RECEIP	T DATE_	12/05/24 NO	628153
RECEIVED FROM Gold	Rus	h VI Trucking	\$350.00
OFOR RENT	red f	Sty and too	DOLLARS
OFOR	O CASH	\$1.	
ACCOUNT	CHECK	FROM 1279 TO	
BAL. DUE	ORDER CREDIT CARD	BY M.M.	3-11



### 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

1.

### RECEIVED

DEC 0 5 2024

DNREC - WHS

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

Type of Permit	
☐ New – <b>SCRAP TIRES ONLY</b> Submit a check Delaware," in the amount of \$75.00.	k or money order, payable to the "State of
☐ New – <b>ALL OTHERS</b> Submit a check or month the amount of \$350.00.	ey order, payable to the "State of Delaware" in
Renewal: Permit # DE-SW- DE-SW 1851	Expiration Date 12-31-2024
Please indicate the term for which you desire you order, payable to the "State of Delaware," for the	our permit to be issued. Submit a check or money he 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

☐ Five Years - \$1550.00

-	-			-		
2.	130	ease	+0	Div	ь.	110
1.	PC 84	1 2 3 5 6		- 11		

	ware permitted solid waste transporters?	Yes No
3. Comp	pany Information	
Comp	Dany Name GOLDRUSHVI TRUCKING	GLLC
Location	Address:	Mailing Address:
	don House Way Middletown de 19709	502 Gordon House Way Middletown DE 19709
-		
Contact	302-932-8219Titl	e: OWNER
	<b>CI</b> 101	x: 302-378-5451
Business	Prionera	
A44 - F	302-932-8219	
24 hr Eme	ergency Contact Phone: 302-932-8219	
4. Comp	pany Ownership Information	
	Please indicate the company type:  Proprietorship	
	☐ Partnership	on, indicate city, state, and date of incorporation.
	☐ Municipality	te: Delaware Date: 11-07-2024
	☐ Public institution ☐ Limited Liability Corporation (LLC) Se	tate: Delaware
	Other: (must specify)	
	date of birth, and % ownership. Include al	fficer, attach a list with name, title, mailing address, I stockholders owning greater than 5% outstanding
	Attachment Vilma Tsoi 502 Gor	don House Way Middletown De 19709
	If company is owned by or affiliated with a address & mailing address, and % ownersh	parent company, attach parent company name, ip.
	Attachment N/A  No parent company	

Solid Waste Transporter Application Page  $\bf 3$  of  $\bf 6$ 

5. Company locations in Delaware

	List name and <u>street</u> address of each company location, including freight terminals, within the State of Delaware.
	Attachment Vilma Tso 502 Gordon House Way Middletown De 19709  No Delaware locations Goldrushvi Trucking UC
ó.	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.)
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) Dirt  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

Solid Waste Transporter Application Page  $\bf 4$  of  $\bf 6$ 

8.	Trea	ment, Storage, and Disposal Facilities	
	(a).	Do you cross state lines with the waste?   ✓ Yes   No	
	(b).	Identify in an attachment <i>all</i> solid waste Treatment, Storage, Disposal Facilities, Reclamatic Facilities and Transfer Stations to which the waste will be transported.	on
		<ul> <li>□ Delaware Solid Waste Authority locations: (attachment)</li> <li>□ Clean Earth of New Castle, Inc. (thermal treatment facility for PHC-soils)</li> <li>□ Delaware Recyclable Products, Inc. (dry waste, commercial, industrial, and PHC-soils)</li> <li>□ Other in-state solid waste facilities, including private facilities: (attachment)</li> <li>□ Out of state solid waste TSD facilities: (attachment)</li> </ul>	
9.	Othe	r Transporter Permits	
	(a).	Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)	
		Attachment N/A  Not applicable-No transporter permit required for these solid waste types in our home sta	ate.
	(b).	List solid waste transporter permits held in other states.	
		☐ Attachment N/A ☐ No transporter permits in other states	
	(c).	Indicate years Endard DOT number and Motor Corrier number:	
	(-).	Indicate your Federal DOT number and Motor Carrier number:	
	(-)-	DOT# 3002851 MC# 130001	
	(-)-		ot .
		DOT# 3002851  MC# 130001  N/A If N/A, please provide an explanation, on the following page, as to why you are no	ot
10.		DOT# 3002851  MC# 130001  N/A If N/A, please provide an explanation, on the following page, as to why you are no	ot
10.	Proof The Dela Insur Depa	DOT# 3002851  MC# 130001  N/A If N/A, please provide an explanation, on the following page, as to why you are no required to have a DOT or MC number.	4 of the of
10.	Proof The Dela Insur Depa Envi	DOT# 3002851  MC# 130001  N/A If N/A, please provide an explanation, on the following page, as to why you are no required to have a DOT or MC number.  f of Financial Responsibility  ransporter must submit proof of financial responsibility as established in section 7.2. ware's Regulations Governing Solid Waste. This proof may be established by a Certificate ance, with MCS-90 endorsement where applicable, or by other means approved by the timent. (The Certificate of Insurance must identify the Department of Natural Resources and the contraction of the contraction of the certificate of Insurance must identify the Department of Natural Resources and the contraction of the certificate of Insurance must identify the Department of Natural Resources and the contraction of the certificate of Insurance must identify the Department of Natural Resources and the contraction of the certificate of Insurance must identify the Department of Natural Resources and the contraction of the certificate of Insurance must identify the Department of Natural Resources and the contraction of the certificate of Insurance must identify the Department of Natural Resources are contracted by the contraction of the certificate of Insurance must identify the Department of Natural Resources are contracted by the contraction of the certificate of Insurance must identify the Department of Natural Resources are contracted by the contraction of the certificate of Insurance must identify the Department of Natural Resources are contracted by the contraction of the certificate of Insurance must identify the Department of Natural Resources are contracted by the contraction of the certificate of Insurance must identify the Department of Natural Resources are contracted by the contraction of the certificate of Insurance must identify the Department of Natural Resources are contracted by the contraction of the certificate of Insurance must identify the Department of Natural Resources are contracted by the contraction of the certificate of Insurance must ide	4 of the of the

