RECEIPT

DATE 12/11/24 No. 628158

RECEIVED FROM Accu-ale Recycling Corp. $ 950.00

Nine hundred fifty and 00/100 DOLLARS

○ FOR RENT
○ FOR DE-SW-1443

ACCOUNT		
PAYMENT		
BAL. DUE		

○ CASH
☒ CHECK
○ MONEY ORDER
○ CREDIT CARD

FROM 133640 TO

BY M.M.

3-11

RECEIVED
DEC 11 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- 1443 Expiration Date 4-31-25

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	ALL OTHERS
☐ One Year - $75.00	☐ One Year - $350.00
☐ Two Years - $125.00	☐ Two Years - $650.00
☐ Three Years - $175.00	☒ Three Years - $950.00
☐ Four Years - $225.00	☐ Four Years - $1250.00
☐ Five Years - $275.00	☐ 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 Accurate Recycling Corp.

Location Address:	Mailing Address:
508 E. Baltimore Ave	same
Lansdowne PA 19050	

Contact: Dan Lasensky Title: V. P.

Business Phone: 610-623-7772 Fax: _____

E-mail: drew@accuratenecycling.com

24 hr Emergency Contact Phone: 610-623-7772

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: Lansdowne State: PA 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) _____
☐ 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) Revolution Recovery
☐ 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# 342936 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 ☐	$350,000.00 ☐
Commercial Waste	$750,000.00 + MCS-90 ☐	$350,000.00 ☒
Industrial Waste	$750,000.00 + MCS-90 ☐	$350,000.00 ☐
Dry Waste	$750,000.00 + MCS-90 ☐	$350,000.00 ☒
Ash	$750,000.00 + MCS-90 ☐	$350,000.00 ☐
Infectious Waste	$1,000,000.00 + MCS-90 ☐	$750,000.00 + MCS-90 ☐
Non-Hazardous Petroleum Contaminated Soils	$750,000.00 + MCS-90 ☐	$350,000.00 ☐
Asbestos	$1,000,000.00 + MCS-90 ☐ (For Hire & Private)	$350,000.00 ☐
Scrap Tires Only	$350,000.00 ☐	$350,000.00 ☐

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 X

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 X

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 12/4/24

Print Name DAN LASERSKY Title VP

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

	A	B	C	D	E	F	G
1	MAKE-YEAR		TYPE	VIN#	PLATE	STATE	GVWR
2							
3	25. MACK 2021		ROLL-OFF	1M2GR3GC7MM020892	AG77378	PA	73280
4	26. MACK 2022		ROLL-OFF	1M2GR3GC5NM026448	AG31231	PA	73280
5	27. MACK 2022		ROLL-OFF	1M2GR3GC6NM031111	AG67452	PA	73280
6	28. MACK 2024		ROLL-OFF	1M2GR3GC3RM040676	AH46565	PA	73280
7	42. MACK 2011		ROLL-OFF	1M2AX04C6BM009765	AH00427	PA	73280
8	44. MACK 2013		ROLL-OFF	1M2AX04C5DM014118	AH09196	PA	73280
9	45. MACK 2015		ROLL-OFF	1M2AX04C7FM022630	AH15001	PA	73280
10	46. MACK 2015		ROLL-OFF	1M2AX04C3FM023421	AH09197	PA	73280
11	47. MACK 2019		ROLL-OFF	1M2GR3GC4KM008793	AG78515	PA	73280
12	48. MACK 2020		ROLL-OFF	1M2GR3GC0LM011868	AG75366	PA	73280
13	49. MACK 2020		ROLL-OFF	1M2GR3GC8LM015215	AG93770	PA	73280

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).
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: Phone:

(5) The designated coordinator will contact the state and municipal authorities where the accident occurred. If the accident or spill has the potential to cause environmental damage, (either due to the nature of the waste, location of the accident, or additional factors such as leaking oil, gasoline, or hydraulic fluid) the person contacted will notify the state emergency response team, by calling one of the following numbers:

Delaware: 911, (302) 739-9401 or 1-800-662-8802 (*Other numbers may be listed as follows, however, the listed Delaware numbers* ***must*** *be included in the spill control plan.*)
Maryland:
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.

David Lasensky – President

[redacted]

81.80%

Michael Carey – GM/Secretary

[redacted]

12.7%

Edward Carey – Treasurer

[redacted]

5.5%

SPILL CONTROL PLAN FOR NON-HAZARDOUS SOLID WASTE TRANSPORTERS

ALL PERMITTED TRANSPORTERS MUST PREPARE
AND
CARRY A SPILL CONTROL PLAN IN EACH VEHICLE

At a minimum, the following information is required. You may attach additional pages or submit your company's prepared spill control plan.

1. A list all safety equipment carried in each vehicle, including spill containment and control materials.

√	Safety Equipment in the Vehicle	√	Safety Equipment in the Vehicle, continued
	Emergency reflective triangles and/or flares		
	Fire extinguisher		
	First aid kit		
	Wheel Chocks		
	Gloves		
	Reflective Vest		
	Hard hat		
	Flashlight		

2. The transporter acknowledges that all loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the treatment, storage, disposal or recycling facility.

