

RECEIPT

DATE

12/04/24

No.

628152

RECEIVED FROM

Goodeals, Inc

\$

350.00

Three hundred fifty and $\frac{00}{100}$

DOLLARS

 FOR RENT FOR

New SW-2106 App

ACCOUNT	
PAYMENT	
BAL. DUE	

 CASH CHECK MONEY
ORDER CREDIT
CARD

FROM

15464

TO

BY

M.M.



RECEIVED

DEC 04 2024

DNREC - WHS

STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL
DIVISION OF WASTE AND HAZARDOUS SUBSTANCES
COMPLIANCE AND PERMITTING SECTION

89 KINGS HIGHWAY
DOVER, DELAWARE 19901

TELEPHONE: (302) 739-9403
FAX: (302) 739-5060

SOLID WASTE TRANSPORTER PERMIT APPLICATION

Language Preference:

Instructions: You must complete this application in its entirety and attach all applicable documentation. (Note: For applicants renewing an existing permit, this application requires the submission of updated information and documentation. References to material submitted under previous applications are no longer accepted.)

The application must be signed by the company owner or a corporate officer. A check or money order payable to the "State of Delaware" must accompany this application and be sent to:

Delaware Department of Natural Resources and Environmental Control
Compliance and Permitting Section
89 Kings Highway
Dover, DE 19901

1. Type of Permit

- New – **SCRAP TIRES ONLY** Submit a check or money order, payable to the "State of Delaware," in the amount of \$75.00.
- New – **ALL OTHERS** Submit a check or money order, payable to the "State of Delaware" in the amount of \$350.00.
- Renewal: Permit # DE-SW- _____ Expiration Date _____

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

SCRAP TIRES ONLY

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

ALL OTHERS

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

2. Release to Public

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

3. Company Information

Company Name Goodeals, Inc.

Location Address:	Mailing Address:
<u>537 Main St. Wilm DE 19804</u>	<u>278 E. Flagstone Dr. Newark, DE 19702</u>

Contact: John W Baker Jr. Title: Owner

Business Phone: 302-743-5865 Fax: —



24 hr Emergency Contact Phone: 302-743-5865

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: Wilm State: DE Date: 2002

- 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 A

(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 B
 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 *we do recycle all metal*

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

(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) C
 - Clean Earth of New Castle, Inc. (thermal treatment facility for PHC-soils)
 - Delaware Recyclable Products, Inc. (dry waste, commercial, industrial, and PHC-soils)
 - Other in-state solid waste facilities, including private facilities: (attachment) _____
 - Out of state solid waste TSD facilities: (attachment) _____

9. Other Transporter Permits

- (a). Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)
 - Attachment _____
 - Not applicable-No transporter permit required for these solid waste types in our home state.
- (b). List solid waste transporter permits held in other states.
 - Attachment _____
 - No transporter permits in other states
- (c). Indicate your Federal DOT number and Motor Carrier number:
DOT# _____ MC# _____
 N/A If N/A, please provide an explanation, on the following page, as to why you are not required to have a DOT or MC number.

We are a light hauler of household goods and furniture and all trucks are registered at 12,000 lbs or less

10. Proof of Financial Responsibility

The transporter must submit proof of financial responsibility as established in section 7.2.4 of Delaware's *Regulations Governing Solid Waste*. This proof may be established by a Certificate of Insurance, with MCS-90 endorsement where applicable, or by other means approved by the Department. (The Certificate of Insurance must identify the **Department of Natural Resources and Environmental Control, Compliance and Permitting Section** as the certificate holder.)

- (a). Are you for-hire in interstate commerce? Yes No (For-Hire means you are in the business of transporting, for compensation or payment, wastes generated by a company other than your own.)
- (b). Do you transport in the State of Delaware Only (Intrastate)? Yes No
- (c). Do you transport Interstate? Yes No

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

	FOR-HIRE INTERSTATE	ALL OTHERS
Residential Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Industrial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Dry Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Ash	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Infectious Waste	\$1,000,000.00 + MCS-90 <input type="checkbox"/>	\$750,000.00 + MCS-90 <input type="checkbox"/>
Non-Hazardous Petroleum Contaminated Soils	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Asbestos	\$1,000,000.00 + MCS-90 <input type="checkbox"/> (For Hire & Private)	\$350,000.00 <input type="checkbox"/>
Scrap Tires Only	\$350,000.00 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>

11. Spill Control and Safety

List all spill control and safety equipment which will be carried on each vehicle. (**Note:** Separate lists by type of vehicle and type of waste may be required.) Attach a copy of the Spill Control Plan. The Spill Control Plan **must** contain the following elements: (1) List of safety and spill control equipment carried in the vehicle, (2) Driver preventive measures, (3) Driver immediate corrective actions, (4) Company internal communications, (5) Company external communications including the **Delaware Emergency Reporting Numbers: 1-800-662-8802 and 302-739-9401**, and (6) Cleanup and decontamination measures.

