

# RECEIPT

DATE

03/07/25

No.

927932

RECEIVED FROM

Debex Enterprises, Inc.

\$

650.00

Six hundred fifty and <sup>00</sup>/<sub>100</sub>

DOLLARS

☐ FOR RENT☒ FOR

DE-SW-1723

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY  
ORDER☐ CREDIT  
CARD

FROM

004205

TO

BY

M.M.



RECEIVED

MAR 07 2025

DNREC - WHS

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

89 KINGS HIGHWAY  
DOVER, DELAWARE 19901

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

**SOLID WASTE TRANSPORTER PERMIT APPLICATION**

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

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

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

**1. Type of Permit**

- ☐ New – **SCRAP TIRES ONLY** Submit a check or money order, payable to the "State of Delaware," in the amount of \$75.00.
- ☐ New – **ALL OTHERS** Submit a check or money order, payable to the "State of Delaware" in the amount of \$350.00.
- ☒ Renewal: Permit # DE-SW- 1723 Expiration Date June 30, 2027

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 Debex Enterprises Inc

Location Address:	Mailing Address:
611 East Chapel Ave	Same
Cherry Hill, NJ 08034	

Contact: Debra L. Capone Title: President

Business Phone: 856-616-9011 Ext 227 Fax: 856-616-0555

E-mail: dcapone@debexcontractors.com

24 hr Emergency Contact Phone: [REDACTED]

**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: Haddon Twp. State: N.J. Date: 1/27/1995

- ☐ Municipality  
☐ Public institution  
☐ Limited Liability Corporation (LLC) State: \_\_\_\_\_  
☐ Other: (must specify) \_\_\_\_\_

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

☐ Attachment \_\_\_\_\_

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

- ☐ Attachment \_\_\_\_\_  
☒ No parent company

(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 Yes
- ☐ 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 Yes
- ☐ No transporter permits in other states
- (c). Indicate your Federal DOT number and Motor Carrier number:
- DOT# 305454 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 <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	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Contaminated Soils	\$1,000,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Asbestos	(For Hire & Private)	
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 Yes

#### 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.

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

Driver Training, attachment Yes

### 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 Debra L. Capone Date 3-7-25  
Print Name Debra L Capone Title Pressident

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



New Jersey Department of Environmental Protection  
Vehicle Registration Unit  
9 Ewing Street, Mail Code 09-01, PO Box 420  
Trenton, NJ 08625-0420  
(609) 292-7081 LRU@dep.nj.gov

**NJDEP Transporter Vehicle Registration Card**

# 371

Expiration Date: 06/30/2025  
Decal Number: SWE-25-110280  
Vin ID#: 1M2AD62YXRW001726 NJ  
License Plate #: AU413H  
Vehicle Type: Cab  
Vehicle leased?: N  
If Yes, lessor's name:

**EXEMPT SOLID WASTE**  
NJDEP Registered Transporter:

**DEBEX ENTERPRISES INC**  
611 E CHAPEL AVE,  
CHERRY HILL, NJ 08034

NJDEP Registered Transporter:  
**DEBEX ENTERPRISES INC**  
NJDEP #: 0037723

This card must be carried in the cab of the vehicle at all times.  
This registration card & decal are valid for use only by the listed registrant.  
Leased equipment can only be used to transport waste by the listed registrant.





New Jersey Department of Environmental Protection  
Vehicle Registration Unit  
9 Ewing Street, Mail Code 09-01, PO Box 420  
Trenton, NJ 08625-0420  
(609) 292-7081 LRU@dep.nj.gov

**NJDEP Transporter Vehicle Registration Card**

Expiration Date: 06/30/2025  
Decal Number: **SWE-25-110289**  
Vin ID#: **1M2GR4GC0NM030459** NJ  
License Plate #: **AX137S**  
Vehicle Type: **Single Unit Vehicle**  
Vehicle leased?: N  
If Yes, lessor's name:

**EXEMPT SOLID WASTE**  
NJDEP Registered Transporter:

**DEBEX ENTERPRISES INC**  
611 E CHAPEL AVE,  
CHERRY HILL, NJ 08034

NJDEP Registered Transporter:  
**DEBEX ENTERPRISES INC**  
NJDEP #: **0037723**

This card must be carried in the cab of the vehicle at all times.  
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STATE OF NEW JERSEY  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
SOLID WASTE TRANSPORTER