(d). Certificate of Insurance must be attached and include minimum automobile liability coverage as follows:

	FOR-HIR INTERSTA		ALL OTHERS
Residential Waste	750,000.00 + N	1CS-90 □	\$350,000.00
Commercial Waste	750,000.00 + N	1CS-90	\$350,000.00
Industrial Waste	\$750,000.00 + N	1CS-90 □	\$350,000.00
Dry Waste	750,000.00 + N	1CS-90 □	\$350,000.00
Ash	750,000.00 + N	1CS-90 □	\$350,000.00
Infectious Waste	\$1,000,000.00 + N	1CS-90 □	\$750,000.00 + MCS-90
Non-Hazardous Petroleum Contaminated Soils	\$750,000.00 + N	MCS-90 □	\$350,000.00
Asbestos	\$1,000,000.00 + N (For Hire & Pri		\$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 1	Spill	Control	Plan:	Attachment	1	
----------------------------------	-------	---------	-------	------------	---	--

### 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 Trai	ining, attachme	ent <u>2</u>
-------------	-----------------	--------------

### 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.)

	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?
	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 Vilma Tsoi Date 11/07/2024
	Print Name Vilma Tsoi Title OWNER

<sup>\*\*</sup>A legal owner or corporate officer must sign the application\*\*

VEHICLE INFORMATION - See Item 13 of the application.

Use this form, or other format which provides the same information, to answer the VEHICLE IDENTIFICATION requirement of the application. List all vehicles, both motorized and container (if a license plate is required on the container) to be used to haul solid waste in the state of Delaware. In addition, list the vehicle owner, owner's address, and domicile address if different from the company address provided in the application.

MAKE - MODEL - YEAR	TYPE	VIN # (Serial Number)	LICENSE PLATE # and STATE of REGISTRATION	mfgr's GVWR	OWNERSHIP
WSTR 470 2020	DIESEL	5KKMAVDV5LLL2274	CL120103	80000	
		Ĭ.			
		7			

SPILL CONTROL PLAN FOR SOLID WASTE HAULERS
<ol> <li>Spill control and safety equipment carried in each vehicle:         <ol> <li>Reflectors and/or flares</li> <li>Fire extinguisher</li> <li>First aid kit</li> <li>Heavy-duty gloves, hard hat</li> <li>Flashlight</li> </ol> </li> </ol>
(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:

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.

### Davis, DaQuan (DNREC)

Vilma Tsoi <m24v17m27@gmail.com> From: Monday, December 16, 2024 8:18 PM Sent:

WHStransporters To:

Subject: Re: Delaware Solid Waste Transporter Permit Application

IMG\_7072.jpeg; IMG\_7073.jpeg; IMG\_7066.jpeg Attachments:

On Mon, Dec 16, 2024 at 8:17 PM Vilma Tsoi <m24v17m27@gmail.com> wrote: I am sending in the rest of documents

On Mon, Dec 16, 2024 at 10:53 AM WHStransporters < WHStransporters@delaware.gov > wrote:

Great.

Thank you,



### DaQuan L. Davis

Environmental Scientist I

Division of Waste and Hazardous Substances

302-739-9403

WHStransporters@delaware.gov



dnrec.delaware.gov







From: Vilma Tsoi <m24v17m27@gmail.com> Sent: Monday, December 16, 2024 8:54 AM

To: WHStransporters < WHStransporters@delaware.gov>

Subject: Re: Delaware Solid Waste Transporter Permit Application

Sorry about that I will resend it

On Mon, Dec 16, 2024 at 8:47 AM WHStransporters < <u>WHStransporters@delaware.gov</u>> wrote:

I did not receive this information, please provide it to complete your application.



### DaQuan L. Davis

Environmental Scientist I

**Division of Waste and Hazardous Substances** 

302-739-9403

WHStransporters@delaware.gov

89 Kings Hwy SW, Dover, DE 19901

dnrec.delaware.gov



From: Vilma Tsoi <<u>m24v17m27@gmail.com</u>> Sent: Friday, December 13, 2024 4:38 PM

To: WHStransporters < WHStransporters@delaware.gov>

Subject: Re: Delaware Solid Waste Transporter Permit Application

All of that is included in the email I sent , I don't have permit for no other stat but Delaware

On Fri, Dec 13, 2024 at 2:18 PM WHStransporters <WHStransporters@delaware.gov> wrote:

Hello,

I still need the following:

- Section 7- Do have solid waste transporter permits in MD, NJ, or/and PA?
- Section 10- MCS-90 endorsement form that matched your automobile liability policy number.
- Section 12- Written Driver training program . The 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- The vehicle list is missing the state of registration and ownership. Please update your list.

