RECEIPT

DATE 01/17/25 No. 628200

RECEIVED FROM Sunk Hammers Junk Removal $ 350.00

Three hundred fifty and 00/100 DOLLARS

○ FOR RENT
⊗ FOR DE-SW-2054

ACCOUNT		
PAYMENT		
BAL. DUE		

○ CASH
⊗ CHECK
○ MONEY ORDER
○ CREDIT CARD

FROM 0615 TO

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

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

RECEIVED
JAN 17 2025
DNREC - WHS

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- 2054 Expiration Date 12-21-24

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

SCRAP TIRES ONLY	ALL OTHERS
☐ One Year - $75.00	☒ One Year - $350.00
☐ Two Years - $125.00	☐ Two Years - $650.00
☐ Three Years - $175.00	☐ Three Years - $950.00
☐ Four Years - $225.00	☐ Four Years - $1250.00
☐ Five Years - $275.00	☐ Five Years - $1550.00

2. Release to Public

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

3. Company Information

Company Name BROWN & WHITE ENTERPRISES D/B/A JUNK HAMMERS JUNK HAMMERS

Location Address:	Mailing Address:
15 CHURCH ST, SUITE A	17510 PRINCE PHILIP DRIVE
UPLAND, PA 19015	OLNEY, MD 20832

Contact: FRANK BROWN Title: PRESIDENT

Business Phone: 610-881-5900 Fax: 301-570-5355

E-mail: frank@brown&junkhammers.com

24 hr Emergency Contact Phone: 301-440-5364

4. Company Ownership Information

(a). Please indicate the company type:
- ☐ Proprietorship
- ☐ Partnership
- ☐ Corporation - If company is a corporation, indicate city, state, and date of incorporation.

  City: _____ State: _____ Date: _____
- ☐ Municipality
- ☐ Public institution
- ☒ Limited Liability Corporation (LLC) State: PA
- ☐ Other: (must specify) _____

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

☒ Attachment _____

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

- ☐ Attachment _____
- ☒ No parent company

5. Company locations in Delaware

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

☐ Attachment _____
☒ No Delaware locations

6. Company Affiliates

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

☐ Attachment _____
☒ No affiliates

7. Type of Waste to be Transported

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

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

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

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

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

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

8. Treatment, Storage, and Disposal Facilities

(a). Do you cross state lines with the waste? ☒ Yes ☐ No

(b). Identify in an attachment ***all*** solid waste Treatment, Storage, Disposal Facilities, Reclamation Facilities and Transfer Stations to which the waste will be transported.

☐ Delaware Solid Waste Authority locations: (attachment) _____
☐ Clean Earth of New Castle, Inc. (thermal treatment facility for PHC-soils)
☐ Delaware Recyclable Products, Inc. (dry waste, commercial, industrial, and PHC-soils)
☐ Other in-state solid waste facilities, including private facilities: (attachment) _____
☐ 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# 4134457 MC# _____

☐ N/A If N/A, please provide an explanation, on the following page, as to why you are not required to have a DOT or MC number.

10. Proof of Financial Responsibility

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

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

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

	FOR-HIRE INTERSTATE	ALL OTHERS
Residential Waste	$750,000.00 + MCS-90 ☐	$350,000.00 ☐
Commercial Waste	$750,000.00 + MCS-90 ☐	$350,000.00 ☐
Industrial Waste	$750,000.00 + MCS-90 ☐	$350,000.00 ☐
Dry Waste	$750,000.00 + MCS-90 ☐	$350,000.00 ☐
Ash	$750,000.00 + MCS-90 ☐	$350,000.00 ☐
Infectious Waste	$1,000,000.00 + MCS-90 ☐	$750,000.00 + MCS-90 ☐
Non-Hazardous Petroleum Contaminated Soils	$750,000.00 + MCS-90 ☐	$350,000.00 ☐
Asbestos	$1,000,000.00 + MCS-90 ☐ (For Hire & Private)	$350,000.00 ☐
Scrap Tires Only	$350,000.00 ☐	$350,000.00 ☐

11. Spill Control and Safety

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

Spill Control Plan: Attachment WE DO NOT TRANSPORT LIQUIDS.

12. Driver Training

IN SUMMARY OR OUTLINE FORM, describe the procedures that your company takes to ensure that all company drivers are safe and competent drivers. Small owner-operators may describe their years of experience and driving record in lieu of a formal program.