**SELF-GENERATOR**  
NON-LICENSED

**110289**

**EXPIRES JUNE 30, 2025**



New Jersey Department of Environmental Protection  
Vehicle Registration Unit  
9 Ewing Street, Mail Code 09-01, PO Box 420  
Trenton, NJ 08625-0420  
(609) 292-7081 LRU@dep.nj.gov

**NJDEP Transporter Vehicle Registration Card**

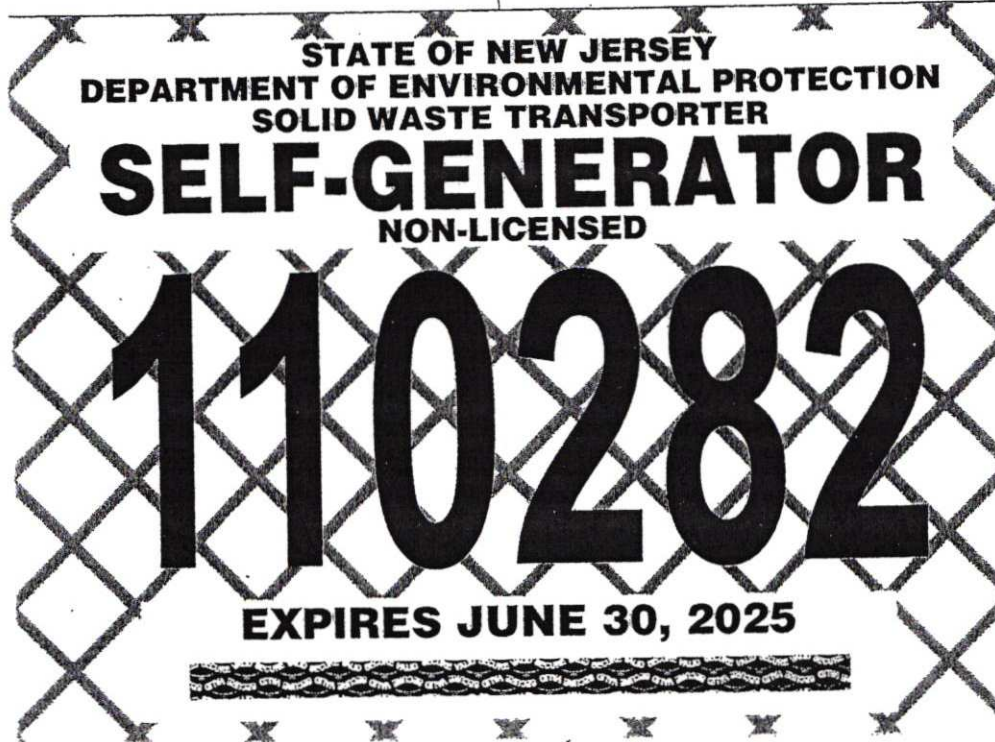
Expiration Date: 06/30/2025  
Decal Number: SWE-25-110282  
Vin ID#: 1M1AG11YX3M006587 NJ  
License Plate #: AU419H  
Vehicle Type: Cab  
Vehicle leased?: N  
If Yes, lessor's name:

**EXEMPT SOLID WASTE**  
*NJDEP Registered Transporter:*

**DEBEX ENTERPRISES INC**  
611 E CHAPEL AVE,  
CHERRY HILL, NJ 08034

NJDEP Registered Transporter:  
**DEBEX ENTERPRISES INC**  
NJDEP #: 0037723

This card must be carried in the cab of the vehicle at all times.  
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Leased equipment can only be used to transport waste by the listed registrant.





New Jersey Department of Environmental Protection  
Vehicle Registration Unit  
9 Ewing Street, Mail Code 09-01, PO Box 420  
Trenton, NJ 08625-0420  
(609) 292-7081 LRU@dep.nj.gov

#377

# NJDEP Transporter Vehicle Registration Card

Expiration Date: 06/30/2025  
Decal Number: SWE-25-110281  
Vin ID#: 1M1AG10Y45M024619 NJ  
License Plate #: AU418H  
Vehicle Type: Cab  
Vehicle leased?: N  
If Yes, lessor's name:

**EXEMPT SOLID WASTE**  
NJDEP Registered Transporter:

DEBEX ENTERPRISES INC  
611 E CHAPEL AVE,  
CHERRY HILL, NJ 08034

NJDEP Registered Transporter:  
DEBEX ENTERPRISES INC  
NJDEP #: 0037723

This card must be carried in the cab of the vehicle at all times.  
This registration card & decal are valid for use only by the listed registrant.  
Leased equipment can only be used to transport waste by the listed registrant.