From: Vilma Tsoi < <u>m24v17m27@gmail.com</u>> Sent: Thursday, December 12, 2024 4:06 PM

To: WHStransporters < WHStransporters@delaware.gov>

Subject: Re: Delaware Solid Waste Transporter Permit Application

Solid Waste Transporter Application Page 4 of 6
8. Treatment, Storage, and Disposal Facilities
(a). Do you cross state lines with the waste? Yes No Delaware, Pennsylvania, Meryland, Neu  (b). Identify in an attachment all solid waste Treatment, Storage, Dis Facilities and Transfer Stations to which the waste will be transp
Delaware Solid Waste Authority locations: (attachment) Clean Earth of New Castle, Inc. (thermal treatment facility in Delaware Recyclable Products, Inc. (dry waste, commercial Other in-state solid waste facilities, including private facilities Out of state solid waste TSD facilities: (attachment)
9. Other Transporter Permits

(a). Attach a copy of your home state solid waste transporter permit

On Thu, Dec 12, 2024 at 3:46 PM WHStransporters < <u>WHStransporters@delaware.gov</u>> wrote:

Still need the following:

- Section 7- What states does Goldrush VI Trucking, LLC cross with solid waste?
- Section 10- Please provide an MCS-90 endorsement form.
- **Section 12-** You did not provide a written driver training program. Please review section 12 of the application and provide driver training.
- Section 13- The vehicle list is missing the state of registration and ownership. Please update your list.

From: Vilma Tsoi <<u>m24v17m27@gmail.com</u>> Sent: Thursday, December 12, 2024 12:58 PM

To: WHStransporters < WHStransporters@delaware.gov>

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:



### **CERTIFICATE OF LIABILITY INS**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALT BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must half SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain put this certificate does not confer rights to the certificate holder in lieu of such endorsement(

this certificate does not confer rights to the certificate	cate holder in lieu of such endorsement(
PRODUCER McCool Ins. & Realtors Inc 160 West Main St Elkton MD 21921	CONTACT NAME: PHONE (A/C, No, Ext): 410-3 E-MAIL ADDRESS:
	INSURER A : United
INSURED GoldrushVi Trucking LLC 502 Gordon House Way Middletown DE 19709	GOLDVIT-01 INSURER B: INSURER C: INSURER D:
	INSURER E :

On Thu, Dec 12, 2024 at 8:48 AM WHStransporters < <u>WHStransporters@delaware.gov</u>> wrote:

The Certificate holder's address needs to be 89 Kings HWY, Dover, DE 19901.

From: Vilma Tsoi <<u>m24v17m27@gmail.com</u>> Sent: Thursday, December 12, 2024 8:44 AM

To: WHStransporters < WHStransporters@delaware.gov>

Subject: Re: Delaware Solid Waste Transporter Permit Application



### **CERTIFICATE OF LIABILITY INS**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR AL BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have Subrogation in the subrogation of the policy, certain this certificate does not confer rights to the certificate holder in lieu of such endorsement

1	this certificate does not confer rights to the certificate holder in	lieu of st	ich endorsement
	PRODUCER McCool Ins. & Realtors Inc 160 West Main St Elkton MD 21921		CONTACT NAME: PHONE (A/C, No, Ext): 410-3 E-MAIL ADDRESS:
	GoldrushVi Trucking LLC 502 Gordon House Way Middletown DE 19709	GOLDVIT-01	INSURER A : United INSURER B : INSURER C : INSURER D : INSURER E :

On Thu, Dec 12, 2024 at 8:39 AM Vilma Tsoi <m24v17m27@gmail.com> wrote:

Good morning I did sent in the insurance I will resend it again

On Thu, Dec 12, 2024 at 8:30 AM WHStransporters <WHStransporters@delaware.gov> wrote:

I have reviewed your paperwork and following the below weren't addressed.

- Section 7- What states does Goldrush VI Trucking, LLC cross with solid waste?
- Section 10- You did not submit a certificate of insurance. Please make sure you have the correct
  amount of automobile liability 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 10- Please provide an MCS-90 endorsement form.
- **Section 12-** You did not provide a written driver training program. Please review section 12 of the application and provide driver training.
- Section 13- The vehicle list is missing the state of registration and ownership. Please update your list.

From: Vilma Tsoi <<u>m24v17m27@gmail.com</u>> Sent: Tuesday, December 10, 2024 11:04 AM

To: WHStransporters < WHStransporters@delaware.gov>

Subject: Re: Delaware Solid Waste Transporter Permit Application

Good morning I just sent the paperwork

On Fri, Dec 6, 2024 at 9:17 AM WHStransporters < WHStransporters@delaware.gov> wrote:

Hi Ms. Tsoi,

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 is missing the date of birth and percentage of ownership. Please update your ownership information and send it back.
- Section 7- What states does Goldrush VI Trucking, LLC cross with solid waste?
- Section 10- You did not submit a certificate of insurance. Please provide this form, ensure you have
  the correct amount of automobile liability 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 10- Please provide an MCS-90 endorsement form.
- **Section 11** The spill control plan is missing an emergency contact (name and phone number) and pre-trip inspections. Please update this plan and add the contact information and inspections.
- **Section 12-** You did not provide a written driver training program. Please review section 12 of the application and provide driver training.
- Section 13- The vehicle list is missing the state of registration and ownership. Please update your 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





2021 to 2025 Decem-31

# 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

1.