3. The transporter acknowledges that in the event of an accident, the driver, if able, will contact the company's designated coordinator(s) listed under "EMERGENCY CONTACTS, COMPANY COORDINATOR(S)."

4. The transporter acknowledges that if a company coordinator cannot be reached, or there is none, the driver is responsible for contacting state and municipal authorities where the accident occurred.

5. In the event an incident causes any portion of a load to be spilled, or if there is a release of vehicle fluids, the transporter acknowledges that they are responsible for containing the release, proper management of all resulting waste, and any required remediation.

6. Explain the measures to be taken to contain any spilled waste. In the case of vehicle fluids, explain how the spill will be prevented from entering sewers or storm drains, or spreading from the spill location into adjoining soils or waterways.

_____

_____

_____

_____

_____

_____

Accurate Recycling Corp
508 Baltimore Ave
Lansdowne, PA. 19050
610-623-7772
Fax 610-623-0892

Spill Control Plan for Accurate Recycling Trucks

1. Spill control & safety equipment carried in each Accurate Recycling Corp. vehicles
    a. Reflectors
    b. Fire extinguisher
    c. Gloves, hard hat & reflective vest
    d. spill kit from New Pig Company (Item # KIT223)
2. All loads will be enclosed and tarped to prevent accidental discharge of waste during transport to the disposal facility
3. Driver will perform a pre-trip inspection before each haul that include
    a. Make sure tarp is tie up
    b. Nothing is on the borders or runners of the truck that could come out of load
    c. Make sure all the safety equipment is on the truck and all lights are working
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
    a. Daniel Lasensky 610-636-0646
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 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:
    a. Delaware: 911, (302)739-9401, 1-800-662-8802
6. This plan will be carried in all vehicles, along with the permit

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/01/2024

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
Hatfield Group LLC
311 Sumneytown Pike
Suite 1F
North Wales PA 19454-

CONTACT NAME: David S
PHONE (A/C, No, Ext): (215)699-6671 FAX (A/C, No): (215)699-5509
E-MAIL ADDRESS: davids@hatfield-group.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Clearspring American Ins Co.	
INSURER B : Motorist Mutual Insurance Co	14621
INSURER C : Tokio Marine Specialty Ins Co	23850
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Accurate Recycling Corporation
508 E Baltimore Ave
Lansdowne PA 19050-

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		
B	X COMMERCIAL GENERAL LIABILITY	X	X	5000766961	03/01/2024	03/01/2025	EACH OCCURRENCE	$	1,000,000
	X CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	300,000
	X Blkt Addt'l Insd						MED EXP (Any one person)	$	10,000
	X Primary & NonContrib						PERSONAL & ADV INJURY	$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$	2,000,000
	OTHER:							$	
B	AUTOMOBILE LIABILITY	X	X	5000766961	03/01/2024	03/01/2025	COMBINED SINGLE LIMIT (Ea accident)	$	1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$	
	X Tlr Interchg						Trailer Interchange	$	25,000
B	UMBRELLA LIAB X OCCUR		X	5000832999	03/01/2024	03/01/2025	EACH OCCURRENCE	$	2,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	2,000,000
	DED RETENTION $							$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCA00883917	01/01/2024	01/01/2025	X PER STATUTE OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N: Y (Mandatory In NH)	N / A					E.L. EACH ACCIDENT	$	500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	500,000
							E.L. DISEASE - POLICY LIMIT	$	500,000
B	Cargo Liability			5000766961	03/01/2024	03/01/2025	Cargo Liability Limits		100,000
C	Site/Trans Pollution Liability			PPK2662158	03/01/2024	03/01/2025	Poll Liability Limits		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is included as additional insured with respect to general liability as required by written contract and forms. General liability is primary and noncontributory. Excess follows underslying form in regards to additional insured status.

CERTIFICATE HOLDER

Delaware Solid Waste Authority
1128 South Bradford Street
Dover DE 19904-

Fax: (302)739-4287

CANCELLATION

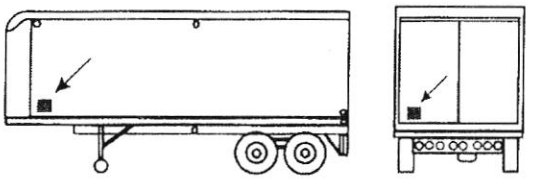
AI 100407

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

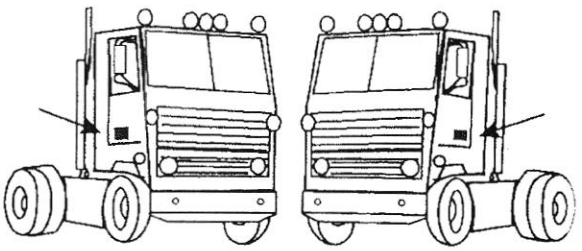
AUTHORIZED REPRESENTATIVE

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.

