

# RECEIPT

DATE

03/06/25

No.

927928

RECEIVED FROM

Trash Authority, LLC

\$

650.00

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

DOLLARS

 FOR RENT FOR

DE-SW-1905

ACCOUNT

PAYMENT

BAL. DUE

 CASH CHECK MONEY  
ORDER CREDIT  
CARD

FROM

1428

TO

BY

M.M.



RECEIVED

MAR 06 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**

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- 1905 Expiration Date March, 31 2025

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 Trash Authority, LLC

Location Address:	Mailing Address:
529 Terminal Ave	P.O. Box 690
New Castle, De 19711	New Castle, De 19711

Contact: Irene Fausnaught Title: Ast. Operations Manager

Business Phone: 302-295-2195 Fax: \_\_\_\_\_

E-mail: irene@trashauthority.com

24 hr Emergency Contact Phone: 302-725-0058

**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: DE
- 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 C  
 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



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

	<b>FOR-HIRE INTERSTATE</b>	<b>ALL OTHERS</b>
Residential Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input checked="" type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Industrial Waste	\$750,000.00 + MCS-90 <input checked="" type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Dry Waste	\$750,000.00 + MCS-90 <input checked="" 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 checked="" 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 F

**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 G

**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 I
- 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 3/3/25

Print Name Ronald Bennett Title Managing Partner

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



Attachment A

Ownership

Name	Address	DOB	Position	% of Ownership
Ron Bennett	[REDACTED]		Managing Partner	50%
Glenn Fedale Jr	[REDACTED]		Managing Partner	50%

Attachment B

Company Locations

Location Name	Address
Office	529 Terminal Ave New Castle, De 19720
Yard	1120 E 7 <sup>th</sup> St Wilmington, De 19801

Attachment C  
Affiliated Companies

Name of Business: Wilmington Disposal Service  
Address: 529 Terminal Ave New Castle, De 19720  
Relationship:

Attachment D  
Disposal Locations

Delaware Solid Waste Authority Location:

- Cherry Island
- Pine Tree Corners Transfer Station
- Sandtown Landfill
- Milford Transfer Station
- Jones Crossroads Landfill
- Rt. 5 Transfer Station
- Delaware Recycling Center

Other In-State Facilities

- Recycling Management Resources
- Diamond Recycling (Scrap Metal Only)
- DRPI
- Middletown Materials (Concrete, Asphalt)
- Revolutionary Recovery of Delaware
- Holland Mulch (Yard Waste)

Out of State Facilities

- Cecil County Landfill
- Covanta 58<sup>th</sup> Street Transfer Station
- Covanta Delaware Valley
- Southeastern Chester County Landfill
- SECCRA Landfill

Attachment E  
Additional State Permits

Pennsylvania DEP WTSP WH22340

Cecil County Landfill

Attachment F  
Spill Control Plan

**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). DOT required DVIR prior to start of day.
- 2). DOT required DVIR as a Post-trip at completion of day.

(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: Irene Fausnaught

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

Pennsylvania: 1-800-541-2050

Maryland: (866)-633-4686

(6) The designated coordinator will contract for clean-up services with another company.

Guardian Environmental 302-918-3070

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

## Driver Training

- A. All drivers must always possess and carry a valid commercial driver's license.
- B. JJ Kellar will handle all employee DOT onboarding compliance. This includes pre-employment MVR reports, drug and alcohol monitoring and on-going random testing and processing. They will also handle driver qualifications files and employment history.
- C. An employee shall report all accidents and personal injuries to his/her supervisor or a responsible party in the company office within fifteen (15) minutes, regardless of how minor the incident may be or seem at the time of the occurrence. An employee who drives a company vehicle and has an accident or is issued a citation may be immediately discharged. Driver will report in writing to Manager any accidents, or other problems that result in points against his/her driver's license within 24 hours of the occurrence.
- D. Drivers will be trained and supervised on the proper procedure for handling and securement of each type of equipment they will operate. This is to ensure the safety of the load, equipment, and general public while in transport, prior to leaving the yard. They will be responsible to cover open loads properly before leaving the customer or transfer location.
- E. Drivers will be trained on the Spill Control Plan and Spill Kit usage, including the proper procedures to follow should a spill occur. The Plan and Kit will be kept in each vehicle.
- F. The Supervisor will review all aspects of the transport permit with driver and copy will be kept in each vehicle.