(a). Include requirements for special licenses (e.g. CDL, including any special endorsements), any special training received, including dates training was received (e.g. asbestos training), and any ongoing company programs. (e.g. weekly safety meetings or annual refresher courses);

(b). Include your company procedure for periodic checks of the driver's records for moving violations, and your company policy on progressive counseling/discipline based on points;

(c). Describe how drivers are instructed in the following:
(i) Knowledge of proper handling procedures for the type of solid waste being transported.
(ii) Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)
(iii)Familiarity with the conditions of the solid waste transporter's permit.

Driver Training, attachment ____/____

13. Vehicle Identification

On the form provided with this application, list **MAKE, MODEL, YEAR, SERIAL NUMBER, LICENSE PLATE NUMBER, STATE OF REGISTRATION, MANUFACTURER'S GVWR and OWNERSHIP** of all vehicles used for the transportation of solid waste. You must list both motorized and container units. (If you maintain a list of company vehicles in a computer database you may submit a print out of the vehicles provided it contains the information requested herein.)

NOTE: You must notify CAPS in writing of any changes to information contained within this application, such as additions or deletions of vehicles, in accordance with conditions of the issued permit.

☑ Vehicle List Attached

14. Vehicle Operator Information

Is a list of all vehicle operators attached? ☒ Yes

What tax form do you submit to the IRS for your vehicle operators?
☒ Form W-2
☐ Form 1099-Misc
☐ Other

15. Environmental Record

List all criminal citations, arrests, convictions, civil or administrative violations, and civil or administrative enforcement actions, and the disposition(s) thereof for the violation or alleged violation of any environmental statute, regulation, permit, license, approval, or order, regardless of the state in which it occurred. Indicate whether it was a local, state, or federal violation or alleged violation. List all such items for the applicant, and if the applicant is other than an individual, for any employee while employed by the applicant, or any partner, officer, or director of the applicant as an individual or for any former business of such partner, officer, or director. For civil or administrative violations or alleged violations, list all such items for the last five (5) years from the date of the application. Information submitted under this section is subject to verification. **Failure to submit complete and accurate information may lead to permit denial or revocation.**

☐ Attachment _____
☒ No violations within the specified time period

16. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, upon personal knowledge and information, the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information.

***Signature* _____ Date 1-14-24

Print Name Frank A. Brown Jr Title President

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

Brown & White Enterprises, LLC
d/b/a Junk Hammers Junk Removal
15 Church Street, Suite A
Upland, PA 19015

OWNERSHIP STRUCTURE OF LLC

Frank A. Brown Jr., President
17510 Prince Philip Drive
Olney MD 20832
DOB 12/04/1958
75% Ownership

Frank L. White
172 S. Steven Lane
Wilmington DE 19808
DOB 6/29/1979
25% Ownership

Brown & White Enterprises LLC, d/b/a Junk Hammers Junk Removal

Landfills Used Outside of Delaware

1) DCSWA (our main landfill)
   610 E Baltimore Pike
   Media, PA 19063
   610-892-9620
2) John Savoy
   52 Concord Street
   Aston PA 19014
3) Construction Demolition Recycling Inc.
   1060 Industrial Hwy.
   Southampton, PA 10966
4) L&S Demo Recycling
   884 Brook Road
   Conshocken, PA 19428
   610-828-5948
5) David Geppert Recycling
   4000 Pulaski avenue
   Philadelphia, PA 19140
   215-842-0122
6) Revolution Recovery
   111 Lambson Road
   New Castle, DE 19720
   302-356-3000

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 1/14/2025

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	CONTACT NAME: Jennifer Novak	
Wisdom Insurance Agency 2309 Silvernail Rd Pewaukee WI 53072	PHONE (A/C, No, Ext): (262) 408-5019	FAX (A/C, No):
	E-MAIL ADDRESS: jennifer@wisdominsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : ERIE INS CO	26263
INSURED	INSURER B : ERIE INS EXCH	26271
Brown & White Enterprises Junk Hammers Junk Removal 15 CHURCH ST BROOKHAVEN PA 19015-2921	INSURER C : ERIE INS PROP & CAS CO	26830
	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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC [ ] OTHER:			Q61 0328791	10/09/2024	10/09/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ $ $ $ $ $	1,000,000 1,000,000 5,000 1,000,000 2,000,000 2,000,000
B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY			Q10 0931008	10/09/2024	10/09/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $	1,000,000
B	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			Q34 0970361	10/09/2024	10/09/2025	EACH OCCURRENCE AGGREGATE	$ $	1,000,000 2,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		Q94 5900250	10/09/2024	10/09/2025	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $	1,000,000 1,000,000 1,000,000

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

CERTIFICATE HOLDER

State of Delaware Department of Natural (cont. in ACORD 101)

Compliance & Permitting Section
89 Kings Highway
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