161

COMMONWEALTH OF PENNSYLVANIA

0126258921

Waste Transportation Safety Program
Written Authorization

Phone No. (610) 623-7772

VIN# 1M2GR3GC7MM020892
WH0126
Expires Aug 2025

ACCURATE RECYCLING CORP.
MICHAEL CAREY
508 E BALTIMORE AVE
LANSDOWNE, PA 19050-2508

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.

25

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

CAUTION! REMOVE STICKERS CAREFULLY.

25

Applied stickers take 24 hours to reach full tack

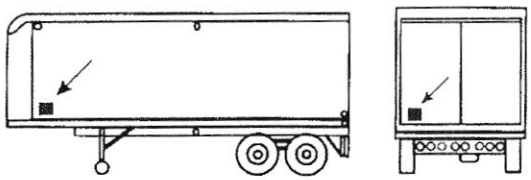
PEEL HERE

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

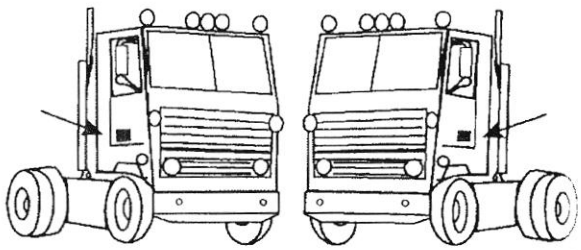
PEEL HERE

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.

160

COMMONWEALTH OF PENNSYLVANIA

0126254481

Waste Transportation Safety Program
Written Authorization

Phone No. (610) 623-7772

VIN# 1M2GR3GC5NM026448
WH0126
Expires Aug 2025

ACCURATE RECYCLING CORP.
MICHAEL CAREY
508 E BALTIMORE AVE
LANSDOWNE, PA 19050-2508

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.

26

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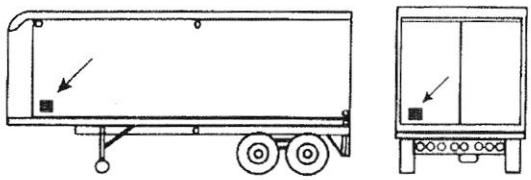
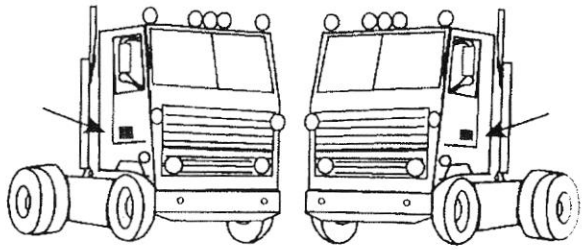
Waste Trailers



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.

151

COMMONWEALTH OF PENNSYLVANIA

0126251111

Waste Transportation Safety Program
Written Authorization

Phone No. (610) 623-7772

VIN# 1M2GR3GC6NM031111
WH0126
Expires Aug 2025

ACCURATE RECYCLING CORP.
MICHAEL CAREY
508 E BALTIMORE AVE
LANSDOWNE, PA 19050-2508

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.

27

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

PEEL HERE

APPLICATION INSTRUCTIONS
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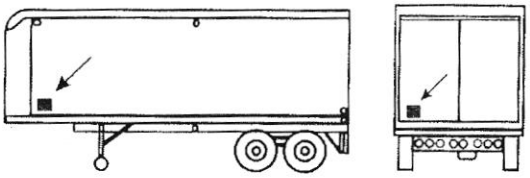
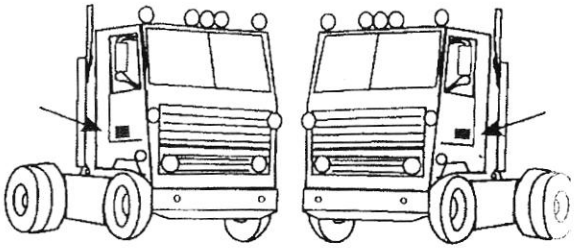


Trucks and Truck Tractors



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156

COMMONWEALTH OF PENNSYLVANIA

0126256761

Waste Transportation Safety Program
Written Authorization

Phone No. (610) 623-7772

VIN# 1M2GR3GC3RM040676
WH0126
Expires Aug 2025

ACCURATE RECYCLING CORP.
MICHAEL CAREY
508 E BALTIMORE AVE
LANSDOWNE, PA 19050-2508

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28

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PEEL HERE

PEEL HERE

42

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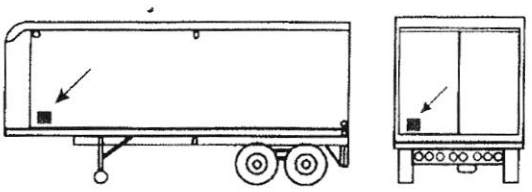
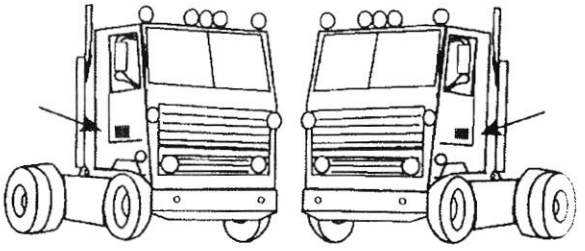


