

RECEIPT

DATE

11/15/24

No.

628135

RECEIVED FROM

Mother Nurture Composting Services

\$

350.00

Three hundred fifty and ⁰⁰/₁₀₀

DOLLARS

 FOR RENT FOR

New DE-SW-2103 App

ACCOUNT		
PAYMENT		
BAL. DUE		

 CASH CHECK MONEY
ORDER CREDIT
CARD

FROM

371

TO

BY

M.M.



RECEIVED

NOV 15 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 Mother Nurture Composting Services

Location Address:	Mailing Address:
1392 Wheatleys Pond Road Smyrna, DE	1392 Wheatleys Pond Road Smyrna, DE

Contact: Tiffany Gaston Title: Owner

Business Phone: 302-465-6520 Fax: _____

E-mail: mothernurturecompost@Gmail.com

24 hr Emergency Contact Phone: 302-465-6520

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 Ownership

(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 DelawareI
- 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) DisposalFaci

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.

I will be transporting food scraps in a Ford F-250 which would be below the weight rating required for these numbers.

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 SpillCo

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 DriverTrain

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 Tiffany Gaston Date 10/30/24
Print Name Tiffany Gaston Title Owner

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

Mother Nurture Composting Services

Ownership

Title	Name	% Ownership
Owner	Tiffany Gaston	100%

Delaware Location

1392 Wheatleys Pond Road Smyrna, DE 19977

Disposal Facilities

Name	Address
Shore Soils	Matapeake Farm Ln. Stevensville, MD
My Kitchen Harvest	137 W Knowlton Rd. Media, PA

Spill Control

Carried in Vehicle:

Shovel
Broom
Receptacle

Preventative Measures:

Dumping food scraps directly into containers in the bed of the truck

Corrective Actions:

Pick up food scraps and place them into containers in the bed of the truck

Due to the nature of the waste we are collecting (food scraps), it would not be considered an emergency.

Cleanup Measures:

Clear area of all food scraps

Driver Training

As the owner/operator, I have been driving for 25 years.

The vehicle that I will be using for transport is a Ford F-250 and requires no special training.



USAA Casualty Insurance Company
 9800 Fredericksburg Road
 San Antonio, Texas 78288

CERTIFICATE OF INSURANCE



0001793 SP 4074 -C01-P01794-I -04664-555540744263

TIFFANY SEBASTIAN GASTON
 1392 WHEATLEYS POND RD
 SMYRNA DE 19977-3805

October 30, 2024

PLEASE NOTE:

If the need of this Certificate is discontinued before its expiration, please check the box below and return to:

Mail: USAA Casualty Insurance Company
 9800 Fredericksburg Road
 San Antonio, Texas 78288

Discontinue issuing this Certificate of Insurance

The USAA Casualty Insurance Company of San Antonio, Texas, does hereby certify that the policyholder named above is insured as follows:

Auto Policy Number	Vehicle Year Model & Trade Name	VIN
CIC 037160073 7101	2006 FORD F-250	1FTSW21P36ED66898
Effective from	to	(12:01 a.m. standard time)
October 4, 2024	April 4, 2025	
Limits of Liability	Bodily Injury Liability	\$25,000 each person/ \$50,000 each accident
	Property Damage Liability	\$500,000 each accident

This Certificate of Insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded by the above policy issued by USAA Casualty Insurance Company.

If the USAA Casualty Insurance Company elects to cancel this policy, the same advance notice as we give to the named insured will be given to:

DEPT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL
 1392 WHEATLEYS POND RD
 SMYRNA DE 19977-3805



Davis, DaQuan (DNREC)

From: Tiffany Gaston <mothernaturecompost@gmail.com>
Sent: Wednesday, November 20, 2024 3:09 PM
To: WHStranporters
Subject: Re: Missing Information on Delaware Solid Waste Transporter Permit Application

██████████
I thought I updated that, sorry.

On Wed, Nov 20, 2024 at 3:07 PM WHStranporters <WHStranporters@delaware.gov> wrote:

Thank you. What is your date of birth? (for number 4(b))



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: Tiffany Gaston <mothernaturecompost@gmail.com>
Sent: Wednesday, November 20, 2024 2:53 PM
To: WHStranporters <WHStranporters@delaware.gov>
Subject: Re: Missing Information on Delaware Solid Waste Transporter Permit Application

And here is the signed Lease Agreement.

On Wed, Nov 20, 2024 at 2:50 PM Tiffany Gaston <mothernurturecompost@gmail.com> wrote:

Good afternoon,

This should be everything that was missing.