Spill Control Plan: Attachment N/A

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 D

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

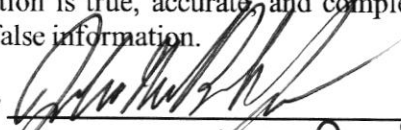
15. Environmental Record

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 12-2-24
Print Name John W Baker J Title OWNER

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

SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

(1) Spill control and safety equipment carried in each vehicle:

- ✓1). Reflectors and/or flares
- ✓2). Fire extinguisher
- ✓3). First aid kit
- ✓4). Heavy-duty gloves, hard hat
- ✓5). Flashlight
- 6).

(2) All loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the disposal facility.

(3) The driver will perform the following pre-trip inspections:

- 1). *Tarp is secure in all eyelets*
- 2). *Walk around vehicle and do visual inspection*

(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: *John Baker* Phone: *302-743-5865*

(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.

ATTACHMENTS

- Attachment A
 - Attachment B
 - Attachment C
 - Certificates of Insurance
 - Attachment D
 - Vehicle Information & copy of registrations
-

Goodeals, Inc
537 Main St
Wilmington, De 19804

Attachment A

Corporate officers

John W Baker Jr. : president, 278 E. Flagstone Dr. Newark, DE 19702, birth date [REDACTED]
Ownership 50%

Laura E. Baker : secretary, 278 E. Flagstone Dr. Newark, DE 19702, birth date [REDACTED]
Ownership 50%

Attachment B

Goodeals, Inc.
537 Main St
Wilmington, De 19804

Company location

537 Main St
Wilmington, De 19804

i

- 1) Cherry Island Landfill
1706 East 12th St
Wilmington, De 19809

 - 2) Pine Tree Corners Transfer Station
276 Pine Tree Rd
Townsend, De 19734
-



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/11/2024

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

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Pratt Insurance, Inc. 4 Village Square Smyrna DE 19977	CONTACT NAME:			
	PHONE (A/C No, Ext): 302-653-6681	FAX (A/C, No):		
	E-MAIL ADDRESS:			
	INSURER(S) AFFORDING COVERAGE			NAIC #
	INSURER A: Scottsdale Indemnity			
	INSURER B:			
INSURER C:				
INSURER D:				
INSURER E:				
INSURER F:				

INSURED GOODINC-03
Goodeals Inc. c/o Laura Baker
278 East Flagstone Drive
Newark DE 19702

COVERAGES **CERTIFICATE NUMBER:** 906201919 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			CP7218284	6/25/2024	6/25/2025	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTHE-R
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/> Y / <input type="checkbox"/> N	N / A			E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

CERTIFICATE HOLDER	CANCELLATION
Delaware Solid Waste Authority 601 Energy Lane Dover DE 19901	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE




CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/11/2024

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  Amanda Dixon State Farm 1711 Pulaski Hwy Bear DE 19701	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____	
	INSURER(S) AFFORDING COVERAGE	
INSURED Goodeals Inc 278 E Flagstone Dr Newark DE 19702	INSURER A : State Farm Mutual Automobile Insurance Company	NAIC # 25178
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR _____ _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ _____ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY			067 9557-D06-08 063 4080-F29-08 013 9191-E23-08	11/11/2024 11/11/2024 11/11/2024	04/06/2025 06/29/2025 05/23/2025	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 _____ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____						EACH OCCURRENCE \$ AGGREGATE \$ _____ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

2021 GMC 4500 Dump VIN# 54DCDW1D0MS203420
 2015 Isuzu NPR VIN# JALC4W162F7001575
 2005 Isuzu NPR VIN# JALB4B16557010662

CERTIFICATE HOLDER**CANCELLATION**

Delaware Solid Waste Authority 601 Energy Lane Dover, DE 19901	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

Attachment D

As a family business, we have been buying the contents of households since 2002. In doing so, we acquire rubbish that needs to be hauled to the landfill. Most of which is furniture. This also includes other household items such as glassware, old clothes, many other general household items.