Trucks and Truck Tractors



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158

COMMONWEALTH OF PENNSYLVANIA

0126257651

Waste Transportation Safety Program
Written Authorization

Phone No. (610) 623-7772

VIN# 1M2AX04C6BM009765
WH0126
Expires Aug 2025

ACCURATE RECYCLING CORP.
MICHAEL CAREY
508 E BALTIMORE AVE
LANSDOWNE, PA 19050-2508

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42

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42

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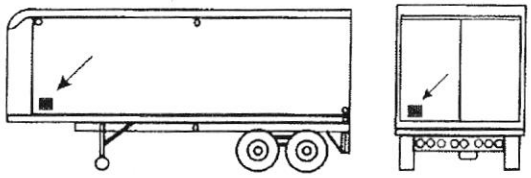
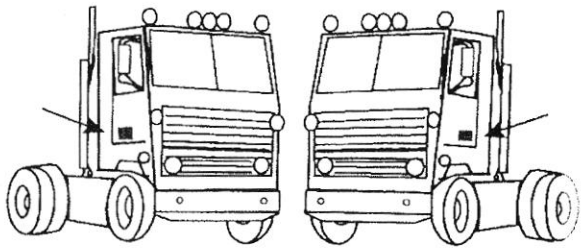


Trucks and Truck Tractors



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152

COMMONWEALTH OF PENNSYLVANIA

0126251181

Waste Transportation Safety Program
Written Authorization

Phone No. (610) 623-7772

VIN# 1M2AX04C5DM014118
WH0126
Expires Aug 2025

ACCURATE RECYCLING CORP.
MICHAEL CAREY
508 E BALTIMORE AVE
LANSDOWNE, PA 19050-2508

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44

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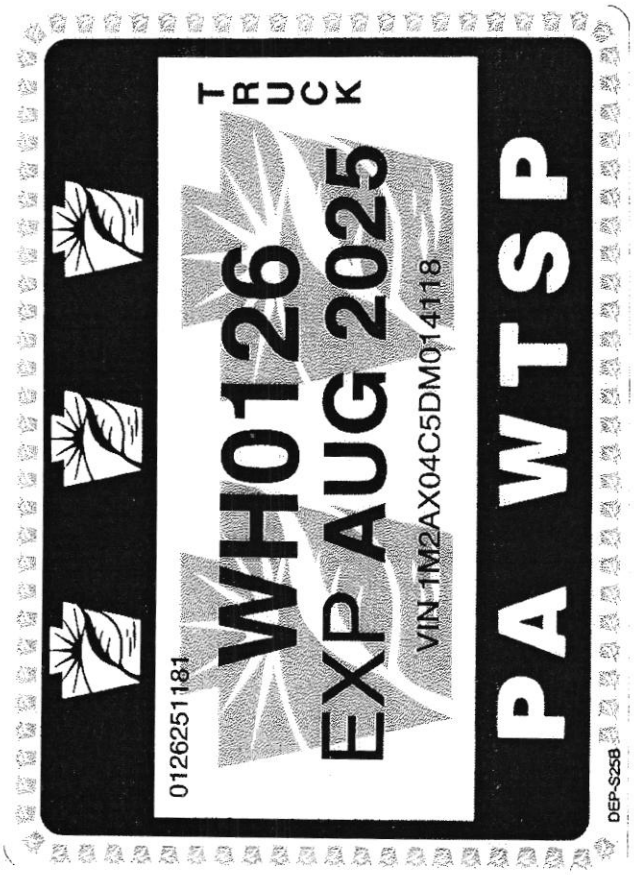

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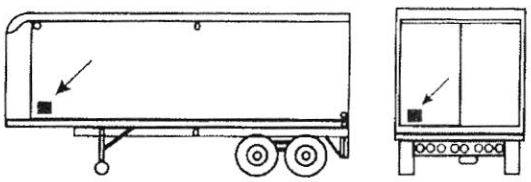
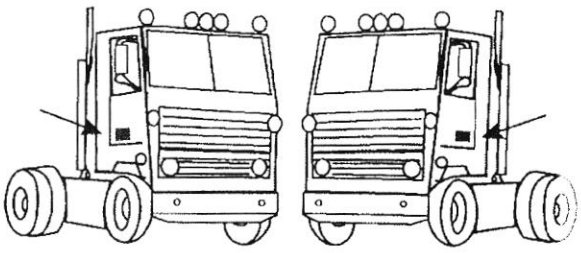


Trucks and Truck Tractors



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155

COMMONWEALTH OF PENNSYLVANIA

0126256301

Waste Transportation Safety Program
Written Authorization

Phone No. (610) 623-7772

VIN# 1M2AX04C7FM022630
WH0126
Expires Aug 2025

ACCURATE RECYCLING CORP.
MICHAEL CAREY
508 E BALTIMORE AVE
LANSDOWNE, PA 19050-2508

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HS

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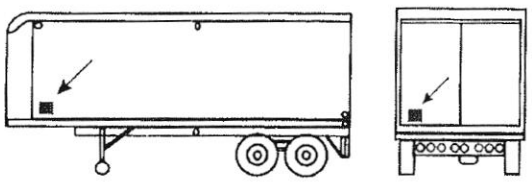
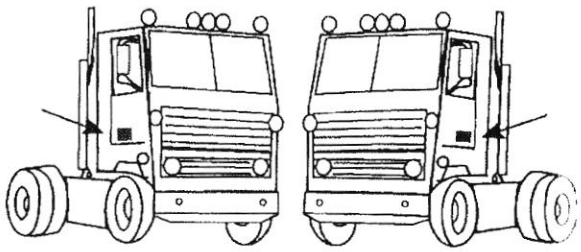


