BRAKES <input type="checkbox"/> Pedal <input type="checkbox"/> Booster <input type="checkbox"/> Failure Warning Light <input type="checkbox"/> Warning Signal <input type="checkbox"/> Low Pressure <input type="checkbox"/> Low Vacuum <input type="checkbox"/> Air Pressure, Lines, Gauges <input type="checkbox"/> Vacuum Gauge <input type="checkbox"/> Hydraulic Brake Fluid <input type="checkbox"/> Parking Brake, ABS <input type="checkbox"/> Air Brake Adjustment & Connections									

DRIVER/INSPECTOR COMMENTS: REPAIRS REQUIRED? YES NO _____

DRIVER/INSPECTOR # 1 - NAME & SIGNATURE

NAME: _____

SIGNATURE: _____

MAINTENANCE VEHICLE INSPECTION REPORT

REPAIRS REQUIRED? YES NO

MAINTENANCE/DEFECTS REPAIRED: _____

MAINTENANCE REP NAME: _____

MAIN. REP SIGNATURE: _____ Date: _____

VEHICLE INSPECTION REPORT REVIEWED - DATE: _____

NAME: _____

SIGNATURE: _____

REPAIRS PERFORMED? YES NO VEHICLE OK? YES NO

DRIVER'S VEHICLE INSPECTION REPORT
Sewer Maintenance

Vehicle No. _____ Odometer Reading _____ Date _____

- | | | |
|--|--|--|
| <input type="checkbox"/> Parking Brakes | <input type="checkbox"/> Tires | <input type="checkbox"/> First-Aid Kit |
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Wheels/Rims | <input type="checkbox"/> Fire Extinguisher |
| <input type="checkbox"/> Steering | <input type="checkbox"/> Mirrors | <input type="checkbox"/> Reflectors |
| <input type="checkbox"/> Lights | <input type="checkbox"/> Horn | <input type="checkbox"/> Spare Fuses |
| <input type="checkbox"/> Windshield Wipers | <input type="checkbox"/> Oil/Fluids/Grease | |

- JET/VAC Inspection: Y-Strainer Check and Clean Daily
 Jet Hose Condition

Trailer No. _____

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Brake Connections | <input type="checkbox"/> Coupling Devices | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Lights | <input type="checkbox"/> Wheels/Rims |

Explanation: _____

- Condition of the above vehicle(s) is satisfactory.

Driver's Signature _____

Desktop Procedure
Driver's License Checks
Department of Public Works

Objective: To establish a procedure in accordance with County Personnel Policy 5.02, Loss of Job Requirement – Driving Privileges, by which the County can ascertain the loss of a job requirement associated with the duties of an employee's job classification, specifically the loss of a driver's license.

Statement: Every New Castle County employee is responsible for notifying the County, through their supervisors, of any loss of driving privileges associated with the employee's job classification. Further safeguards have been implemented by the Departments of Public Works for Commercial Drivers' License (CDL) holders and those employees responsible for driving County vehicles.

Procedure for Checking for expired licenses:

1. A filing system is established by month and year.
2. Copies of employees' driver's licenses are obtained o date of hire and filled by the month and year expiration date.
3. Approximately (30) days prior to the expiration date, the employee is contacted in writing that a copy of the new driver's license is required for our records.

Procedure for checking for driving offenses:

1. This procedure uses the same filing systems as established above.
2. Copies of employees' driver's licenses are pulled annually.
3. A Delaware Division of Motor Vehicle report is run on the employees.
4. If any offenses of license suspensions appear, the employee, General Manager and employees' supervisor are made aware of the report.
5. The employee has the opportunity to produce written information within a certain period of time if there is any false or misinformation on the DMV report.
6. The employee may be temporarily demoted to a non-driving position during the above period of time.
7. If it is found that the offenses are accurate and the employee failed to notify his supervisor in a timely manner, then progressive discipline, in accordance with County Personnel policy 1.00 shall apply.