Attachment H

Drivers List

Joshua Chapman

Evan Givens

Other part time/ contract drivers as needed

Attachment I  
Environmental Record

Trash Authority

- NOV 23-SW-03
- Secretary's Order to Cease and Desist 2022-WH-027
- Transporting to unauthorized facility

## Davis, DaQuan (DNREC)

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**From:** Irene Fausnaught <irene@trashauthority.com>  
**Sent:** Friday, March 7, 2025 3:29 PM  
**To:** WHStranporters  
**Subject:** RE: Missing Certificate of Insurance and MCS-90 endorsement form  
**Attachments:** MCS 90 and named insured endt.pdf; 24-25 CERT - Department of Natural Resources and Environmental Control.pdf

Good afternoon,  
Please let me know if any further information is needed.

Kind regards,

Irene Fausnaught  
302-295-2195  
[www.trashauthority.com](http://www.trashauthority.com)



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**From:** Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> **On Behalf Of** WHStranporters  
**Sent:** Friday, March 7, 2025 9:39 AM  
**To:** Irene Fausnaught <irene@trashauthority.com>  
**Subject:** Missing Certificate of Insurance and MCS-90 endorsement form

Hello.

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 10**—You did not submit a certificate of insurance. Please provide this form and ensure you have the correct amount of automobile liability insurance, \$750,000. In the Certificate Holder section, add the Department of Natural Resources and Environmental Control address: 89 Kings HWY, Dover, DE 19901.
- **Section 10**- Please provide an MCS-90 endorsement form that matches the policy number of the certificate of insurance.

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

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

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 [dnrec.delaware.gov](http://dnrec.delaware.gov)





## ENDORSEMENT

This endorsement forms a part of the policy to which it is attached. Please read it carefully.

### NAMED INSURED ENDORSEMENT

It is agreed that the following entity(ies) is(are) included as Named Insured(s):

Delaware Contracting Company Inc.

Trash Authority, LLC

Wilmington Trash Authority, LLC

USDOT Number: \_\_\_\_\_ Date Received: \_\_\_\_\_

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

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



**Endorsement for Motor Carrier Policies of Insurance for Public Liability  
under Sections 29 and 30 of the Motor Carrier Act of 1980**

**FORM MCS-90**

**Issued to** Delaware Contracting Company Inc. DBA Wilmington Disposal Services **of** P.O. Box 690 New Castle, DE 19720  
*(Motor Carrier name)* *(Motor Carrier state or province)*

**Dated at** 1250 Camp Hill ByPass, Suite 104, Camp Hill, PA 17011 **on this** 13 **day of** November, 2024

**Amending Policy Number:** BAP2041806-11 **Effective Date:** 11/01/2024

**Name of Insurance Company:** Key Risk Insurance Company

**Countersigned by:** Chris DeLander  
*(authorized company representative)*

- The policy to which this endorsement is attached provides primary or excess insurance, as indicated for the limits shown *(check only one)*:
- This insurance is primary and the company shall not be liable for amounts in excess of \$ 1,000,000 for each accident.
  - This insurance is excess and the company shall not be liable for amounts in excess of \$ \_\_\_\_\_ for each accident in excess of the underlying limit of \$ \_\_\_\_\_ for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: 717-214-7551.

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

**Filings must be transmitted online via the Internet at <https://portal.fmcsa.dot.gov/UrsRegistrationWizard>.**

*(continued on next page)*