Trucks and Truck Tractors



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154

COMMONWEALTH OF PENNSYLVANIA

0126254211

Waste Transportation Safety Program
Written Authorization

Phone No. (610) 623-7772

VIN# 1M2AX04C3FM023421
WH0126
Expires Aug 2025

ACCURATE RECYCLING CORP.
MICHAEL CAREY
508 E BALTIMORE AVE
LANSDOWNE, PA 19050-2508

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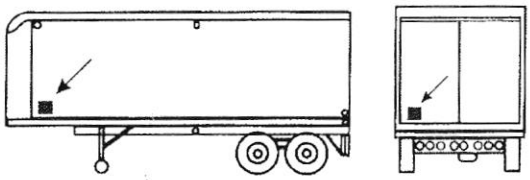
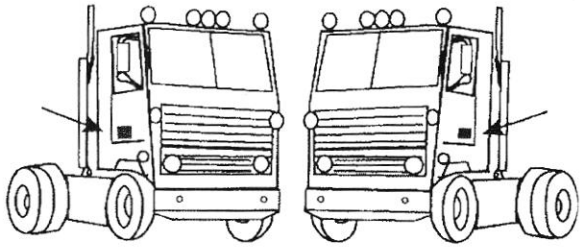


Trucks and Truck Tractors



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162

COMMONWEALTH OF PENNSYLVANIA

0126257931

Waste Transportation Safety Program
Written Authorization

Phone No. (610) 623-7772

VIN# 1M2GR3GC4KM008793
WH0126
Expires Aug 2025

ACCURATE RECYCLING CORP.
MICHAEL CAREY
508 E BALTIMORE AVE
LANSDOWNE, PA 19050-2508

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47

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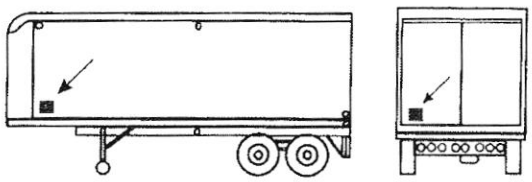
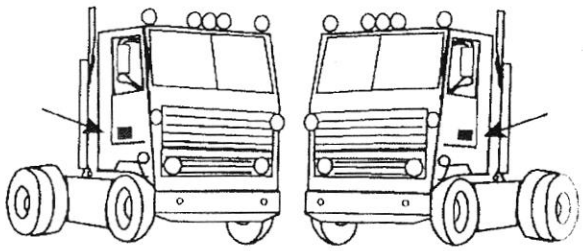


Trucks and Truck Tractors



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159

COMMONWEALTH OF PENNSYLVANIA

0126258681

Waste Transportation Safety Program
Written Authorization

Phone No. (610) 623-7772

VIN# 1M2GR3GC0LM011868
WH0126
Expires Aug 2025

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MICHAEL CAREY
508 E BALTIMORE AVE
LANSDOWNE, PA 19050-2508

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48

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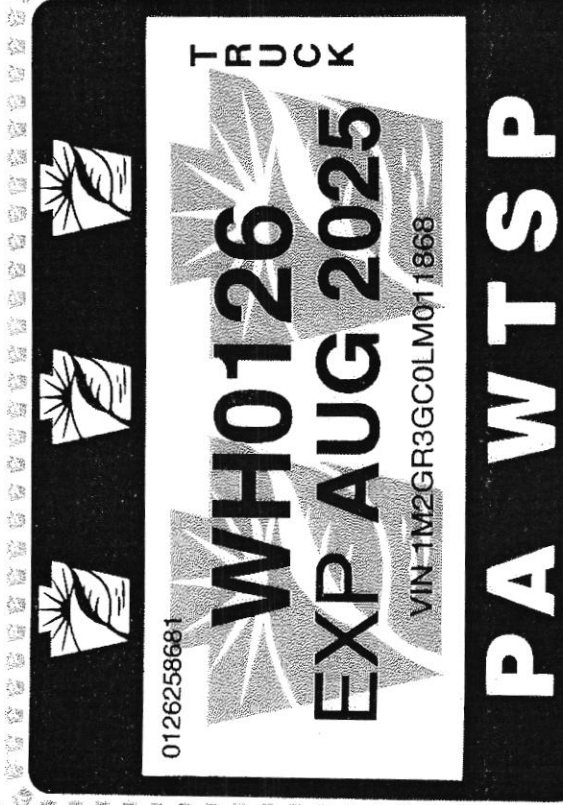