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

89 Kings Highway Dover, DE 19901

Type of Permit	
☐ New - SCRAP TIRES ONLY Submit a check Delaware," in the amount of \$75.00.	
New - ALL OTHERS Submit a check or mone the amount of \$350.00.	
Renewal, Feather BE	Expiration Date 12-31-2024  our permit to be issued. Submit a check or money the indicated permit fee.
Please indicate the term for which you deare you order, payable to the "State of Delaware," for t	he indicated permit fee.  ALL OTHERS
SCRAP TIRES ONLY	✓ One Year - \$350.00
☐ One Year - \$75.00 ☐ Two Years - \$125.00	☐ Two Years - \$650.00
☐ Three Years - \$175.00	☐ Three Years - \$950.00 ☐ Four Years - \$1250.00
Four Years - \$225.00	☐ Five Years - \$1550.00
☐ Five Years - \$275.00	

Solid Waste Transporter Application Page 2 of 6

2. Release to Public	
Do you wish to be included on the list of transporters?	orters that is provided to persons requesting a list of Yes No
3. Company Information	
Company Name GOLDRUSHVI TRUCKING	GLLC
Location Address:	Mailing Address:
502 Gordon House Way Middletown de 19709	502 Gordon House Way Middletown DE 19709
Contact: 302-932-8219 Tit	ile: OWNER
<b>A</b>	x: 302-378-5451
24 hr Emergency Contact Phone: 302-932-8219	
4. Company Ownership Information	
(a). Please indicate the company type:  Proprietorship Partnership Corporation - If company is a corporat	tion, indicate city, state, and date of incorporation.
City: Middletown Ste	Date: Delaware Date: 11-07-2024

Shares. 100% VIMO TSOI DOB

Attachment NA SOZ Gordon House Way Middle town De 19709

mailing address,

5% outstanding

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

Limited Liability Corporation (LLC) State: Delaware

date of birth, and % ownership. Include all stockholders of

(b). For each Owner, Partner, or Corporate Officer, attach a

Attachment N/A

No parent company

☐ Municipality
☐ Public institution

Other: (must specify)

Solid Waste Transporter Application Page 3 of 6

5.	Company locations in Delaware
	List name and <u>street</u> address of each company location, including freight terminals, within the State of Delaware.
	Attachment Vilma Tso 502 Gordon House Way Middletown De 19709  No Delaware locations Goldrushin Trucking LLC
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 N/A 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?
	(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

Solid Waste Transporter Application
Page 4 of 6

0.	1 rea	ttment, Sterage, and Disposal Faculties		
	(a).	Do you cross state lines with the waste?  Yes No		
	(b).	Identify in an attachment all solid waste Treatment, Storage, I Facilities and Transfer Stations to which the waste will be transfer Stations.		ation
		Delaware Solid Waste Authority locations: (attachment) Clean Earth of New Castle, Inc. (thermal treatment facilit Delaware Recyclable Products, Inc. (dry waste, commerce Other in-state solid waste facilities, including private facilities out of state solid waste TSD facilities: (attachment)	ial, industrial, and PHC-solities: (attachment)	
9.	Oth	er Tr <b>ansporter Permits</b>		
	(a).	Attach a copy of your home state solid waste transporter perm home state.)	it. (N/A if Delaware is yo	ur
		☐ Attachment N/A  ✓ Not applicable-No transporter permit required for these sol	id waste types in our home	e state.
	(b).	List solid waste transporter permits held in other states.		
		☐ Attachment N/A  ☑ No transporter permits in other states		
	(c).	Indicate your Federal DOT number and Motor Carrier number	r:	
		DOT# 3002851 MC# 130001	The state of the s	
		N/A If N/A, please provide an explanation, on the following required to have a DOT or MC number.	ng page, as to why you are	not
10.	Prec	of of Financial Responsibility		
	Dela Insui Depa	transporter must submit proof of financial responsibility a ware's Regulations Governing Solid Waste. This proof may rance, with MCS-90 endorsement where applicable, or by artment. (The Certificate of Insurance must identify the Depart ironmental Control, Compliance and Permitting Section as	be established by a Certify other means approved ment of Natural Resource	icate of by the
	(a).	Are you for-hire in interstate commerce?  Yes No (F business of transporting, for compensation or payment, wastes than your own.)		
		Do you transport in the State of Delaware Only (Intrastate)?  Do you transport Interstate?	<ul><li>✓ Yes</li><li>✓ No</li><li>✓ Yes</li><li>✓ No</li></ul>	
	ICI.	DU VON WAINOUT LINCTNACE!	1,1129 (1140)	

(d). Certificate of Insurance must be attached and include minimum automobile liability coverage as follows:

