

RECEIPT

DATE 11/19/24No. 628139RECEIVED FROM SAB Removal DBA JDog Junk Removal \$ 650.00Six hundred fifty and $\frac{00}{100}$ DOLLARS FOR RENT FOR DE-SW-1897

ACCOUNT	
PAYMENT	
BAL. DUE	

 CASH CHECK MONEY ORDER CREDIT CARDFROM 29623010310 TO _____BY M.M.



RECEIVED

NOV 19 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:

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- SW-1897 Expiration Date 12/31/2024

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

SCRAP TIRES ONLY

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

ALL OTHERS

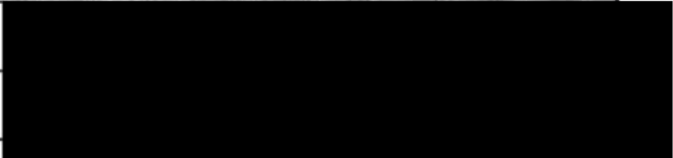
- One Year - \$350.00
- Two Years - \$650.00
- Three Years - \$950.00
- Four Years - \$1250.00
- Five Years - \$1550.00

2. Release to Public

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

3. Company Information

Company Name AG Removal LLC PBA JDOG Junk Removal & Hauling

Location Address:	Mailing Address:
100 Greenhill Ave	
Suite G	
Wilmington DE 19805	

Contact: Jonathan Gedeon Title: Owner

Business Phone: 302 438 1585 Fax: _____

E-mail: 

24 hr Emergency Contact Phone: 302 438 1585


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: DE
 - 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

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) 8
 - 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 _____ N/A
- 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.

Vehicle gross weight under DOT requirements
15,000

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

- (c). Do you transport Interstate? Yes

Only in Delaware

No
 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 type="checkbox"/>

11. Spill Control and Safety

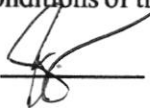
List all spill control and safety equipment which will be carried on each vehicle. (**Note:** Separate lists by type of vehicle and type of waste may be required.) Attach a copy of the Spill Control Plan. The Spill Control Plan **must** contain the following elements: (1) List of safety and spill control 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 *sole proprietor -*

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 *Jonathan Eden* Date 11/14/2024

Print Name Jonathan Eden Title owner

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/29/2024

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		CONTACT NAME: Jennifer Novak	
Wisdom Insurance Agency		PHONE (A/C, No, Ext): (262) 408-5019	FAX (A/C, No):
2309 Silvermail Rd		E-MAIL ADDRESS: jennifer@wisdominsurance.com	
Pewaukee WI 53072		INSURER(S) AFFORDING COVERAGE	
		INSURER A : EVANSTON INS CO	NAIC # 35378
INSURED		INSURER B : UNITED FNCL CAS CO 11770	
Jag Removal LLC		INSURER C :	
100 Greenhill Ave. Ste G		INSURER D :	
Wilmington DE 19805		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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			2AA352484	10/25/2021	10/25/2022	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	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			04123953	10/25/2024	10/25/2025	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"/> EXCESS LIAB DED: RETENTION \$			EZXS3134591	10/25/2024	10/25/2025	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	PROPC			2AA352484	10/25/2021	10/25/2022	Limit	\$25,000

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

Evidence of Insurance

CERTIFICATE HOLDER**CANCELLATION**

Delaware of Natural Resources and Environmental Control

89 Kings Hwy SW

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

Toby Stubbs

JDog Junk Removal Safety Control & Spill Plan 2024

1.) The following Spill Control & Safety items will be carried in each Vehicle operated by JDog Junk Removal & Hauling Wilmington DE:

(A) Vehicle Reflectors / 3 Orange Traffic safety triangles to identify / Placed along vehicles 3 sides anytime the vehicle is stopped and not in operation

(B) Fire extinguisher

(C) First-Aid kit

(D) Heavy Duty Gloves / Mask

/ PPE

(E) Flashlight /

Lantern

(F) Shovel to clean any debris.

(2.) All loads will be enclosed with a covered tarp attached to the vehicle. This is to prevent accidental discharge of any waste during transport to the disposal facility.

3.) The driver will perform the following daily pre-trip inspections prior to beginning operation of the vehicle.

(A) Driver will visually walk around vehicle to check tires, mirrors, operation of hydraulic tarp, Dump bed operations, and DEP fluid levels.

(B) Driver / Operator will complete daily checklist to ensure all Items required on vehicle for operations are present. Driver will immediately fix any deficiencies.

(C) Vehicle Log Book with daily checklist will be signed, dated, and retained on vehicle for 30 days operations. Vehicle Log Book will be available for review upon demand to any Federal / State / Local official at anytime requested.

4. in the event of a spill, Driver will notify all local & state agencies by calling

1.800.662.8802 and 302.739.9401 to Report an incident.