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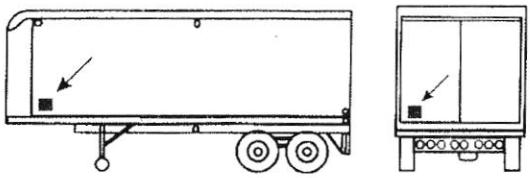
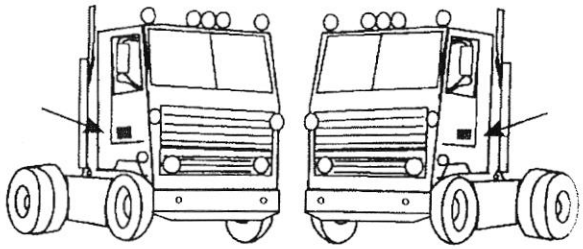


Trucks and Truck Tractors



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157

COMMONWEALTH OF PENNSYLVANIA

0126252151

Waste Transportation Safety Program
Written Authorization

Phone No. (610) 623-7772

VIN# 1M2GR3GC8LM015215
WH0126
Expires Aug 2025

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LANSDOWNE, PA 19050-2508

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PEEL HERE

Davis, DaQuan (DNREC)

From: Drew Barker <Drew@ACCURATERECYCLING.COM>
Sent: Friday, December 13, 2024 1:19 PM
To: WHStransporters
Subject: FW: Accurate Recycling Scanned Doc
Attachments: 20241213130744052.pdf

Hey DaQuan,

I appreciate you for the time you have spent helping me get this application filled out properly, I just copied the way previous submissions were filled out and that was my mistake.

The last page is the corrections you requested.

Thanks again and have a great weekend.

Drew Barker

Drew Barker
610-623-3700
Accuraterecycling.com
drew@accuraterecycling.com

-----Original Message-----
From: scans@accuraterecycling.com <scans@accuraterecycling.com>
Sent: Friday, December 13, 2024 1:08 PM
To: Drew Barker <Drew@ACCURATERECYCLING.COM>
Subject: Accurate Recycling Scanned Doc

This E-mail was sent from "RNP583879ABB763" (IM 370).

Scan Date: 12.13.2024 13:07:43 (-0500)
Queries to: scans@accuraterecycling.com

Davis, DaQuan (DNREC)

From: Davis, DaQuan (DNREC) on behalf of WHStransporters
Sent: Thursday, December 12, 2024 3:43 PM
To: 'Drew Barker'
Subject: RE: Delaware Solid Waste Transporter Permit Application

Categories: Egress Switch: Unprotected

Hi,

Thank you for providing that information but I will need the driver training corrected.

- **Section 12**- Please update driver training and include the requirements below:

  (a). 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.

From: Drew Barker <Drew@ACCURATERECYCLING.COM>
Sent: Thursday, December 12, 2024 3:08 PM
To: WHStransporters <WHStransporters@delaware.gov>
Subject: RE: Delaware Solid Waste Transporter Permit Application

Hi DaQuan,

I apologize for the holes in my earlier submission, I think I nailed it down this time.

Please let me know if there is anything else I missed.

Thank you

Drew Barker

ACCURATE RECYCLING CORP.
LANSDOWNE, PA 19050

Drew Barker
610-623-3700
Accuraterecycling.com
drew@accuraterecycling.com

From: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> **On Behalf Of** WHStransporters
Sent: Thursday, December 12, 2024 10:52 AM
To: Drew Barker <Drew@ACCURATERECYCLING.COM>
Cc: Dan Lasensky <Dan.Lasensky@ACCURATERECYCLING.COM>
Subject: Delaware Solid Waste Transporter Permit Application

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(b)-** Your ownership information missing Dan Lasensky's name, title, date of birth, and mailing address. Anyone who signs the application must be listed in the 4(b) attachment or area. Please update your ownership information and send it back.
- **Section 4(c)-** Do you have a parent company?
- **Section 10-** Are you interstate or intrastate? As you checked both on the application.
- **Section 10**- Provide an updated 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 12**- Please provide driver training. Requirements include:

  (a). 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.

- **Section 13**- Who owns the Vehicle listed in your vehicle list?

- **Section 14**-You did not provide a list of vehicle operators.

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

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- 1443 Expiration Date 4-31-25

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	ALL OTHERS
☐ One Year - $75.00	☐ One Year - $350.00
☐ Two Years - $125.00	☐ Two Years - $650.00
☐ Three Years - $175.00	☒ Three Years - $950.00
☐ Four Years - $225.00	☐ Four Years - $1250.00
☐ Five Years - $275.00	☐ 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 Accurate Recycling Corp.

Location Address:	Mailing Address:
508 E. Baltimore Ave	same
Lansdowne PA 19050	

Contact: Dan Lasensky Title: V. P.