	FOR-HIRE INTERSTAT	50	ALL OTHERS
Residential Waste	\$750,000.00 + M	CS-90 🗆	\$350,000.00
Commercial Waste	\$750,000.00 + M	CS-90[]	\$350,000.00
Industrial Waste	\$750,000.00 + M	CS-90 🗆	\$350,000.00
Dry Waste	\$750,000.00 + M	CS-90 🔲	\$350,000.00
Ash	\$750,000.00 + M	CS-90 🗆	\$350,000.00
Infectious Waste	\$1,000,000.00 + M	CS-90 🗆	\$750,000.00 + MCS-90
Non-Hazardous Petroleum Contaminated Soils	\$750,000.00 + M	CS-90	\$350,000.00
Asbestos	\$1,000,000.00 + M (For Hire & Priv		\$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 1

### 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	2
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### 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.)

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. Pl Vehicle List Attached 14. Vehicle Operator Information W Yes Is a list of all vehicle operators attached? 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. Fallure to submit complete and accurate information may lead to permit denial or revocation. 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 Vilma Tsoi Print Name Vilma Tsoi

<sup>\*\*</sup>A legal owner or corporate officer must sign the application\*\*

VEHICLE INFORMATION - See Item 13 of the application.

Use this form, or other format which provides the same information, to answer the VEHICLE IDENTIFICATION requirement of the application. List all vehicles, both motor-lized and container (if a license plate is required on the container) to be used to haul solid waste in the state of Delaware. In addition, list the vehicle owner, owner's address, and domicile address if different from the company address provided in the application.

	T		LICENSE PLATE # and STATE	minde	
MAKE - MODEL - YEAR	TYPE	VIN # (Serial Number)	of REGISTRATION	GVWR	OWNERSHIP
WSTR 470 2O20	DIESEL	5KKMAVDV5LLL2274	CL120103	80000	

Pilase note, the expiration date as stated on this form relates to the process for renewing the Information Collection Request for this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not expire. For questions, please contact the Office of Registration and Safety Information, Registration, Licensing, and Insurance Division.

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0008. Public reporting for this collection of information is estimated to be approximately 2 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.

**U.S. Department** of Transportation Federal Motor Carrier Safety Administration

OMB No: 2126-0008 Expiration: 05/31/2024 Form MCS-90 Revised 06/03/2021

USDOT Number: 3002851	Date Received:

### FORM MCS-90 ENDORSEMENT FOR MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY **UNDER SECTIONS 29 AND 30 OF THE MOTOR CARRIER ACT OF 1980**

Issued to GOLDRUSHVI TRUCKING LLC
(Motor Carrier name)
of 502 GORDON HOUSE WAY MIDDLETOWN, DE 19709
(Motor Carrier state or province)
Dated at 09:27 AM on this 7th day of February, 2024
Amending Policy Number: CA 06503621 Effective Date: 02/07/2024
Name of Insurance Company: United Financial Cas Co
 Countersigned by:
The policy to which this endorsement is attached provides primary or excess insurance, as indicated for the limits shown (check only one):
This insurance is primary and the company shall not be liable for amounts in excess of \$750,000 for each accident.
This insurance is excess and the company shall not be liable for amounts in excess of \$ for each accident in excess of the underlying limit of \$ for each accident.
Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that

the policy is in force as of a particular date. The telephone number to call is: 1-800-444-4487.

Cancellation of this endorsement may be effected by the company of the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the Insured is subject to the FMCSA's registration requirements under 49 U.S.C. 13901, by providing thirty (30) days notice to the FMCSA (said 30 days notice to commence from the date the notice is received by the FMCSA at its office in Washington, D.C.).

Fillings must be transmitted online via the internet at http://www.fmcsa.dot.gov/urs

### **DEFINITIONS AS USED IN THIS ENDORSEMENT**

**ACCIDENT** includes continuous or repeated exposure to conditions or which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

MOTOR VEHICLE means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

BODILY INJURY means injury to the body, sickness, or disease to any person, including death resulting from any of these.

PROPERTY DAMAGE means damage to or loss of use of tangible property.

ENVIRONMENTAL RESTORATION means restitution for the loss. damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.

PUBLIC LIABILITY means liability for bodily injury, property damage, and environmental restoration.





### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/9/2024

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.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in fleu of such endorsement(s), CONTACT NAME: PRODUCER McCool Ins. & Realtors Inc. PHONE (A/C, No. E E-MAIL ADDRESS: No. Ext): 410-398-1373 FAX (A/C. Nok 160 West Main St Elkton MD 21921 **INSURER(S) AFFORDING COVERAGE** NAIC # MSURER A: United Financial Casualty Co. 11770 GOLDVIT-01 WSURED WISURER B: GoldrushVi Trucking LLC INSURER C: 502 Gordon House Way Middletown DE 19709 INSURER D : MIGNIOFO F WSURER F: **COVERAGES CERTIFICATE NUMBER: 1111666054 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. POLICY EFF POLICY EXP ADDL SUBR TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE
DAMAGE TO RENTED
PREMISES (Es occurrence) CLAIMS-MADE MED EXP (Any one person) \$ PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: **GENERAL AGGREGATE** \$ POLICY PRODUCTS - COMP/OP AGG \$ OTHER OMBINED SINGLE LIMIT \$1,000,000 AUTOMOBILE LIABILITY 06503621 1/31/2024 1/31/2025 ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY \$ \$ UMBRELLA LIAS EACH OCCURRENCE OCCUR EXCESS LIAB AGGREGATE \$ CLAIMS-MADE RETENTION \$ DED WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE if yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 191, Additional Remerks Schedule, may be attached if more space is required) CANCELLATION **CERTIFICATE HOLDER** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Department of Natural Resources ACCORDANCE WITH THE POLICY PROVISIONS. and Environmental Control, Compliance and Permitting Section AUTHORIZED REPRESENTATIVE 87 Reads Way New Castle DE 19720

