

# RECEIPT

DATE 11/19/24No. 628142RECEIVED FROM LL Trucking Services\$ 350.00Three hundred fifty and  $\frac{00}{100}$  DOLLARS FOR RENT FOR New SW-2104 App

ACCOUNT	
PAYMENT	
BAL. DUE	

 CASH CHECK MONEY  
ORDER CREDIT  
CARDFROM 1003 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**

**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 LC TRUCKING SERVICES LLC

Location Address:	Mailing Address:
3062 BURSONVILLE RD	PO BOX 384
RIEGELSVILLE, PA 18077	OTTSVILLE, PA 18942

Contact: BRIANNE ROBBIND Title: OFFICE

Business Phone: 6105870000 Fax: \_\_\_\_\_

E-mail: LCTRUCKING@YAHOO.COM

24 hr Emergency Contact Phone: \_\_\_\_\_

**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: PA
- Other: (must specify) \_\_\_\_\_

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

Attachment \_\_\_\_\_

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

- Attachment \_\_\_\_\_
- No parent company

**5. Company locations in Delaware**

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

- Attachment \_\_\_\_\_
- No Delaware locations

**6. Company Affiliates**

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

- Attachment \_\_\_\_\_
- No affiliates

**7. Type of Waste to be Transported**

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

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

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

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

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

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

### 8. Treatment, Storage, and Disposal Facilities

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

- Delaware Solid Waste Authority locations: (attachment) \_\_\_\_\_
- Clean Earth of New Castle, Inc. (thermal treatment facility for PHC-soils)
- Delaware Recyclable Products, Inc. (dry waste, commercial, industrial, and PHC-soils)
- Other in-state solid waste facilities, including private facilities: (attachment) PA & NJ
- 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 PA
- 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 PA
- No transporter permits in other states

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

DOT# 93-4895158 MC# 1628015

- 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:

	<b>FOR-HIRE INTERSTATE</b>	<b>ALL OTHERS</b>
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 checked="" 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

**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  Date 10/20/2024  
Print Name DEMTROIS GIANNAKARIS 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

(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). PRE TRIP THE TRUCK
- 2). PRE TRIP THE TRAILER

(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: DEMETROIS GIANNAKARIS

Phone: 267-838-5290

(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

(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.

LICENSEE NAME

REPORT PREPARED FOR

JOHNNIE O MILLER JR

LC TRUCKING SERVICES  
3062 BURSONVILLE RD  
RIEGELSVILLE, PA 18077

LICENSE NUMBER	D.O.B.	SEX	HGT	WGT	EYES	HAIR	RACE	SOC.SEC	DONOR
M43584077609612									
CLASS	ORIG. ISSUED	ISSUED			EXPIRES		LIC TYPE		
A					2025-09-18		COMMERCIAL		
STATUS	RESTRICTIONS				ENDORSEMENTS				
VALID	CORRECTIVE LENSES								
REINST DATE	PRIOR STATE	PRIOR DL#	PRIOR DL STATUS		C.D.L.ISSUED		C.D.L.STATUS		
SECONDARY LIC.	NON-RESIDENT MILITARY			OTHER STATE LIC.		OTHER STATE		POINTS	

Messages(7)

Cust Pts:

- 12/19/2023 POINT CREDIT-ANNUAL SAFE DRIVING (- 2 POINTS)
- 6/12/2023 CDL CLEARANCE NOTICE
- 5/8/2023 MEDCERT EXPIRATION COURTESY NOTICE
- 12/19/2022 POINT CREDIT-ANNUAL SAFE DRIVING (- 3 POINTS)
- 12/19/2021 POINT CREDIT-ANNUAL SAFE DRIVING (- 3 POINTS)
- 9/21/2021 CDL CLEARANCE NOTICE

Accidents(1)

Accident

IssueDate: 2022-02-21  
Description: \*\*\* ACCIDENT \*\*\*  
EventType: ACCIDENT

Violations

\*\*\* None to report \*\*\*

Suspensions(2)

**Suspension** 2020-12-19  
2020-12-19  
MailDate: 2020-12-19  
EventType: SUSPENSION  
OrderedDate: 2020-12-19  
StartDate: 2020-12-19