A) None of our vehicles haul over 12,000 lbs and we are not required to have DOT or CDL licenses

B) We check yearly with our insurance company to ensure licenses and confirm there has been no driver violations. We currently only have 3 drivers.

C) Safety is discussed daily. We do not haul any hazardous material.

D) Drivers are personally trained by the owner on safety of our two small dump trucks and what to do in case of emergency.

IMPORTANT - IDENTIFICATION CARDS

MUTL VOL

STATE FARM®

FOLD TOP AND BOTTOM OF CARD ON PERFORATION

FOLD TOP AND BOTTOM OF CARD ON PERFORATION

State Farm

DELAWARE INSURANCE IDENTIFICATION CARD

25178 State Farm Mutual Automobile Ins. Co. 25143 State Farm Fire and Casualty Co.

INSURED BAKER, JOHN W JR T/A GOODEALS

MUTL VOL

POLICY NUMBER 013 9191-E23-08C EFFECTIVE
YR 2005 MAKE ISUZU MAY 23 2024 TO NOV 23 2024
MODEL NPR VIN JALB4B16557010662
AGENT AMANDA DIXON 6056-AA6
PHONE (302)836-9819 NAIC 25178

- A BODILY INJURY/PROPERTY DAMAGE LIABILITY
- P NO-FAULT
- D 500 DEDUCT COMPREHENSIVE
- G 500 DEDUCT COLLISION
- U

SEE REVERSE SIDE FOR ADDITIONAL COVERAGE INFORMATION

State Farm

DELAWARE INSURANCE IDENTIFICATION CARD

25178 State Farm Mutual Automobile Ins. Co. 25143 State Farm Fire and Casualty Co.

INSURED BAKER, JOHN W JR T/A GOODEALS

MUTL VOL

POLICY NUMBER 013 9191-E23-08C EFFECTIVE
YR 2005 MAKE ISUZU MAY 23 2024 TO NOV 23 2024
MODEL NPR VIN JALB4B16557010662
AGENT AMANDA DIXON 6056-AA6
PHONE (302)836-9819 NAIC 25178

- A BODILY INJURY/PROPERTY DAMAGE LIABILITY
- P NO-FAULT
- D 500 DEDUCT COMPREHENSIVE
- G 500 DEDUCT COLLISION
- U

SEE REVERSE SIDE FOR ADDITIONAL COVERAGE INFORMATION

KEEP A CARD IN YOUR CAR.

THIS CARD IS INVALID IF THE POLICY FOR WHICH IT WAS ISSUED LAPSES OR IS TERMINATED.

KEEP YOUR CURRENT CARD UNTIL THE EFFECTIVE DATE OF THIS CARD.

24/00473

M

3-A
Sys Pends

141189.2 01-11-2018 (o1pcrd1c)

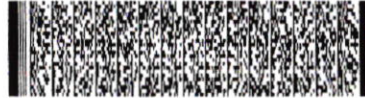


STATE OF DELAWARE

Motor Vehicle Registration Card

Good Only When Signed On Back

VEHICLE MAY BE INSPECTED AND REGISTRATION RENEWED ANYTIME WITHIN 90 DAYS BEFORE EXPIRATION
A \$20.00 LATE FEE IS CHARGED FOR LATE REGISTRATION RENEWALS



TITLE TAG AND REGISTRATION NO. C63217	SPECIAL TAG, IF ANY	ODOMETER MILEAGE 134,501	
MANUFACTURER AND YEAR ISU 2005	MODEL	BODY STYLE TB	YEARLY FEE 166.00
TITLE DATE 07/01/2005	EXPIRATION DATE 11/17/2024	VEHICLE IDENTIFICATION NO. JALB4B16557010662	
REG WEIGHT 12,000	MGVWR 12,000	USE NEW	COLOR WHI/