Business Phone: 610-623-7772 Fax:

E-mail: Dan@accuratecycling.com

24 hr Emergency Contact Phone: 610-623-7772

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: Lansdowne State: PA 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) _____
☐ 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) Revolution Recovery
☐ 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# 342936 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 ☐	$350,000.00 ☐
Commercial Waste	$750,000.00 + MCS-90 ☐	$350,000.00 ☒
Industrial Waste	$750,000.00 + MCS-90 ☐	$350,000.00 ☐
Dry Waste	$750,000.00 + MCS-90 ☐	$350,000.00 ☒
Ash	$750,000.00 + MCS-90 ☐	$350,000.00 ☐
Infectious Waste	$1,000,000.00 + MCS-90 ☐	$750,000.00 + MCS-90 ☐
Non-Hazardous Petroleum Contaminated Soils	$750,000.00 + MCS-90 ☐	$350,000.00 ☐
Asbestos	$1,000,000.00 + MCS-90 ☐ (For Hire & Private)	$350,000.00 ☐
Scrap Tires Only	$350,000.00 ☐	$350,000.00 ☐

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 X

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 X

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 12/4/24

Print Name DAN LASENSKY Title VP

*****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). every morning a pre trip is preformed
2). every afternoon a post trip is preformed

(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: Drew Barker Phone: 610-623-7772

(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.

	DRIVER LIST		[redacted]				[redacted]	
1	Godofredo	Arita		07/26/21	Driver	PA		Lansdowne
9	Hugo	Fleitas		04/29/61	Driver	PA		Lansdowne
14	Luis	Mendoza		02/06/23	Driver	PA		Lansdowne
15	Jonathon	Matos		07/13/22	Driver	PA		Lansdowne
19	Daniel	Peacock		10/19/09	Driver	PA		Lansdowne
20	Noel	Palma		10/26/22	Driver	PA		Lansdowne
23	Albert	Rosetti		03/31/03	Driver	PA		Lansdowne
24	Teofilo J	Rozo		11/25/11	Driver	PA		Lansdowne
25	Sean	Rosenberry		2/3/2023	Driver	PA		Lansdowne

	A	B	C	D	E	F	G
1	MAKE-YEAR		TYPE	VIN#	PLATE	STATE	GVWR
2							
3	25. MACK 2021		ROLL-OFF	1M2GR3GC7MM020892	AG77378	PA	73280
4	26. MACK 2022		ROLL-OFF	1M2GR3GC5NM026448	AG31231	PA	73280
5	27. MACK 2022		ROLL-OFF	1M2GR3GC6NM031111	AG67452	PA	73280
6	28. MACK 2024		ROLL-OFF	1M2GR3GC3RM040676	AH46565	PA	73280
7	42. MACK 2011		ROLL-OFF	1M2AX04C6BM009765	AH00427	PA	73280
8	44. MACK 2013		ROLL-OFF	1M2AX04C5DM014118	AH09196	PA	73280
9	45. MACK 2015		ROLL-OFF	1M2AX04C7FM022630	AH15001	PA	73280
10	46. MACK 2015		ROLL-OFF	1M2AX04C3FM023421	AH09197	PA	73280
11	47. MACK 2019		ROLL-OFF	1M2GR3GC4KM008793	AG78515	PA	73280
12	48. MACK 2020		ROLL-OFF	1M2GR3GC0LM011868	AG75366	PA	73280
13	49. MACK 2020		ROLL-OFF	1M2GR3GC8LM015215	AG93770	PA	73280

all company owned

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/01/2024

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
Hatfield Group LLC
311 Sumneytown Pike
Suite 1F
North Wales PA 19454-

CONTACT NAME: David S
PHONE (A/C, No, Ext): (215)699-6671 FAX (A/C, No): (215)699-5509
E-MAIL ADDRESS: davids@hatfield-group.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Clearspring American Ins Co.	
INSURER B: Motorist Mutual Insurance Co	14621
INSURER C: Tokio Marine Specialty Ins Co	23850
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Accurate Recycling Corporation
508 E Baltimore Ave
Lansdowne PA 19050-

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	
B	X COMMERCIAL GENERAL LIABILITY	X	X	5000766961	03/01/2024	03/01/2025	EACH OCCURRENCE	$ 1,000,000
	X CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
	X Blkt Addt'l Insd						MED EXP (Any one person)	$ 10,000
	X Primary & NonContrib						PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
B	AUTOMOBILE LIABILITY	X	X	5000766961	03/01/2024	03/01/2025	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
	X Tlr Interchg						Trailer Interchange	$ 25,000
B	UMBRELLA LIAB X OCCUR		X	5000832999	03/01/2024	03/01/2025	EACH OCCURRENCE	$ 2,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 2,000,000
	DED RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCA00883917	01/01/2024	01/01/2025	X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) Y/N: Y	N/A					E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000
B	Cargo Liability			5000766961	03/01/2024	03/01/2025	Cargo Liability Limits	100,000
C	Site/Trans Pollution Liability			PPK2662158	03/01/2024	03/01/2025	Poll Liability Limits	1,000,000

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

CERTIFICATE HOLDER

State of Delaware
Dept of Natural Resources & Environmental Control
Division of Waste and Hazardous Substances
Management Section
89 Kings Highway
Dover DE 19901-

Fax: ( ) -

CANCELLATION

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

AI 101520

SPILL CONTROL PLAN FOR NON-HAZARDOUS SOLID WASTE TRANSPORTERS

ALL PERMITTED TRANSPORTERS MUST PREPARE
AND
CARRY A SPILL CONTROL PLAN IN EACH VEHICLE

At a minimum, the following information is required. You may attach additional pages or submit your company's prepared spill control plan.