New Castle County

Department of Public Works

Solid Waste Hauling Safe Handling and Driving Practices

Training Outline

- **Safe Work Practices**
- **Loading, Packing, Dumping**
- **Roll-off Guidelines**
- **Safe Driving**
- **Driver's Check/ Vehicle Condition**
- **Personal Protective Equipment**

Attachment F

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.

New Castle County, Public Works

MAKE - MODEL - YEAR	TYPE	VIN #(Serial Number)	LICENSE PLATE # and STATE of REGISTRATION	mfgr's GVWR	OWNERSHIP
Vactor 2100i 2022	Recycler Combo	5KKHAXDV3NPNF5256	CY2468 DE	68000	New Castle County
Vactor 2100i 2022	Recycler Combo	5KKHAXDV1NPNF5255	CY2544 DE	68000	New Castle County
Western Star 4700-2016	Jet Vac. Combo	5KKHAVCY7GPHJ0093	CY2673 DE	66000	New Castle County
Ford - F550- 2004	Stakebody	1FDAF56P24ED63814	CY1534 DE	17500	New Castle County
Ford - F650- 2014	Dump	3FRNW6FJODV799771	CY2746 DE	25999	New Castle County
Ford -F350 -2015	Dump	1FDRF3H68FEB5493	CY2079	26,000	New Castle County
Ford- F650 -2015	Dump	3RFNW6J7FV716422	CY2082	26,000	New Castle County
Ford- F650 -2015	Dump	3RFNW6FJ59FV716423	CY2081	26,000	New Castle County
Ford- F650 -2015	Dump	3FRNW6FJ7FV726710	CY2084	26,000	New Castle County
Ford- F-650-2012	Dump	3FRNW6FJ4CV357400	CY2035	26,000	New Castle County
Ford F-350 2008	Dump	1FDWF37R98EB86758	CY582	24,500	New Castle County
Ford F-350 -2017	Stakebody	1FDNF6D8HDB00469	CY5107	24,500	New Castle County
Ford- Freightline -M2 2017	Trash Truck	1FVACXCY8HHH9391	CY2368	36,000	New Castle County
Western star - 4700 - 2015	Dump	5KKAAXCYXFLGR306	CY 1031 DE	44000	New Castle County
Ford F-550 S.D. 3YD- 2020	Dump	1FDUF5HTOLDA05848	CY2038-DE	24000	New Castle County
Sterling -18500 - 2007	Dump	2FZAAWDC77AY57183	CY2143- DE	44000	New Castle County
Ford F-650 - 2016	Stakebody	1FDWF6DC8GDA01802	CY1988- DE	26000	New Castle County
Western star- 4700SB- 2017	Roll Off	5KKAAXCY6HLHZ0380	CY2288- DE	44000	New Castle County
Western Star - 4700- 2015	Dump	5KKAAXCYXFLGM1158	CY2661	44000	New Castle County
Western Star - 4700 - 2015	Dump	5KKAAXCY1FLGM1159	CY2662	44000	New Castle County
Western Star -4700- 2015	Dump	5KKAAXCY8FLGS6190	CY2663	44000	New Castle County
Western Star - 4700- 2015	Dump	5KKAAXCYXFLGS6191	CY2665	44000	New Castle County
Western Star -4700SB- 2018	Dump	5KKAASF9JLJW4794	CY1995	44000	New Castle County
Western Star -4700SB- 2018	Dump	5KKAAXFEOJLJW4795	CY1994	44000	New Castle County
Western Star -4700SB- 2018	Dump	5KKAAXFE7JLJX6782	CY1931	44000	New Castle County
Western Star- 4900 - 2018	Tractor	5KLLALD10JPH7760	CY2312	64000	New Castle County
Rogers - CR400L98 - 2016	Trailer	1RBH46206GAR26165	CY2234	43254	New Castle County
Sterling L7500 -2002	Dump	2FZAATBS62AK72015	CY1237	42500	New Castle County
Sterling L7500 -2007	Dump	2FZAATDC77AX67272	CY2017	44000	New Castle County
Sterling L7500 - 2008	Dump	2FZAATBS38AAA8192	CY2031	44000	New Castle County
Sterling L8500 - 2009	Dump	2FZAAWBSX9AAL7664	CY2124	44000	New Castle County
Sterling L8500 - 2009	Dump	2FZAAWBS19AAL7665	CY2125	44000	New Castle County
Sterling L8500 - 2009	Dump	2FZAAWBS39AAL7666	CY2126	44000	New Castle County
Freightliner M2106V 2013	Dump	1FVAC3BS9DHBV1445	CY2039	44000	New Castle County