202311070408300001 431 DMW \$\$166.00 RR C0063217

GOODEALS INC
537 MAIN ST
WILMINGTON DE 19804

IMPORTANT - IDENTIFICATION CARDS

MUTL VOL

STATE FARM®

FOLD TOP AND BOTTOM OF CARD ON PERFORATION

FOLD TOP AND BOTTOM OF CARD ON PERFORATION

MUTL VOL

0101-ST-56B-G112

State Farm
 DELAWARE INSURANCE
 IDENTIFICATION CARD

25178 State Farm Mutual Automobile Ins. Co. 25143 State Farm Fire and Casualty Co.

INSURED **GOODEALS,INC** MUTL VOL

POLICY NUMBER **067 9557-D06-08A** EFFECTIVE

YR **2021** MAKE **GMC** OCT 06 2024 TO APR 06 2025

MODEL **4500** VIN **54DCDW1D0MS203420**

AGENT **AMANDA DIXON** **6056-AA6**

PHONE **(302)836-9819** NAIC **25178**

A BODILY INJURY/PROPERTY DAMAGE LIABILITY
P NO-FAULT
D 500 DEDUCT COMPREHENSIVE
G 500 DEDUCT COLLISION
U

SEE REVERSE SIDE FOR ADDITIONAL COVERAGE INFORMATION

State Farm
 DELAWARE INSURANCE
 IDENTIFICATION CARD

25178 State Farm Mutual Automobile Ins. Co. 25143 State Farm Fire and Casualty Co.

INSURED **GOODEALS,INC** MUTL VOL

POLICY NUMBER **067 9557-D06-08A** EFFECTIVE

YR **2021** MAKE **GMC** OCT 06 2024 TO APR 06 2025

MODEL **4500** VIN **54DCDW1D0MS203420**

AGENT **AMANDA DIXON** **6056-AA6**

PHONE **(302)836-9819** NAIC **25178**

A BODILY INJURY/PROPERTY DAMAGE LIABILITY
P NO-FAULT
D 500 DEDUCT COMPREHENSIVE
G 500 DEDUCT COLLISION
U

SEE REVERSE SIDE FOR ADDITIONAL COVERAGE INFORMATION

KEEP A CARD IN YOUR CAR.
 THIS CARD IS INVALID IF THE POLICY FOR WHICH IT WAS ISSUED LAPSES OR IS TERMINATED.
KEEP YOUR CURRENT CARD UNTIL THE EFFECTIVE DATE OF THIS CARD.

47/00556

00004R

141109.2 01-11-2018 (o1pcdo1c)

M

3-A
 Sys Pends



STATE OF DELAWARE Motor Vehicle Registration Card



Good Only When Signed On Back

VEHICLE MAY BE INSPECTED AND REGISTRATION RENEWED ANYTIME WITHIN 90 DAYS BEFORE EXPIRATION
 A \$20.00 LATE FEE IS CHARGED FOR LATE REGISTRATION RENEWALS

TITLE, TAG AND REGISTRATION NO. C35030		SPECIAL TAG, IF ANY		ODOMETER MILEAGE 9,650	
MANUFACTURER AND YEAR CHEV 2021		MODEL 450		BODY STYLE ST	
YEARLY FEE 166.00		TITLE DATE 01/18/2022		VEHICLE IDENTIFICATION NO. 54DCDW1D0MS203420	
EXPIRATION DATE 09/19/2025		REG WEIGHT 12,000		MGVWR 14,000	
USE NEW		COLOR WHI /			

202309193661300001 352 DDM \$3352.00 RR C0035030

GOODEALS INC
 537 MAIN ST
 WILMINGTON DE 19804

Davis, DaQuan (DNREC)

From: Laura Baker <baker3167@gmail.com>
Sent: Saturday, December 14, 2024 6:57 PM
To: WHStranporters
Subject: Re: Delaware Solid Waste Transporter Permit Review
Attachments: HPSCAN_20241214235214224_2024-12-14_235417574.pdf

Sorry about the delay. We do not collect trash or do weekly pickups. Attached is COI, driver training, and vehicle operators. Thank you, John Baker

On Fri, Dec 13, 2024 at 1:55 PM WHStranporters <WHStranporters@delaware.gov> wrote:

Please provide this information by December **16, 2024**:

- **Section 7-** Do you collect trash from Delaware households? Do you do weekly household trash pickup? If so, do you also do weekly recycling services?
- **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-** You did not provide a written driver training program. Please review section 12 of the application and provide driver training.
- **Section 14-** You did not provide a list of vehicle operators, please provide this.



DaQuan L. Davis

Environmental Scientist I

Division of Waste and Hazardous Substances

 302-739-9403

 WHStranporters@delaware.gov

 89 Kings Hwy SW, Dover, DE 19901

 dnrec.delaware.gov



From: Davis, DaQuan (DNREC) **On Behalf Of** WHStransporters
Sent: Thursday, December 5, 2024 10:00 AM
To: baker3167@gmail.com
Subject: Delaware Solid Waste Transporter Permit Review

Hi Mr. Baker Jr.,

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 7-** Do you collect trash from Delaware households? Do you do weekly household trash pickup? If so, do also do weekly recycling services?
- **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-** You did not provide a written driver training program. Please review section 12 of the application and provide driver training.
- **Section 14-** You did not provide a list of vehicle operators, please provide this.