Location

State: NJ

Incident

ACDCCode: --  
Description: REG RESTOR FEE PAYMENT- WEB/CREDIT  
IncidentNum: 0

**Suspension** 2020-12-19  
2020-12-19  
MailDate: 2020-12-19  
EventType: SUSPENSION  
OrderedDate: 2020-12-19  
StartDate: 2020-12-19

Location

State: NJ

**Incident**

ACDCode: --  
Description: LICENSE REST FEE PAYMT- WEB/CREDIT  
IncidentNum: 0

**MedicalCertInfos(1)****MedicalCertInfo**

ExpirationDate: 2025-06-02  
Issued: 2023-06-02  
MedStatus: CERTIFIED  
CertStatus: NON-EXCEPTED INTERSTATE  
ExaminerName: JOHN MAINIERO  
ExaminerJuris: NJ  
ExaminerPhone: 856 691 5900  
ExaminerSpecialtyCode: CH  
ExaminerLicNum: 38MC00473400  
ExaminerRegNum: 1371498491

**LicenseInfos****LicenseInfo**

Class: A  
ClassDescription: CLASS A COMMERCIAL VEH > 26K LBS. MAY TOW ANOTHER VEHICLE > 10K LBS.  
LicenseType: COMMERCIAL  
LicenseStatus: VALID  
Expiration: 2025-09-18

**LicenseInfo**

Class: D  
ClassDescription: CLASS D NON-COMMERCIAL ANY NON COMMERCIAL VEHICLES  
LicenseType: PERSONAL  
LicenseStatus: VALID  
Expiration: 2025-09-18

\*\* END OF RECORD \*\*



**PENNSYLVANIA DEPARTMENT OF TRANSPORTATION  
BUREAU OF DRIVER LICENSING**

3-YEAR DRIVER'S HISTORY

OCT 14 2024

FULL LEGAL NAME:	DRIVER'S LICENSE NO:	28242098
ARSENIO ALARCON	REAL ID:	NONE
EXPANDED NAME:		
ARSENIO	TRUNC: U	TRANSLIT: U
	TRUNC:	TRANSLIT:
ALARCON	TRUNC: U	TRANSLIT: U
1211 S 13TH ST	DATE OF BIRTH:	MAR 11 1975
PHILADELPHIA , PA 19147	SEX:	MALE
	RECORD TYPE:	REG LIC/ID
	VETERAN STATUS:	NOT DECLARED

DRIVER LICENSE (DL)

LICENSE CLASS:  
LICENSE ISSUE DATE: MAY 29 2024  
LICENSE EXPIRES:  
ORIG ISSUE DATE: OCT 26 2004  
MED RESTRICTIONS: NONE  
LEARNER PERMITS:  
LICENSE STATUS: VALID  
CDL MED SELF CERT: NON-EXCEPTED INTERSTATE

COMMERCIAL DRIVER LICENSE (CDL)

CDL LICENSE CLASS: A\*  
CDL LICENSE ISSUED: FEB 23 2011  
CDL LICENSE EXPIRES: MAR 12 2025  
CDL ENDORSEMENTS: X  
CDL RESTRICTIONS: Q  
CDL LEARNER PERMITS:  
CDL LICENSE STATUS: VALID  
CDL LIC DOWNGRADED:

SB ENDORSEMENT:

OCCUPATIONAL LIMITED LICENSE (OLL)

OLL LICENSE CLASS:  
OLL LICENSE ISSUED:  
OLL LICENSE EXPIRES:  
OLL LICENSE STATUS:

PROBATIONARY LICENSE (PL)

PL LICENSE CLASS:  
PL LICENSE ORIG ISS:  
PL LICENSE ISSUED:  
PL LICENSE EXPIRES:  
PL LICENSE STATUS:

INTERLOCK LIMITED LICENSE (IILL)

IILL LICENSE CLASS:  
IILL LICENSE ISSUED:  
IILL LICENSE EXPIRES:  
IILL LICENSE STATUS:

MEDICAL EXAMINER (ME)

ME NAME: TARA NEMETZ  
ME TELEPHONE: (215)467-5800

MEDICAL CERTIFICATE (MC)

LICENSE NUMBER: 28242098

PAGE: 2

MC STATUS: CERTIFIED  
MC ISSUED: MAY 28 2024  
MC EXPIRES: MAY 28 2026

MC RESTRICTIONS: WEARING CORRECTIVE LENSES  
ME REGISTRY NO: 6742174004  
ME LICENSE NO: MA061484  
ME SPECIALITY CODE: PHYSICIAN ASSISTANT  
ME LICENSING JURISDICTION CODE: PA