Thank you,

Tiffany Gaston

On Wed, Nov 20, 2024 at 1:56 PM WHStranporters <WHStranporters@delaware.gov> wrote:

Yes, that is fine.

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: Tiffany Gaston <mothernurturecompost@gmail.com>
Sent: Wednesday, November 20, 2024 12:52 PM
To: WHStranporters <WHStranporters@delaware.gov>
Subject: Re: Missing Information on Delaware Solid Waste Transporter Permit Application

Hi DaQuan,

Thank you for this information. Can I please have until the end of the week to provide this information?

Tiffany Gaston

On Fri, Nov 15, 2024 at 3:08 PM WHStranporters <WHStranporters@delaware.gov> wrote:

Hi Ms. Gaston,

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 4(b)**- Your ownership information is missing the date of birth, please provide this information.

- **Section 10(g)**- Please correct the Certificate of Insurance 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 11**- The spill control plan is missing the Delaware emergency reporting numbers (1-800-662-8802 and 302-739-9401) and pre-trip inspection. Please update your plan and add the numbers and pre-trip inspections. Note: the spill control plan also refers to car fluid spills.
- **Section 13**- The vehicle list submitted was missing the state of registration, the Manufacturer's GVWR, and the lease agreement from Bryan Gaston and Mother Nurture Composting Services. Please provide this 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



VEHICLE LEASE AGREEMENT

This Vehicle Lease Agreement ("Agreement") is made and entered into on this 1st day of October , 2024, by and between:

Lessor: Brett Gaston, hereinafter referred to as "Lessor,"

and

Lessee: Tiffany Gaston, owner of Mother Nurture Composting Services, hereinafter referred to as "Lessee."

1. Vehicle Details

The Lessor agrees to lease to the Lessee, and the Lessee agrees to lease from the Lessor, the following vehicle (the "Vehicle"):

- Make and Model: Ford F-250
- Year: 2006
- Vehicle Identification Number (VIN): 1FTSW21P36ED66898
- License Plate Number: CL22941

2. Lease Term

The lease term shall commence on the 1st day of October , 2024, and shall continue on a month-to-month basis unless terminated earlier by either party with thirty (30) days written notice.

3. Lease Payments

The Lessee agrees to pay the Lessor \$100 per month for the use of the Vehicle. Payments shall be due on the first (1st) day of each month and shall be paid by bank transfer.

4. Use of the Vehicle

- The Vehicle shall be used solely for business purposes related to Mother Nurture Composting Services.
- The Lessee shall not sublease, rent, or loan the Vehicle to any other party without prior written consent of the Lessor.

5. Maintenance and Repairs

- The Lessee is responsible for regular maintenance and minor repairs of the Vehicle during the lease term.

6. Termination

Either party may terminate this Agreement with thirty (30) days written notice. Upon termination, the Lessee shall return the Vehicle to the Lessor at a mutually agreed location.

7. Governing Law

This Agreement shall be governed by and construed in accordance with the laws of the State of DE.

8. Entire Agreement

This Agreement constitutes the entire agreement between the parties and supersedes any prior agreements or understandings, whether written or oral, concerning the Vehicle.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date first written above.

Lessor:

Name: Brett Gaston

Signature: Brett Gaston

Date: 10/1/2024

Lessee:

Name: Tiffany Gaston

Signature: Tiffany Gaston

Date: ~~10/1/2024~~ 10/1/2024



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 Mother Nurture Composting Services

Location Address:	Mailing Address:
1392 Wheatleys Pond Road Smyrna, DE	1392 Wheatleys Pond Road Smyrna, DE

Contact: Tiffany Gaston Title: Owner

Business Phone: 302-465-6520 Fax: _____

E-mail: mothernurturecompost@Gmail.com

24 hr Emergency Contact Phone: 302-465-6520

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 Ownership

(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 Delaware
 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) DisposalFaci

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.

I will be transporting food scraps in a Ford F-250 which would be below the weight rating required for these numbers.

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 SpillCo

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 DriverTrain

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 Tiffany Gaston Date 10/30/24
Print Name Tiffany Gaston Title Owner

****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).
- (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). Check for safety equipment
 - 2).
- (4) If there is an accident or other emergency which causes a portion of the load to be spilled, the driver, if uninjured, will contact the following designated company coordinator:
Name: Tiffany Gaston Phone: 302-465-6520
- (5) The designated coordinator will contact the state and municipal authorities where the accident occurred. If the accident or spill has the potential to cause environmental damage, (either due to the nature of the waste, location of the accident, or additional factors such as leaking oil, gasoline, or hydraulic fluid) the person contacted will notify the state emergency response team, by calling one of the following numbers:
Delaware: 911, (302) 739-9401 or 1-800-662-8802 (*Other numbers may be listed as follows, however, the listed Delaware numbers **must** be included in the spill control plan.*)
Maryland:
New Jersey:
- (6) The designated coordinator will contract for clean-up services with another company. (*This is optional, however, if another company is to be contracted, please append a list of cleanup companies by either region or state.*)
- (7) This plan will be carried in all vehicles, along with the permit.