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




CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/09/2024

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

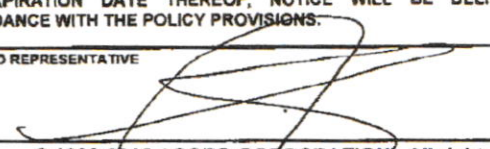
PRODUCER State Farm  Amanda Dixon State Farm 1711 Pulaski Hwy Bear DE 19701	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED Goodeals Inc 278 E Flagstone DR Newark DE 19702	INSURER A: State Farm Mutual Automobile Insurance Company NAIC # 25178	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPI/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			067 9557-D06-08 063 4080-F29-08 013 9191-E23-08	11/11/2024 11/11/2024 11/11/2024	04/06/2025 06/29/2025 05/23/2025	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 2021 GMC 4500 Dump VIN# 54DCDW1D0MS203420
 2015 Isuzu NPR VIN# JALC4W162F7001575
 2005 Isuzu NPR VIN# JALB4B16557010662

CERTIFICATE HOLDER Department of Natural Resources & Environmental Control 89 Kings HWY Dover DE 19901	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 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/9/2024

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PRODUCER Pratt Insurance, Inc. 4 Village Square Smyrna DE 19977	CONTACT NAME: PHONE (A/C, No, Ext): 302-653-6681		FAX (A/C, No):
	E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A: Scottsdale Indemnity			
INSURER B:			
INSURER C:			
INSURER D:			
INSURER E:			
INSURER F:			

INSURED
 Goodeals Inc. c/o Laura Baker
 278 East Flagstone Drive
 Newark DE 19702

GOODINC-03

COVERAGES

CERTIFICATE NUMBER: 388835933

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			CP7218284	6/25/2024	6/25/2025	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTHER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

CERTIFICATE HOLDER

CANCELLATION

Dover DE 19901

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Goodeals Driver Training

All drivers must read, sign & date each fiscal year

All rules must be obeyed or subject to termination

All paperwork & violations will be kept on file

1. Driver must have a valid driver's license in the state of DE. No vehicles Goodeals owns are registered over 12,000 pounds. No special licenses are required.
2. Drivers must provide all traffic violations accrued on or off company time.
3. Drivers must have the legal right to work and operate vehicles in the state of DE.
4. Driver must read & initial all special rules & regulations required by the D.S.W.A (see attachment 1)
5. Drivers will be immediately notified on any rule changes at the D.S.W.A facilities.
6. All vehicles must contain class abc fire extinguishers & safety triangles for emergencies.
7. Drivers must be trained in proper tarping & dumping of trucks prior to operating any vehicle.
8. Driver will visually inspect all loads prior to operating vehicle. Ensuring all straps & bungee cords are secure & nothing is protruding from the tarp.
9. Any accidents on or off company time must be reported immediately to owner. Company accidents of any kind shall & will be reviewed immediately to determine the cause & fault.
10. All records of documents, training, accidents will remain on file for future reference and compliance.
11. Driver shall never haul hazardous materials.
12. All vehicles inherently use hazardous materials to operate.
 - a. These materials include, but are not limited to:
 - i. Hydraulic Fluids
 - ii. Gasoline
 - iii. Oil
 - iv. Diesel
 - v. Transmission Fluids
 - vi. Diesel Exhaust Fluids
 - vii. Brake Fluids
 - b. In the event of any spill for any hazardous fluid, driver shall immediately contact:
 - i. DNREC Emergency Response (1-800-662-8802)
 - ii. Owners:
 1. John Baker (302-743-5865)
 2. Laura Baker (302-690-2798)

13. All drivers must read & sign this drivers safety training. All new drivers must read & sign this drivers safety training. Each driver shall renew at the beginning of every year & review any questions or changes with the owner.
14. A copy of these safety rules must remain in all vehicles.
15. A copy of every safety review with all drivers will be kept on file at Goodeals 537 Main St. Wilmington DE 19804

Owner

print: _____

signature: _____ date: _____

Driver

print: _____

signature: _____ date: _____

Attachments

Attachment 1: DSWA Special Rules & Regulations (section 7)