New Jersey Department of Environmental Protection  
Vehicle Registration Unit  
9 Ewing Street, Mail Code 09-01, PO Box 420  
Trenton, NJ 08625-0420  
(609) 292-7081 LRU@dep.nj.gov

**NJDEP Transporter Vehicle Registration Card**

Expiration Date: 06/30/2025  
Decal Number: SWE-25-110290  
Vin ID#: 1M2GR4GC5PM030458 NJ  
License Plate #: AX813R  
Vehicle Type: Single Unit Vehicle  
Vehicle leased?: N  
If Yes, lessor's name:

**EXEMPT SOLID WASTE**  
NJDEP Registered Transporter:

**DEBEX ENTERPRISES INC**  
611 E CHAPEL AVE,  
CHERRY HILL, NJ 08034

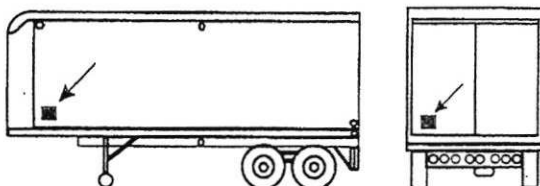
NJDEP Registered Transporter:  
**DEBEX ENTERPRISES INC**  
NJDEP #: 0037723

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Leased equipment can only be used to transport waste by the listed registrant.



# Waste Trailers

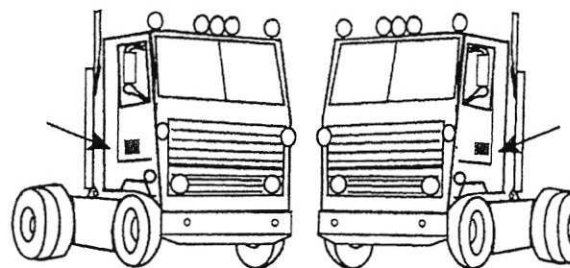
Apply stickers to a clean, dry surface. It may take 24 hours for adhesive to reach full tack. Do not remove stickers once they are applied.



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

# Trucks and Truck Tractors

#371



195

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



## COMMONWEALTH OF PENNSYLVANIA Waste Transportation Safety Program Written Authorization

9377247262

Phone No. (856)-616-9011

VIN# 1M2AD62YXRW001726

WH19377

Expires Jul 2024

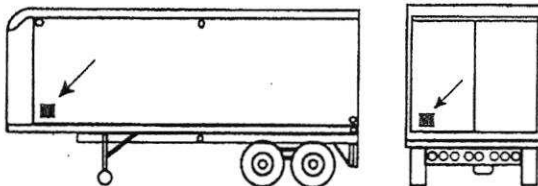
DEBEX ENTERPRISES, INC.  
DEBRA CAPONE  
611 CHAPEL AVE E  
CHERRY HILL, NJ 08034-1407

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

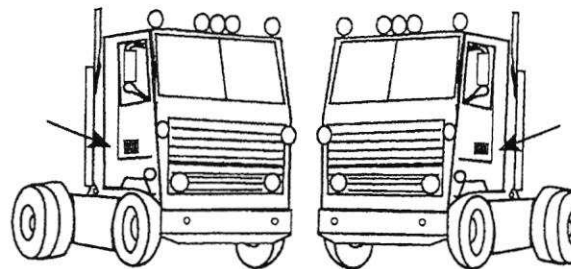
DOCUMENT SECURITY BACKGROUND IS PRINTED IN BLUE INK ON WHITE PAPER & INCLUDES PINK THERMO-INK KEYSTONE AT RIGHT