Toby Stubbs

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). CONFIRM LOAD IS COVERED.
   2). CONFIRM NO FLUIDS W LOAD

(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: Rupert Brown Phone: 301-440-5364

(5) The designated coordinator will contact the state and municipal authorities where the accident occurred. If the accident or spill has the potential to cause environmental damage, (either due to the nature of the waste, location of the accident, or additional factors such as leaking oil, gasoline, or hydraulic fluid) the person contacted will notify the state emergency response team, by calling one of the following numbers:
   Delaware: 911, (302) 739-9401 or 1-800-662-8802 (*Other numbers may be listed as follows, however, the listed Delaware numbers **must** be included in the spill control plan.*)
   Maryland:
   New Jersey:

(6) The designated coordinator will contract for clean-up services with another company. (*This is optional, however, if another company is to be contracted, please append a list of cleanup companies by either region or state.*)

(7) This plan will be carried in all vehicles, along with the permit.

DRIVER TRAINING

1) Our vehicles gross weight of 14,500 pounds does not require a CDL nor DOT mandated drug testing.
2) Per DOT Guidelines we run an MVR on all employees before they are hired and at 1-year anniversaries thereafter.
3) Since we do not handle hazardous material nor do we transport liquids there is no "Spill Control Plan".
4) All employees are road tested by my business partner for a period of two weeks. Only after he is satisfied are they permitted to drive unsupervised.
5) All of trucks are equipped with camera's and we are notified of speed infractions and other violations i.e. eating while driving, cell or texting while driving.

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
CHEVY TWIN 18 2024	TK	54DC0W7DXRS203609	ZXB9775	14500	JUNK HAMMOND JUNK
11 11 11	11	54DC0W7D8RS203608	ZXB 9788	11	11
ISUZU TWIN 18 11	11	54DC4W7D7NS206745	Z4H2565	11	11

Junk Hammers Junk Removal Drivers List

Bryant, Shamir E

Coleman, Justin Q

Cunningham, Tyaire R

Guillory, Corey G

Weselyk, Anthony J

Davis, DaQuan (DNREC)

From:	Frank Brown <frankbrown@junkhammers.com>
Sent:	Tuesday, January 28, 2025 10:25 AM
To:	WHStransporters
Subject:	Re: Incomplete Solid Waste transporter Permit Application
Attachments:	SCAN0258.PDF; SCAN0259.PDF
Follow Up Flag:	Follow up
Flag Status:	Flagged

Hi Mr. Davis,

I am attaching our "Spill Control Plan" and our "Delaware Solid Waste Transporter Annual Report".

The total miles our vehicles traveled in 2024 was 69,817. We have cameras in our trucks that also record speed and mileage and I can provide a breakdown for you by vehicle if needed. I filed our MCS-150, I just have not figured out how to get a copy of it. I have sent an email to the DOT to get a copy, if you would like me to send it once I get it, just let me know.

We are domiciled in Pennsylvania so all of our vehicles are titled and registered in Pennsylvania.

Lastly, I want to thank you for all of your help. I appreciate you helping me get compliant. If there is anything else you need, just let me know.

Sincerely,
Frank Brown
610-881-5900

On Wed, Jan 22, 2025 at 12:01 PM WHStransporters <WHStransporters@delaware.gov> wrote:

> Hi Mr. Brown,
>
> 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 9** - The Vehicle Miles Traveled needs to be updated for your DOT number.
> - **Section 12**- Please add the missing information for driver training. Requirements include:
>
> (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**- What state is each vehicle registered in?

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

Spill Control Plan for Non-CDL Trucks

Brown & White Enterprises, LLC d/b/a Junk Hammers Junk Removal

January 23, 2025

Plan Version #1

Contact Information:
Frank A. Brown Jr., President
Business: 610-881-5900 Cell: 301-440-5364 Fax: 301-570-5355
email:frankbrown@junkhammers.com

1. Purpose of the Plan

The purpose of this Spill Control Plan is to ensure that all employees operating non-CDL trucks are aware of the proper procedures for handling and reporting spills that occur during the transportation of materials. This plan covers spills related to hazardous and non-hazardous materials to comply with the Department of Transportation (DOT) regulations and to minimize environmental impact.

2. Scope

This plan applies to all non-CDL trucks used for the transportation of goods that may pose a risk of spilling. This includes both hazardous and non-hazardous substances, such as oils, fuels, chemicals, and other potentially hazardous materials.