7.0 Operating in a DSWA Facility

7.1 All vehicles entering a DSWA facility to deliver solid waste, dry waste, construction and demolition waste or recyclable materials, shall proceed to the appropriate scale. Each vehicle shall come to a full stop before driving onto the scale, for weighing in or for weighing out. Quick stopping or starting on the scales will not be permitted. All personnel must remain in the vehicle unless directed by the Weighmaster to come to the scale house window. After weighing, the vehicle must not leave the scales until authorized to do so by the Weighmaster and must proceed to the designated area at the DSWA facility. In the event that an invoice generated from the charging of fees or user charges at a DSWA facility is not paid in accordance with DSWA credit policies the License may be revoked or suspended. Before the License revocation and/or denial of use, the user may have a hearing before the Directors of DSWA, and the user shall be given at least fifteen (15) days notice of the hearing. The procedure for obtaining and holding the hearing shall be as set forth in these Regulations.

7.2 After weighing and at the direction of the Weighmaster or other DSWA representative, each vehicle shall proceed to the area designated. Spotters at the landfill face or on the tipping floor shall direct the vehicles to a special loading/unloading location. Vehicle drivers shall maintain safe distances from other vehicles at all times while at a DSWA facility. At small load facilities, waste shall be disposed only in the containers that have been provided. The contents of each vehicle shall be discharged as quickly as possible and the vehicle shall leave as directed by the operating contractor. Clean-up is allowed only at designated

15

locations. No roll-off boxes will be dropped anywhere in a DSWA facility without the express approval from a DSWA representative.

7.3 Each vehicle operator shall exercise caution, due care, and safe procedures in all operations at all DSWA facilities. Vehicle drivers who disregard the posted speed limits on a DSWA facility may be denied access to any DSWA facility. Vehicle operators shall follow directions from the DSWA or its representative.

7.4 No hand sorting, picking over, or salvaging of solid waste, dry waste or recyclable materials will be permitted at any time, without specific DSWA approval.

7.5 All vehicle operators and other personnel proceed onto the delivery area or location at their own risk. DSWA shall not be liable for acts or omissions of its contractors, persons using a DSWA facility, or other third persons in or about a DSWA facility.

7.6 No loitering will be permitted in any DSWA facility.

7.7 DSWA reserves the right to redirect vehicles to alternate locations within the DSWA facility if for any reason in the opinion of DSWA's representative the original location cannot handle the load or type of material.

7.8 There shall be no smoking at any DSWA facility.

7.9 The DSWA from time to time may adopt and post other rules for DSWA facilities. It is the responsibility of Licensees and other persons using DSWA facilities to familiarize themselves with and to obey such rules.

7.10 Any vehicle that is immobile and obstructing facility operations may be moved to a non-conflicting area by DSWA representatives after notifying the Licensee's driver. The Licensee's driver will be given reasonable time to contact his office either through radio or telephone. If the problem vehicle poses a safety or fire hazard, it will be removed immediately after giving notice to the driver. Licensee shall also give written instructions to drivers on proper procedures for towing.

7.11 To prevent material from falling off vehicles and to minimize litter, all vehicles, including but not limited to pick-up trucks, entering a DSWA facility shall be sufficiently secured through the use of tarpaulins or ropes or netting or enclosures sufficient to prevent the material from falling off the vehicles. Vehicles shall remain secured until reaching the designated untarping area at the DSWA facility.

7.12 DSWA shall have the right to require unloading of the contents of any vehicle at a DSWA facility for the purpose of inspection.

7.13 If any prohibited wastes, hazardous wastes, explosives, toxic substance, pathological and infectious wastes, radioactive wastes are found, then the person delivering such waste to a DSWA facility shall be subject to the sanctions that may be imposed under 16

Section 10.0 and other applicable laws and regulations and that person shall be notified and given an opportunity to properly remove all of the waste emptied from the solid waste collection vehicle at his expense. If that is not accomplished within four (4) hours (or the end of the facility business hours, whichever is greater) of such notice, which shall be either in person or by telephone, or, if the person cannot be reached immediately, either in person or by telephone, DSWA may proceed to arrange for removal and proper disposal of the entire load and the person who delivered such material to the DSWA facility shall be liable to DSWA for all costs incurred by DSWA in arranging for proper disposal, including, without limitation, DSWA's out-of-pocket expenses, contractor's fees, disposal costs, overhead supervisory costs, legal fees, testing costs, and transportation costs.

5 DE Reg. 100 (7/1/01)

15 DE Reg. 637 (11/01/11)

17 DE Reg. 313 (09/01/13)

LIST OF VEHICLE OPERATORS

John W Baker Jr
Brandon Baker
- James Moore