Sterling L7501 2000	Dump	2FZHALBOXYAF92061	CY1357	42500	New Castle County
Sterling LT9500 2000	Dump	2FZXEEEDB9YAG20327	CY1369	64000	New Castle County
Sterling LT9500 2005	Dump	2FZMAZDE65AV47083	CY1533	80000	New Castle County
Western Star- 4700 2015	Dump	5KKHAXDV1GLGZ61676	CY5035	64000	New Castle County
Western Star- 4700 2015	Dump	5KKMAXDV6GLGZ1686	CY5036	84000	New Castle County
Ford F-650 2000	Stakebody	3FENF65A9YMA00572	CY1390	26000	New Castle County
Ford F-650 2012	Stakebody	3FRNF6FC5CV467146	CY2034	26000	New Castle County
Ford F-650 2015	Stakebody	3FRNF6FC3FV667219	CY2233	26000	New Castle County
Western Star- 4700B 2023	Dump	5KKAAXFE0PPUF2328	CY2534	44000	New Castle County
Western Star- 4700B 2023	Dump	5KKAAXFE9PPUF2327	CY5129	44000	New Castle County

Attachment G

MATTHEW MEYER
COUNTY EXECUTIVE



YVONNE A. GORDON
ACTING GENERAL MANAGER

DEPARTMENT OF PUBLIC WORKS
187-A OLD CHURCHMANS ROAD
NEW CASTLE, DE 19720
(302) 395-5700

Environmental Records

- 2020 - Two (2) permit exceedances: Port Penn WWTP – Enterococcus; MOT WWTP – Phosphorous
- 2021 – No exceedances
- 2022 – One (1) exceedance: MOT WWTP - Ammonia
- 2023 – No exceedances
- 2024 – Four (4) exceedances: Delaware City WWTP - Enterococcus; MOT WWTP (3) CBOD; Phosphorous

Please be advised that this list is not intended to be all-inclusive. The County self-reports to DNREC on a continuing basis any environmental violations that may occur.



Clean Water Tip: Putting fats, oils and grease down the drain can clog sewer pipes causing backups that get into our streams. Instead, let it cool in a container and throw it in the trash. Find more tips at NewCastleDE.gov/GreenNCC

Davis, DaQuan (DNREC)

From: Penoza, Kevin <Kevin.Penoza@newcastlede.gov>
Sent: Friday, November 22, 2024 12:31 PM
To: WHStranporters
Subject: Re: [EXTERNAL] Missing Information on Delaware Solid Waste Transporter Permit

Good afternoon,

Responses are below. Please let me know if you need anything else.

Thanks you,

Kevin

From: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> on behalf of WHStranporters <WHStranporters@delaware.gov>
Sent: Thursday, November 21, 2024 4:18 PM
To: Penoza, Kevin <Kevin.Penoza@newcastlede.gov>
Subject: [EXTERNAL] Missing Information on Delaware Solid Waste Transporter Permit

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Mr. Penzoa,

Hi Mr. Penzoa,

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 5-** What are all the Delaware locations for the New Castle County Dept of Public Works? **We have one location, 187a Old Churchmans Road, New Castle, DE 19720.**
- **Section 8-** Would you like to add soils to the permit? Clean Earth New Castle only takes soils. **Yes, we on rare occasions need to dispose of soils at Clean Earth.**
- **Section 12-** Are drivers trained on the spill control plan and the conditions of the Delaware solid waste transporter permit? **Yes**
- **Section 13-** Are the New Castle County Dept of Public Works vehicles all registered in Delaware? **Yes**

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

Thank you,



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