3. Spill Prevention Measures

- **Loading and Unloading:** Ensure proper securing of cargo before transport. All loads should be checked for leaks, cracks, or damages prior to departure.
- **Vehicle Inspections:** Perform pre-trip inspections, including checking for any fluid leaks under the truck and inspecting the vehicle for any damage that could lead to a spill during transportation.
- **Material Compatibility:** Ensure that materials being transported are compatible with the containment equipment (e.g., plastic pallets, shrink wrap) to prevent leaks.

- **Training:** All drivers and personnel must be trained in spill prevention measures, including how to safely load, unload, and secure materials.

4. Spill Response Procedures

In the event of a spill, follow the procedures outlined below:

1. **Assess the Situation:**
   - Stop the vehicle immediately, and ensure the vehicle is in a safe location away from traffic or potential hazards.
   - Identify the material spilled (e.g., fuel, oil, chemicals) and assess the extent of the spill.
2. **Personal Protective Equipment (PPE):**
   - Drivers must wear appropriate PPE such as gloves, boots, eye protection, and respirators if necessary, based on the type of material spilled.
3. **Containment:**
   - Use spill containment materials such as absorbent pads, sand, or dikes to limit the spread of the spill. For small spills, use a spill kit.
   - If necessary, use a containment berm or other barriers to prevent the material from reaching storm drains or waterways.
4. **Notify Authorities:**
   - If the spill is reportable, immediately contact local emergency services, the National Response Center (NRC), and relevant local environmental agencies.
   - For hazardous material spills, follow the guidance outlined by the DOT and the Environmental Protection Agency (EPA).
5. **Clean-Up:**
   - Once the spill has been contained, clean up the affected area by removing absorbent materials and properly disposing of contaminated waste.
   - Ensure that the area is properly decontaminated to prevent further risks to health and the environment.

5. Reporting and Documentation

- **Incident Report:** A spill report must be filled out within 24 hours of the incident. The report should include:
  - Date and time of the spill
  - Location of the spill
  - Materials spilled
  - Immediate actions taken
  - Estimated amount of the spill
  - Person(s) involved in the cleanup
  - Any damages or injuries that occurred

- **Record Keeping:** All spill response records, including incident reports and clean-up documentation, must be maintained for a minimum of 3 years.

6. Spill Response Kit

Each non-CDL truck must be equipped with the following spill response materials:

- Absorbent pads or booms
- Spill containment bags
- Gloves, safety goggles, and other PPE
- Plastic bags or containers for waste disposal
- Fire extinguisher
- Material Safety Data Sheets (MSDS) for materials being transported
- Flashlight, tape, and warning signs to alert other drivers

7. Training

- **Driver Training:** All drivers must undergo spill response training, including procedures for containment, notification, and clean-up.
- **Emergency Response Drills:** Conduct annual spill response drills to ensure that employees are prepared for any potential spills.

8. Compliance and Review

This Spill Control Plan will be reviewed annually and updated as necessary to ensure compliance with all DOT regulations, local laws, and industry best practices. All updates will be communicated to employees, and training will be conducted to reflect any changes.

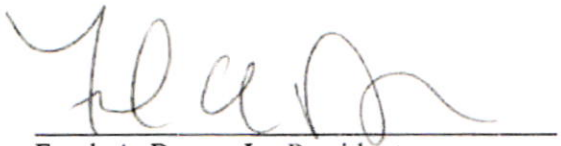
9. Emergency Contacts

- **National Response Center (NRC):** 1-800-424-8802
- **Local Fire Department:** 302-576-3950 (Wilmington)
- **Local Environmental Agency:** 800-438-2474

10. Acknowledgment

By signing below, the employee acknowledges receipt and understanding of this Spill Control Plan and agrees to follow the outlined procedures.

Employee Name: Frank A. Brown Jr., President



Frank A. Brown Jr., President Date 1-23-25

This Spill Control Plan is intended to be a general guide. Depending on the materials being transported, further considerations may need to be added (e.g., specific chemical handling or additional safety measures). Make sure your plan is customized based on your specific operational needs and complies with local, state, and federal regulations.

Davis, DaQuan (DNREC)

From: Frank Brown <frankbrown@junkhammers.com>
Sent: Tuesday, January 28, 2025 2:03 PM
To: WHStransporters
Subject: Re: Incomplete Solid Waste transporter Permit Application

Mr. Davis,

Yes, to adding the tires. We don't handle a lot of tires but it does come up every once in a while. I will get the report out to you as soon as they tell me how to access it.

Thank You
Frank Brown

On Tue, Jan 28, 2025 at 1:33 PM WHStransporters <WHStransporters@delaware.gov> wrote:

> Yes, please send that form. Also, I noticed on your annual report has scarp tires, do you want to add scrap tires to your renewal?

DaQuan L. Davis
Environmental Scientist I

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