SKILL PERFORMANCE EVALUATION (SPE)

SPE EFFECTIVE:  
SPE EXPIRES:

WAIVER/EXEMPT (W/E)

W/E EFFECTIVE:  
W/E EXPIRES:

**REPORT OF VIOLATIONS AND DEPARTMENTAL ACTIONS**

NO VIOLATIONS OR DEPARTMENTAL ACTIONS DURING THIS REPORTING PERIOD

**REPORT OF MEDICALS AND DEPARTMENTAL ACTIONS**

NO MEDICALS OR DEPARTMENTAL ACTIONS DURING THIS REPORTING PERIOD

**REPORT OF ACCIDENTS AND DEPARTMENTAL ACTIONS**

NO ACCIDENTS DURING THIS REPORTING PERIOD

\*\*\*END OF RECORD\*\*\*

WID#: 242882650021214-001

PROCESSED: 10/14/2024



# CERTIFICATE OF LIABILITY INSURANCE

Date 11/08/2024

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 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  Brooke Leidtke Cornerstone Insurance Management LLC 1635 N Fifth St Suite 1, Pennsylvania 18944	CONTACT NAME: Brooke Leidtke		
	PHONE (A/C No. Ext): (215) 721-2000	FAX (A/C No.):	
EMAIL ADDRESS: brooke@cornerstone.insure			
INSURED  LC TRUCKING SERVICES LLC PO BOX 384, OTTSVILLE, PA, 18942	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A:	Cover Whale as Coverholder for Certain Underwriters at Lloyd's	15792
	INSURER B:	Everspan Indemnity Insurance Company	16882
	INSURER C:	SCOR SE as A.M. Best Ultimate Parent of General Security Indemnity Company of Arizona	20559
	INSURER D:		
	INSURER E:		
INSURER F:			

### COVERAGES

### CERTIFICATE NUMBER:

### REVISION NUMBER:

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME ABOVE THE POLICY PERIOD INDICATED. NOT WITHSTANDING ANY REQUIREMENT, THEM 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			TPM4648912-00	05/05/2024	05/05/2025	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP(Any one person) \$5,000 PERSONAL & AVD INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000.00 PRODUCTS-COMP/OG AGG \$2,000,000.00 \$
	GEN'L AGGREGATE LIMITS APPLY PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			CW3EVE-001285-01	05/05/2024	05/05/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000.00 BODILY INJURY(per person) \$ BODILY INJURY(per accident) \$ PROPERTY DAMAGE (per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTIONS \$ Lorem ipsum						
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETIER/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	Motor Truck Cargo						Limit Deductible
D	Automobile Physical Damage			498464522747-00	05/05/2024	05/05/2025	LIMIT \$148,000.00

### DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

- VIN:1XPVDP9X6ED233608, Year: 2014, Make: PETERBILT, Model: 384, Value: \$25,000.00
- VIN:1XPBDP9X5ND826525, Year: 2022, Make: PETERBILT, Model: 375, Value: \$111,000.00
- VIN:1E1U1Y2876RJ37900, Year: 2006, Make: EAST MANUFACTURING CORP., Model: East Manufacturing Corp, Value: \$6,000.00
- VIN:1E1U1X284YRH27201, Year: 2004, Make: EAST MANUFACTURING CORP., Model: East Manufacturing Corp, Value: \$6,000.00

### CERTIFICATE HOLDER

### CANCELLATION

Department of Natural Resources and Environmental Control Compliance and 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 
---	--

FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION  
ACCEPTANCE REPORT

<b>USER ID:</b>	CWIS
<b>TRANSMISSION NUMBER:</b>	WEB56167
<b>TRANSMITTED ON:</b>	06/30/2024 07:05:53
<b>COMPANY NAME:</b>	EVERSPAN INDEMNITY INSURANCE COMPANY
<b>SUBMITTED BY:</b>	EVERSPAN INDEMNITY INSURANCE COMPANY (28863-00)

Docket	Form/Type	Policy Number	Effective Date	Action
MC-1628015	BMC-91X/BIPD	CW3EVE-001285-01	05/06/2024	ACCEPTED