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

Waste Trailers



Trucks and Truck Tractors



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

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

9877246192

Phone No. (856)-616-9011


VIN# 1M1AG10Y45M024619  
WH19377  
Expires Jul 2024

DEBEX ENTERPRISES, INC.  
DEBRA CAPONE  
611 CHAPEL AVE E  
CHERRY HILL, NJ 08034-1407

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

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

## SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

- (1) Spill control and safety equipment carried in each vehicle:
  - 1). Reflectors and/or flares
  - 2). Fire extinguisher
  - 3). First aid kit
  - 4). Heavy-duty gloves, hard hat
  - 5). Flashlight
  - 6).
- (2) All loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the disposal facility.
- (3) The driver will perform the following pre-trip inspections:
  - 1).
  - 2).
- (4) If there is an accident or other emergency which causes a portion of the load to be spilled, the driver, if uninjured, will contact the following designated company coordinator:  
Name: Richard Capone Phone: 
- (5) The designated coordinator will contact the state and municipal authorities where the accident occurred. If the accident or spill has the potential to cause environmental damage, (either due to the nature of the waste, location of the accident, or additional factors such as leaking oil, gasoline, or hydraulic fluid) the person contacted will notify the state emergency response team, by calling one of the following numbers:  
**Delaware:** 911, (302) 739-9401 or 1-800-662-8802 (*Other numbers may be listed as follows, however, the listed Delaware numbers must be included in the spill control plan.*)  
**Maryland:**  
**New Jersey:** 911 (State Police) 856-933-0662
- (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/REQUIREMENTS**

**For**

**DEBEX ENTERPRISES INC.**

**611 CHAPEL AVE., EAST**

**CHERRY HILL, NJ 08034**

**1. Drivers are required to carry the following:**

A valid New Jersey State Driver's License (License Class A, B, C or D.  
With a minimum Classification of Class A.

Our insurance company reviews driver's records with NJMVC annually for violations. An unacceptable report will require the driver to be dismissed if the insurance company will no longer insure them.

A valid Medical Examiner's Card. (Medical Examination Reports are kept in confidential employee files and must be filled out and signed by employee's doctor.)

Random drug and alcohol tests are conducted and anyone failing such test will be terminated.

Drivers are required to read and sign a company safety policy when hired and review it annually.

**2. Spill Requirements:**

Drivers are required to study and carry at all times when disposing of waste material, the Debex Enterprises INC. "Spill Control Plan".

DEBEX ENTERPRISES INC. VEHICLE INFORMATION						
UNIT#	MAKE/MODEL	TYPE	VIN#	STATE	LICENSE #	MFGR'S GVWR
HT-370	2001 MACK TRUCK	TRACTOR	1M2P270C41M060400	NJ	AU412H	80,000
HT-371	1994 MACK TRUCK CL713	TRACTOR	1M2AD62YXRW001726	NJ	AU413H	80,000
HT-377	2005 MACK TRUCK	TRACTOR	1M1AG10Y45M024619	NJ	AU418H	80,000
HT-378	2003 MACK TRUCK CV713	TRACTOR	1M1AG11YX3M006587	NJ	AU419H	80,000
HT-380	2022 MACK TRUCK GR64F	TRACTOR	1M2GR4GC0NM030459	NJ	AX137S	80,000
HT-381	2023 MACK TRUCK GR64F	TRACTOR	1M2GR4GC5PM030458	NJ	AX813R	80,000
TR-415	1985 FLORIG STEEL DEMO TRAILER	DEMO TRAILER	1F9D2N305FC001014	NJ	YUH13A	80,000
TR-416	1985 FLORIG DUMP TRLR	DEMO TRAILER	1F9D2N305FC001045	NJ	TUH14A	80,000
TR-427	1989 FLORIG DUMP TRLR	DEMO TRAILER	1F9D2N305KC001010	NJ	TUH11A	80,000
TR-428	1987 FLORIG DUMP TRLR	DEMO TRAILER	1F9D2N303HC001015	NJ	TUH10A	80,000
TR-429	1987 FLORIG DUMP TRLR	DEMO TRAILER	1F9D2N302HX001006	NJ	TUH12A	80,000

		Debex Enterprises Inc.		
		Schedule of Drivers		
<b>NAME</b>	<b>DL NUMBER</b>		<b>STATE</b>	
John Giamusso			NJ	
Barry Briscoe			NJ	
Timothy Harper			NJ	
Justin Vanderhost			NJ	
Bruce Wyatt			NJ	



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/07/2025

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).