VEHICLE LEASE AGREEMENT

This Vehicle Lease Agreement ("Agreement") is made and entered into on this _1st day of _October_, 2024, by and between:

Lessor: Brett Gaston, hereinafter referred to as "Lessor,"

and

Lessee: Tiffany Gaston, owner of Mother Nurture Composting Services, hereinafter referred to as "Lessee."

1. Vehicle Details

The Lessor agrees to lease to the Lessee, and the Lessee agrees to lease from the Lessor, the following vehicle (the "Vehicle"):

- Make and Model: Ford F-250
- Year: 2006
- Vehicle Identification Number (VIN): 1FTSW21P36ED66898
- License Plate Number: CL22941

2. Lease Term

The lease term shall commence on the _1st day of _October_, 2024, and shall continue on a month-to-month basis unless terminated earlier by either party with thirty (30) days written notice.

3. Lease Payments

The Lessee agrees to pay the Lessor \$100 per month for the use of the Vehicle. Payments shall be due on the first (1st) day of each month and shall be paid by bank transfer.

4. Use of the Vehicle

- The Vehicle shall be used solely for business purposes related to Mother Nurture Composting Services.
- The Lessee shall not sublease, rent, or loan the Vehicle to any other party without prior written consent of the Lessor.

5. Maintenance and Repairs

- The Lessee is responsible for regular maintenance and minor repairs of the Vehicle during the lease term.

6. Termination

Either party may terminate this Agreement with thirty (30) days written notice. Upon termination, the Lessee shall return the Vehicle to the Lessor at a mutually agreed location.

7. Governing Law

This Agreement shall be governed by and construed in accordance with the laws of the State of DE.

8. Entire Agreement

This Agreement constitutes the entire agreement between the parties and supersedes any prior agreements or understandings, whether written or oral, concerning the Vehicle.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date first written above.

Lessor:

Name: Brett Gaston

Signature: _____

Date: _____

Lessee:

Name: Tiffany Gaston

Signature: _____

Date: _____



USAA Casualty Insurance Company
 9800 Fredericksburg Road
 San Antonio, Texas 78288


CERTIFICATE OF INSURANCE

TIFFANY SEBASTIAN GASTON
 1392 WHEATLEYS POND RD
 SMYRNA DE 19977-3805

November 20, 2024

PLEASE NOTE:

If the need of this Certificate is discontinued before its expiration, please check the box below and return to:

 **Mail:** USAA Casualty Insurance Company
 9800 Fredericksburg Road
 San Antonio, Texas 78288

Discontinue issuing this Certificate of Insurance

The USAA Casualty Insurance Company of San Antonio, Texas, does hereby certify that the policyholder named above is insured as follows:

<u>Auto Policy Number</u>	<u>Vehicle Year Model & Trade Name</u>	<u>VIN</u>
CIC 037160073 7101	2006 FORD F250	1FTSW21P36ED66898
<u>Effective from</u>	<u>to</u>	<u>(12:01 a.m. standard time)</u>
October 4, 2024	April 4, 2025	
Limits of Liability	Bodily Injury Liability	\$25,000 each person/ \$50,000 each accident
	Property Damage Liability	\$500,000 each accident

This Certificate of Insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded by the above policy issued by USAA Casualty Insurance Company.

If the USAA Casualty Insurance Company elects to cancel this policy, the same advance notice as we give to the named insured will be given to:

Dept of Natural Resources and Environmental Control
 89 Kings Hwy
 Dover
 DE
 19901

Mother Nurture Composting Services

Ownership

Title	Name	DOB	% Ownership
Owner	Tiffany Gaston	[REDACTED]	100%

Delaware Location

1392 Wheatleys Pond Road Smyrna, DE 19977

Disposal Facilities

Name	Address
Shore Soils	Matapeake Farm Ln. Stevensville, MD
My Kitchen Harvest	137 W Knowlton Rd. Media, PA

Driver Training

As the owner/operator, I have been driving for 25 years.

The vehicle that I will be using for transport is a Ford F-250 and requires no special training.