JDog Junk Removal & Hauling Drivers Training

Driver : Jonathan Geden

A / Years driving 33 years experience driving / 3 year experience with Dump truck, truck does not require different license to operate.

B / NO other drivers operate company own vehicles at this time.

C/ Driver is familiar with Delaware regulations concerning the transport of solid non hazardous solid waste. Driver is familiar with safety plan / daily vehicle checks / upkeep of maintenance of vehicle (Bayshore ford)

Driver is aware on how to handle accidental discharge and follow safety plan on whom to call in case of emergency.

DNREC QUESTIONS: Application SW1987 JDog Junk Removal & Hauling

Questions 4b

Jonathan Geden

100% owner

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

Question 5

100 Greenhill Ave

Suite G

Wilmington DE 19805

Question 8b

Revolutionary Recovery of Delaware

DSWA site New Castle DE

Lambson RD

New Castle

Account 7500

Question 14

Driver: Jonathan Geden owner

Tax filing: sole proprietor / owner

Davis, DaQuan (DNREC)

From: Jonathan Geden <jgeden@jdog.com>
Sent: Thursday, November 21, 2024 9:24 AM
To: WHStransporters
Subject: Re: Missing Information on Delaware Solid Waste Transporter Permit Application
Attachments: safety plan 2024.odt

Good Morning Mr. Davis

Thank you for your assistance in completing the form. I appreciate the help, as for some of the questions I was confused. The following are answers to your questions

- **Section 4(c)**- Do you have a parent company?
 - **NO; We are a Franchise LLC (1 owner) so the business license is JAG Removal LLC DBA JDog Junk Removal & Hauling of Willmington**
- **Section 10(a)**- You did not answer if JAG Removal LLC is for hire. *For-hire* means you're in the business of transporting passengers, regulated property, or household goods owned by others for compensation. Do you transport any of the following? If so, please provide a motor carrier number (mc #) and an MCS-90 endorsement form.
 - **We are a Junk removal company, We do NOT transport passengers, any regulated property or household goods (unless its for recycling)**
 -
- **Section 10(b & c)**- Is JAG removal intrastate or interstate?
 - **INTRASTATE: We only operate in Delaware for Junk Removal as per our Franchise Agreement, 131 Churchtown Rd, Pennsville Township, NJ 08070 is my home address but the shop location is in Wilmington DE**
 -
- **Section 11(e)**- The spill control plan is missing an emergency contact (name and phone number). Please update this plan and add the emergency contact information.
 - **I apologize for the miss information / THE Spill plan has been updated and attached**

Thank you once again, please let me know if there is anything else you may require. Please note that all the information for our permit has not changed from previous years. I apologized for the missing information. Please call or email if you need to contact me.

Jonathan Geden

US ARMY

JDog Junk Removal & Hauling of Willmington

302.438.1585

On Wed, Nov 20, 2024 at 9:18 AM WHStranporters <WHStranporters@delaware.gov> wrote:

Hi Mr. Geden,

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 4(c)**- Do you have a parent company?
- **Section 10(a)**- You did not answer if JAG Removal LLC is for hire. *For-hire* means you're in the business of transporting passengers, regulated property, or household goods owned by others for compensation. Do you transport any of the following? If so, please provide a motor carrier number (mc #) and an MCS-90 endorsement form.
- **Section 10(b & c)**- Is JAG removal intrastate or interstate?
- **Section 11(e)**- The spill control plan is missing an emergency contact (name and phone number). Please update this plan and add the emergency contact information.

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



JDog Junk Removal Safety Control & Spill Plan 2024

1.) The following Spill Control & Safety items will be carried in each Vehicle operated by JDog Junk Removal & Hauling Wilmington DE:

(A) Vehicle Reflectors / 3 Orange Traffic safety triangles to identify / Placed along vehicles 3 sides anytime the vehicle is stopped and not in operation

(B) Fire extinguisher

(C) First-Aid kit

(D) Heavy Duty Gloves / Mask / PPE

(E) Flashlight / Lantern

(F) Shovel to clean any debris.

(2.) All loads will be enclosed with a covered tarp attached to the vehicle. This is to prevent accidental discharge of any waste during transport to the disposal facility.

3.) The driver will perform the following daily pre-trip inspections prior to beginning operation of the vehicle.

(A) Driver will visually walk around vehicle to check tires, mirrors, operation of hydraulic tarp, Dump bed operations, and DEP fluid levels.

(B) Driver / Operator will complete daily checklist to ensure all Items required on vehicle for operations are present. Driver will immediately fix any deficiencies.

(C) Vehicle Log Book with daily checklist will be signed, dated, and retained on vehicle for 30 days operations. Vehicle Log Book will be available for review upon demand to any Federal / State / Local official at anytime requested.

4. in the event of a spill, Driver will notify all local & state agencies by calling

1.800.662.8802 and 302.739.9401 to Report an incident.

In Case of Emergency please notify:

Owner : Jonathan Geden
302.438.1585