<b>PRODUCER</b> All 9 Insurance Group 501 N. Haddon Ave. Suite 8 Haddonfield NJ 08033		<b>CONTACT NAME:</b> Heather Massing <b>PHONE (A/C, No, Ext):</b> (856) 477-2526 <b>FAX (A/C, No):</b> (856) 477-2524 <b>E-MAIL ADDRESS:</b> hmassing@all9insurance.com	
<b>INSURED</b> Debex Contractors, LLC & Debex Enterprises, Inc. 611 E. Chapel Avenue East Cherry Hill NJ 08034		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> The Hartford Mutual Insurance Group <b>INSURER B:</b> Homeland Insurance Company of New York <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 14141 34452	

## COVERAGES

**CERTIFICATE NUMBER:** 2024-2025 All9

**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 <input checked="" type="checkbox"/> Inland Marine- Scheduled <input checked="" type="checkbox"/> Hired Equipment Coverage GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MP10743669	04/03/2024	04/03/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Hired Equipment \$ 475,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CA10578124	04/03/2024	04/03/2025	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured Motorist CSL \$ 1,000,000
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CU10578155	04/03/2024	04/03/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	<input checked="" 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 Y/N <input checked="" type="checkbox"/> N N/A			WC10578117	04/03/2024	04/03/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Pollution Liability			793-00-80-44-0005	05/23/2024	05/23/2025	Contractors Liability \$1,000,000 Transporation Liability \$1,000,000 Non-Owned Liability \$1,000,000

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

## CERTIFICATE HOLDER

## CANCELLATION

Delaware Dept of Environmental Control 89 Kings Highway  Dover DE. 19901	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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## Davis, DaQuan (DNREC)

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**From:** Debra Capone <dcapone@debexcontractors.com>  
**Sent:** Tuesday, March 11, 2025 2:22 PM  
**To:** WHStranporters  
**Subject:** Re: Incomplete Solid Waste Transporter Permit Application (DEBEX)  
**Attachments:** SPILL CONTROL PLAN\_2788.pdf; OWNERSHIP ENTERPRISES\_2787.pdf

Sorry about that. Requested paperwork is attached.

On Tue, Mar 11, 2025 at 9:53 AM WHStranporters <[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)> wrote:

Hello Ms. Capone,

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 dates of birth, ownership percentage, and owner's mailing address. Please update your ownership information and send it back.
- **Section 11**- The spill control plan is missing pre-trip inspections. Please update this plan and add inspections.
- **Section 13**- Who is the owner of each vehicle on the fleet list?

Please provide the information requested above via e-mail within five (5) days.

Regards,



**DaQuan L. Davis**

Environmental Scientist

**Division of Waste and Hazardous  
Substances**

☎ 302-739-9403

✉ [WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)

89 Kings Hwy SW, Dover, DE 19901

[dnrec.delaware.gov](https://dnrec.delaware.gov)



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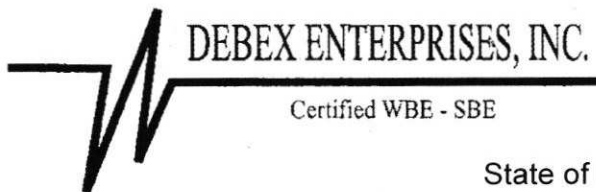
Regards,  
Debra Capone

***Debex WBE/SBE Certified***

611 Chapel Avenue East

Cherry Hill, NJ 08034

856-616-9011 Ext. 227

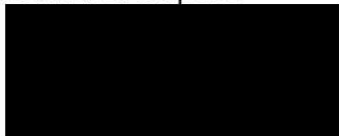


611 East Chapel Avenue  
Cherry Hill, NJ 08034

State of Delaware Solid Waste

Ownership information for Debex Enterprises Inc.

Debra L. Capone



Ownership of fleet vehicles is Debex Enterprises Inc.

## 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). Do a walk around. Check tires, brakes, lights and signals.
  - 2). Fluid levels, belts and hoses, windshield and wipers, safety equipment.
- (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: Richard Capone      Phone: [REDACTED]
- (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:** 911 State Police 856-933-0662
- (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.