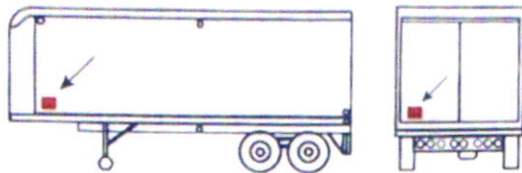
Values in FMCSA Licensing & Insurance Database

<b>Legal Name:</b>	LC TRUCKING SERVICES LLC
<b>DBA Name:</b>	
<b>Address:</b>	3062 BURSONVILLE RD
	RIEGLSVILLE PA US 18077
	PO BOX 384
	OTTSVILLE PA US 18942
<b>91X Coverage(Type/Max/Underlying):</b>	Primary / \$750,000 / \$0

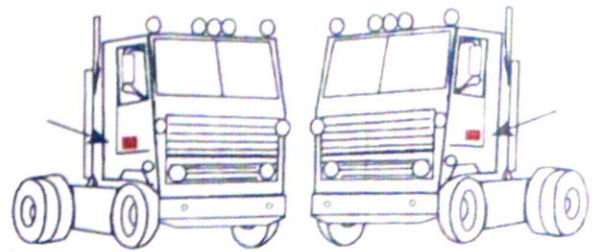
Total: 1

Apply stickers to a clean, dry surface. It may take 24 hours for adhesive to reach full tack. Do not remove stickers once they are applied.

Waste Trailers



Trucks and Truck Tractors



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

THIS DOCUMENT INCLUDES PRINTED WATERMARK ON REVERSE. HOLD AT ANGLE TO VIEW.



**COMMONWEALTH OF PENNSYLVANIA**  
**Waste Transportation Safety Program**  
**Written Authorization**

4171255252

Phone No. (610) 587-0000

VIN# 1XPBDP9X5ND826525  
 WH24171  
 Expires May 2025

LC TRUCKING SERVICES, LLC  
 BRIANNE ROBBINS  
 PO BOX 384  
 OTTSVILLE, PA 18942-0384

**THIS WRITTEN AUTHORIZATION MUST BE KEPT WITH THE WASTE TRANSPORTATION VEHICLE AT ALL TIMES.**  
 If lost or damaged contact DEP immediately at 717-783-9258  
 A replacement fee is required  
 Duplication or Photocopies of this original documentation are not valid.

DOCUMENT SECURITY BACKGROUND IS PRINTED IN BLUE INK ON WHITE PAPER & INCLUDES PINK THERMO-INK KEYSTONE AT RIGHT

**CAUTION! REMOVE STICKERS CAREFULLY.**

Applied stickers take 24 hours to reach full tack



**APPLICATION INSTRUCTIONS**

1. Clean Surface To Which Sticker Will be Applied of Dirt, Grease or Oily Substances.
2. Remove Sticker From Corner Sheet.
3. Position Sticker, Then Press Firmly Until Tightly Affixed To Surface





## Davis, DaQuan (DNREC)

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**From:** LC Trucking <lctrucking24@yahoo.com>  
**Sent:** Wednesday, November 20, 2024 1:57 PM  
**To:** WHStranporters  
**Subject:** Re: Delaware Solid Waste Transporter Permit

On Wednesday, November 20, 2024 at 01:43:04 PM EST, WHStranporters <whstranporters@delaware.gov> wrote:

Hi Ms. Robbind,

Thank you for applying to obtain a 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 is missing Demetrois Giannakaris date of birth, mailing address, and percentage of ownership. Please provide this information. **DEMETROIS GIANNAKARIS, 100% OWNERSHIP, [REDACTED], [REDACTED], [REDACTED], [REDACTED]**
- **Section 8**- What is the name and address of the Transfer Storage Disposal facility in Delaware? **DRPI LANDFILL, 198 MARSH LANE, NEW CASTLE DE 19720**
- **Section 8**- Does LC Trucking use any Transfer Storage Disposal facilities in NJ or PA? If so, please provide the facility name and address. **LANDFILLS WE HAUL TO ARE WASTE MANAGEMENT FAIRLESS HILLS 1400 BORDENTOWN RD MORRISVILLE PA 19067, REPUBLIC CONESTOGA 420 QUARRY RD MORGANTOWN PA**
- **Section 9(b)**- Does LC Trucking have any other state solid waste permit besides PA and DE? **PA AND NJ**

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

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