## STATE OF DELAWARE

## Department of Finance Division of Revenue

ACTIVE BUSINESS LICENSE 2017101570

**EFFECTIVE** 

01/01/2024 - 12/31/2024

**ISSUED TO** 

GOLDRUSHVI TRUCKING LLC 502 GORDON HOUSE WAY MIDDLETOWN DE 19709-9973

LOCATION

**GOLDRUSHVI TRUCKING LLC** 

502 GORDON HOUSE WAY MIDDLETOWN, DE 19709-9973

TRADE, BUSINESS, OR PROFESSIONAL ACTIVITY

DRAYPERSON OR MOVER

ISSUED: 12/09/2023 FEE PAID: \$75.00 Is hereby licensed to practice, conduct, or engage in the occupation or business activity indicated above in accordance with the license application duly filed pursuant to Title 30, Delaware Code.

POST CONSPICUOUSLY - NOT TRANSFERABLE



2024



State of Delaware
Secretary of State
Division of Corporations
Delivered 03:19 PM 05/25/2017
FILED 03:19 PM 05/25/2017
SR 20174087044 - File Number 6422551

# OF GOLDRUSHVI TRUCKING LLC

(A Delaware Limited Liability Company)

First: The name of the limited liability company is: GOLDRUSHVI TRUCKING LLC

<u>Second</u>: Its registered office in the State of Delaware is located at 16192 Coastal Highway, Lewes, Delaware 19958, County of Sussex. The registered agent in charge thereof is Harvard Business Services, Inc.

IN WITNESS WHEREOF, the undersigned, being fully authorized to execute and file this document have signed below and executed this Certificate of Formation on this May 25, 2017.

Harvard Business Services, Inc., Authorized Person

By: Richard H. Bell, II, President

Got and H. Boyn IF

Attach #2

### GOLDRUSHVI TRUCKING, LLC 502 Gordon house way, Middletown, Delaware 19709 Telephone 302-932-8219

### **Driver Training**

- 1. Driver must meet and comply with all STATE FEDERAL, and D.O.T. requirements.
- 2. Driver must be aware of the material they are hauling and know what to do in case they come into contact with the material.
- 3. Driver must be certain that that the truck they are assigned to has all items listed on SAFETY EQUIPMENT LIST.
- 4. Driver must understand and follow EMERGENCY AND CONTROL PLANK.
- 5. Driver must understand and understand and comply with DRIVER REQUIRMENTS.

I have read and u	nderstand D	ORIVER TRAINII	NG.		
Signature Jan	Tasi		_Date		

Attachment 2

### **GOLDRUSHVI TRUCKING, LLC**

### 502 Gordon house way, Middletown, Delaware 19709

Telephone 302-932-8219

### **Driver Requirements**

I: work schedule will require some weekends.

II: Trucks must be kept clean. When hauling contaminated soil bodies should be shoveled or swept after each load. Tail gates must be kept clean and free of debris.

III: Driver wear appropriate clothing and shoes for the job.

IV: Driver must comply with all safety rules and regulations while on customer's site, i.e. hard hats,

Safety glasses etc.

V: Drivers must inspect truck at the beginning and end of every shift:

- 1) Check Fluids
- 2) Check Tires
- 3) Check for leaks
  - 4) Check light
- 5) Check for air leaks
- 6) Check Hydraulic old
  - Check springs
- 8) Check tarp for rips or binding
- 9) Make sure you have any permits or paperwork you will need for the day.

VI: Drivers must keep truck logs Book filled out.

- 1) Company you worked for and where you went.
- 2) If hourly, hourly tickets must be filled out and signed by the customer.
- 3) If hauling by the ton, write tons, tickets number and place.
- 4) Must keep track of the states you drove in and mileages.
- 5) Must fuel up every day, enter gallons, and price where purchased.
- 6) Write down everything you can't fix, including repairs, flats and services
- 7) Keep you hourly log up to date

Signature	n Ton	Date	

have read and understand the Driver Requirements.

### 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). Absorbent pads, Trash bags
- (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). Make sure the load is secure and tarpe properly
2). Inspect and remove all debrie or overlaping objects

- (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: Goldrushvi Trueking Phone: 302-932-8219
- (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:

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.