1. A list all safety equipment carried in each vehicle, including spill containment and control materials.

√	Safety Equipment in the Vehicle	√	Safety Equipment in the Vehicle, continued
	Emergency reflective triangles and/or flares	✓	
	Fire extinguisher	✓	
	First aid kit	✓	
	Wheel Chocks	✓	
	Gloves	✓	
	Reflective Vest	✓	
	Hard hat	✓	
	Flashlight	✓	

2. The transporter acknowledges that all loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the treatment, storage, disposal or recycling facility.

3. The transporter acknowledges that in the event of an accident, the driver, if able, will contact the company's designated coordinator(s) listed under "EMERGENCY CONTACTS, COMPANY COORDINATOR(S)."

4. The transporter acknowledges that if a company coordinator cannot be reached, or there is none, the driver is responsible for contacting state and municipal authorities where the accident occurred.

5. In the event an incident causes any portion of a load to be spilled, or if there is a release of vehicle fluids, the transporter acknowledges that they are responsible for containing the release, proper management of all resulting waste, and any required remediation.

6. Explain the measures to be taken to contain any spilled waste. In the case of vehicle fluids, explain how the spill will be prevented from entering sewers or storm drains, or spreading from the spill location into adjoining soils or waterways.

Identify substance leaking
Put on P.P.E.
Stop spill
contain spill
clean the spill
Notify authorities if needed

Accurate Recycling Corp
508 Baltimore Ave
Lansdowne, PA. 19050
610-623-7772
Fax 610-623-0892

Spill Control Plan for Accurate Recycling Trucks

1. Spill control & safety equipment carried in each Accurate Recycling Corp. vehicles
    a. Reflectors
    b. Fire extinguisher
    c. Gloves, hard hat & reflective vest
    d. spill kit from New Pig Company (Item # KIT223)
2. All loads will be enclosed and tarped to prevent accidental discharge of waste during transport to the disposal facility
3. Driver will perform a pre-trip inspection before each haul that include
    a. Make sure tarp is tie up
    b. Nothing is on the borders or runners of the truck that could come out of load
    c. Make sure all the safety equipment is on the truck and all lights are working
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
    a. Daniel Lasensky 610-636-0646
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 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:
    a. Delaware: 911, (302)739-9401, 1-800-662-8802
6. This plan will be carried in all vehicles, along with the permit

David Lasensky – President

[redacted]

81.80%

Michael Carey – GM/Secretary

[redacted]

12.7%

Edward Carey – Treasurer

[redacted]

5.5%

Daniel Lasensky-VP

[redacted]

0%

Driver Training Requirements

All of our drivers must have at least 2 years driving experience and regardless of roll-off experience, new drivers will go out with one of our more experienced drivers until the safety manager feels they are ready to go out on their own.

Driver's records are checked at least twice a year to make sure they haven't had any violations that

weren't reported to the company.

Drivers meet every morning with the safety manager to go over relevant topics for the day. Quarterly we meet as a team to go over our CSA score and any issues that need to be addressed.

Davis, DaQuan (DNREC)

From: Vilma Tsoi <m24v17m27@gmail.com>
Sent: Thursday, December 12, 2024 12:58 PM
To: WHStransporters
Subject: Re: Delaware Solid Waste Transporter Permit Application

I just sent the documents over

On Thu, Dec 12, 2024 at 12:57 PM Vilma Tsoi <m24v17m27@gmail.com> wrote:

Section 12

a. All of our drivers carry at least a B class CDL license, special endorsements are not required in our daily operations because we don't haul hazardous materials, medical waste or liquids. Our drivers have a daily meeting with our safety director to go over any safety concerns that may come up. Additionally, we hold quarterly safety meetings to go over our company wide safety performance, our FMSCA score as a company as well as individual scores. These meetings may also include safety videos that are provided by our insurance company and Samba Safety on an as needed basis.

b. We run our driver's motor vehicle report twice a year to see if they have had any violations that were not reported to us. Any driver that has a violation while on company time and is found at fault will receive a written warning for their first offense, further violations will result in a second warning and possibly a one-day suspension. Further violations can result in up to a three-day suspension and possible termination.

c. i. In our regular driver training, new drivers are trained in proper handling of the materials we haul. Senior drivers instruct the proper way to load the dumpster on the truck, how to properly level the load below the top sides of the dumpster, how to properly tarp the load so the materials stay in the dumpster, how to properly secure the dumpster to the truck and to make sure the door is properly closed and locked.

ii. Part of our driver training includes videos regarding spill containment, clean up and reporting. Every truck has a copy of our Spill Control Plan in the cab.

iii. All of our drivers are aware of their responsibilities as a commercial driver and operate in accordance with local regulations. All trucks carry proper emergency equipment (reflectors, flares, fire extinguisher and a spill containment kit. All trucks display or carry all the required permits and are aware that they must show them to law enforcement or municipal official that asks to see them.