茫

≡ M Gmail Q Search mail Ø Compose \$75.00 Date Inbox Today Starred Snoozed Is this correct? Sent **Drafts** 15 noreply@velocitypayment.com More to me Labels Successful Payment Receipt Notes Please print this receipt for your records Remittance ID: a0Hcs0000086ee5EAA Payment ID: 328853382 Received: December 09, 2024 11:53AM EST Transaction Type: Authorization and Capture Approval Code: 00982S Card Information: MasterCard Biffing information: Address Line 1: 502 Gordon house way Country: United States State: DE City: MIDDLETOWN ZIP Code: 19709

Forward

Reply

I have not Receivmy 2025 business yet

Vehicle/Equipment List

venicie/ Equipment List							
Model	Gross Vehicle Weight Rating (GVWR)	venicle ib Number (VIN)	Licence Plate #				
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4700	12000	SMITHUD SILLOWIU					
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## U.S. Department of Transportation Federal Motor Carrier Safety Administration

Unit#	Vehicle Type	Year	Make
2	dump truck	2020	Western Star
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License Plate State	Leased or Owned	*ELD/AOBRD Make *As applicable	*ELD/AOBRD Model *As applicable	*ELD/AOBRD Year *As applicable
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4 . . .



# U.S. Department of Transportation Federal Motor Carrier Safety Administration

### Driver List

Driver First Name	Driver Last Name	Date of Birth (MM/DD/YYYY) 09-07-19611	License #	License State	
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CDL (Y/N)	Phone Number	Date of Hire (MM/DD/YYYY)	Date of Termination (MM/DD/YYYY)
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### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/12/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

RED GOLDVIT-01 IN	INS	such endorsement(s).  CONTACT NAME: PHONE (A/C, No. Ext): 410-398-1373  E-Mall ADDRESS:  FAX (A/C, No):				
RED GOLDVIT-01 IN		SURER(S) AFFOR	RDING COVERAGE	NAIC #		
drushVi Trucking LLC	SURER A: United F	inancial Casu	ualty Co.	11770		
drushvi i rucking LLC	SURER B :					
Gordon House Way	SURER C :					
	SURER D :					
IN	SURER E :					
IN	SURER F :					
/ERAGES CERTIFICATE NUMBER: 1423950881			REVISION NUMBER:			
IIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE DICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED ICLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BE	BY THE POLICIE EN REDUCED BY POLICY EFF	OR OTHER IS S DESCRIBEI PAID CLAIMS POLICY EXP	DOCUMENT WITH RESPECT TO	WHICH THE		
TYPE OF INSURANCE INSD WYD POLICY NUMBER  COMMERCIAL GENERAL LIABILITY	(MM/DD/YYYY)	(MM/DD/YYYY)	The second secon			
			EACH OCCURRENCE \$ DAMAGE TO RENTED			
CLAIMS-MADE OCCUR			PREMISES (Ea occurrence) \$			
			MED EXP (Any one person) \$			
			PERSONAL & ADV INJURY \$			
GENL AGGREGATE LIMIT APPLIES PER.			GENERAL AGGREGATE \$			
POLICY LOC			PRODUCTS - COMP/OP AGG \$			
OTHER: AUTOMOBILE LIABILITY 06503621	1/31/2024	1/31/2025	COMBINED SINGLE LIMIT \$ 1,000	000		
ANY AUTO	1/31/2024	1/31/2025	(Ea accident) \$ 1,000 BODILY INJURY (Per person) \$	,000		
OWNED X SCHEDULED			BODILY INJURY (Per accident) \$			
AUTOS ONLY AUTOS NON-OWNED			PROPERTY DAMAGE \$			
AUTOS ONLY AUTOS ONLY			(Per accident) S			
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EXCERNIAR OCCUR			EACH OCCURRENCE \$			
COMMO-MADE			AGGREGATE \$			
DED RETENTION S WORKERS COMPENSATION	-		PER OTH- STATUTE ER			
AND EMPLOYERS' LIABILITY Y / N			3111,016			
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A			E.L. EACH ACCIDENT \$			
(Mandatory in NH) If yes, describe under			E.L. DISEASE - EA EMPLOYEE \$			
DÉSCRIPTION OF OPERATIONS below	-		E.L. DISEASE - POLICY LIMIT \$			
RIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, r						

Please note, the expiration date as stated on this form relates to the process for renewing the Information Collection Request for this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not this form with the Office of Management and Budget. This requirement to collect information, Registration, Licensing, and Insurance expire. For questions, please contact the Office of Registration and Safety Information, Registration, Licensing, and Insurance expire.

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0008. Public reporting for this collection of information is estimated to be Number. The OMB Control Number for this information collection is 2126-0008. Public reporting for this collection of information is estimated to be number. The OMB Control Number for this information collection, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.

U.S. Department of Transportation Federal Motor Carrier Safety Administration OMB No; 2126-0008 Expiration: 05/31/2024 Form MCS-90 Revised 06/03/2021

USDOT Number: 3002851	Date Received:

## FORM MCS-90 ENDORSEMENT FOR MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY UNDER SECTIONS 29 AND 30 OF THE MOTOR CARRIER ACT OF 1980

Issued to GOLDRUSHVI TRUCKING LLC	
	(Motor Carrier name)
of 502 GORDON HOUSE WAY MIDDLETOWN, DE 19709	
	(Motor Carrier state or province)
Dated at 09:27 AM on this 7th day of February, 2024 Amending Policy Number: CA 06503621 Effective Date: 0 Name of Insurance Company: United Financial Cas Co	2/07/2024
	Countersigned by: Authorized company representative
The policy to which this endorsement is attached provides	primary or excess insurance, as indicated for the limits shown (check only one):
This insurance is primary and the company shall not	be liable for amounts in excess of \$750,000 for each accident.
This insurance is excess and the company shall not be underlying limit of \$ for each accident.	be liable for amounts in excess of \$ for each accident in excess of the
	ministration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said , upon telephone request by an authorized representative of the FMCSA, to verify that number to call is: 1-800-444-4487.

Filings must be transmitted online via the Internet at http://www.fmcsa.dot.gov/urs

days notice to commence from the date the notice is received by the FMCSA at its office in Washington, D.C.).

### **DEFINITIONS AS USED IN THIS ENDORSEMENT**

Cancellation of this endorsement may be effected by the company of the Insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the FMCSA's registration requirements under 49 U.S.C. 13901, by providing thirty (30) days notice to the FMCSA (said 30).

**ACCIDENT** includes continuous or repeated exposure to conditions or which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

**MOTOR VEHICLE** means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

**BODILY INJURY** means injury to the body, sickness, or disease to any person, including death resulting from any of these.

**PROPERTY DAMAGE** means damage to or loss of use of tangible property.

**ENVIRONMENTAL RESTORATION** means restitution for the loss, damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.

PUBLIC LIABILITY means liability for bodily injury, property damage, and environmental restoration.

### 502 Gordon house way, Middletown, Delaware 19709

### Telephone 302-932-8219

### **Driver Requirements**

I: work schedule will require some weekends.

II: Trucks must be kept clean. When hauling contaminated soil bodies should be shoveled or swept after each load. Tail gates must be kept clean and free of debris.

III: Driver wear appropriate clothing and shoes for the job.

IV: Driver must comply with all safety rules and regulations while on customer's site, i.e. hard hats,

Safety glasses etc.

V: Drivers must inspect truck at the beginning and end of every shift:

- 1) Check Fluids
- 2) Check Tires
- 3) Check for leaks
  - 4) Check light
- 5) Check for air leaks
- 6) Check Hydraulic old
  - 7) Check springs
- 8) Check tarp for rips or binding
- 9) Make sure you have any permits or paperwork you will need for the day.

VI: Drivers must keep truck logs Book filled out.

- 1) Company you worked for and where you went.
- 2) If hourly, hourly tickets must be filled out and signed by the customer.
- 3) If hauling by the ton, write tons, tickets number and place.
- 4) Must keep track of the states you drove in and mileages.
- 5) Must fuel up every day, enter gallons, and price where purchased.
- 6) Write down everything you can't fix, including repairs, flats and services
- 7) Keep you hourly log up to date

		the briver requirements.
ignature Tan	Tori	Date

I have read and understand the Driver Desider



DEP-S25B

Position Sticker, Then Press Firmly Until Tightly Affixed To Surface.

PLICATION INSTRUCTIONS Clean Surface To Which Sticker Will be Applied of Dirt, Grease or Oily Substances. Remove Sticker From Carrier Sheet. 0199252741 TRUCK

VIN 5KKMAVDV5LLLG2274

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

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

CAREFULLY

Phone No. (302) 932-8219

Wester Tarent Tarente

MIDDLETOWN, DE 19709-9973 502 GORDON HOUSE WAY

Duplication or Photocopies of this original documentation

THIS WRITTEN AUTHORIZATION MUST BE KEPT WITH THE WASTE TRANSPORTATION VEHICLE AT ALL TIMES.

lost or damaged contact DEP immediately at 717-783-9258

VILMA TSOI

GOLDRUSHVI TRUCKING, LLC

Written Authorization

COMMONWEALTH OF PENNSYLVANIA Waste Transportation Safety Program

Expires Dec 2025 WH20199

VIN# 5KKMAVDV5LLLG2274

0199252741

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

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

### **Driver Training**

- 1. Driver must meet and comply with all STATE FEDERAL, and D.O.T. requirements.
- 2. Driver must be aware of the material they are hauling and know what to do in case they come into contact with the material.
- 3. Driver must be certain that that the truck they are assigned to has all items listed on SAFETY EQUIPMENT LIST.
- 4. Driver must understand and follow EMERGENCY AND CONTROL PLANK.
- 5. Driver must understand and understand and comply with DRIVER REQUIRMENTS.

I have read and understand DRIVER TRAINING.

Signature Tan Toxi

Date 05-10-24

## (All drivers used in previous 12 months)

Driver Name	Date of Birth	Driver License Number/State	CDL (Yes/No)	Date of Hire	Date of Termination	Driver Phone#
Ian Tsoi	9-7-1964	1239911	Yes	2-25-18.	still working	302-310-0462

Carrier Name: Goldrush VI Trucking Uc Signature: Allma Isoi Date: 7-19-24

VEHICLE INFORMATION - See Item 13 of the application.
Use this form, or other format which provides the same information, to answer the VEHICLE IDENTIFICATION requirement of the application. List all addition, list the vehicle owner, owner's address, and domicile address if different from the company address provided in the application.

WSTR 470 2020	TYPE	VIN # (Serial Number)	LICENSE PLATE # and STATE of REGISTRATION	mfgr's GVWR	OWNERSHIP
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