

RECEIPT

DATE

03/28/25

No.

927976

RECEIVED FROM

D.A. Volt, Inc.

\$

952.00

Nine hundred fifty and 00/100

DOLLARS

☐ FOR RENT☒ FOR

DE-SW-1273D

ACCOUNT

PAYMENT

BAL. DUE



CASH



CHECK

MONEY
ORDERCREDIT
CARD

FROM

36970

TO

BY

M.M.



RECEIVED

MAR 28 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: English

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- 1273D Expiration Date 3/31/2025

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 D.A. Nolt, Inc.

Location Address:	Mailing Address:
53 Cross Keys Road	53 Cross Keys Road
Berlin, NJ 08009	Berlin, NJ 08009

Contact: Dominic Nolt Title: Asst. Controller

Business Phone: 8567539333 Fax: 8567534963

E-mail: accounting@danolt.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: Berlin State: NJ Date: 7/11/1990
☐ 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

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 NJ
- ☐ 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 PA
- ☐ No transporter permits in other states ✓

- (c). Indicate your Federal DOT number and Motor Carrier number:

DOT# 1277588 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 checked="" 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"/>	\$350,000.00 <input type="checkbox"/>
	(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 _____

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 _____

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 03/24/2025
Print Name Richard O'Brien Title Vice President

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

VEHICLE INFORMATION - See Item 13 of the application.

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

MAKE - MODEL - YEAR	TYPE	VIN # (Serial Number)	LICENSE PLATE # and STATE of REGISTRATION	mfg'r's GVWR	OWNERSHIP
2006 - Freightline - Columbia	Tractor Trailer	1FUJA6CK46LW36678	AP926F New Jersey	80,000	N/A
2006 - Freightline - Columbia	Tractor Trailer	1FUJA6CK96LV59614	AP157G New Jersey	80,000	N/A
2006 - Freightline - Columbia	Tractor Trailer	1FUJA6CK25LN62062	AP927F New Jersey	80,000	N/A
2006 - Freightline - Columbia	Tractor Trailer	1FUJA6CK56LV59609	AP158G New Jersey	80,000	N/A
2001 - Kenworth - Dump	Tractor Trailer	1NKDXBTX61J871562	AL687G New Jersey	80,000	N/A
2007 - Kenworth - T-80	Tractor Trailer	2XKDDDB9X87M203074	AK865P New Jersey	80,000	N/A
2006 - East Unloader	Container	1E1U2X2847RJ40746	TEL16V New Jersey	80,000	N/A
2012 - East Unloader	Container	1E1U2Y288CRH46621	TKV44C New Jersey	80,000	N/A
2012 - East Unloader	Container	1E1U2Y288CRH46618	TKV41C New Jersey	80,000	N/A
2012 - East Unloader	Container	1E1U2Y28XCRH46619	TKV42C New Jersey	80,000	N/A
2012 - East Unloader	Container	1E1U2Y286CRH46620	TKV43C New Jersey	80,000	N/A
2006 - East Unloader	Container	1E1U2X2826RD39263	TDN39B New Jersey	80,000	N/A
2006 - East Unloader	Container	1E1U2X2897RJ40743	TEL15V New Jersey	80,000	N/A

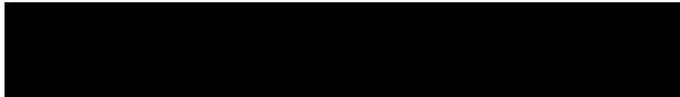
#4.b Attachment – Company Ownership Information

1. David A. Nolt – President / Secretary / Treasurer



Owner – 100%

2. Richard O'Brien – Vice President



Owner – 0%

#8.b Attachment – Treatment, Storage, and Disposal Facilities

1. DSWA Northern Solid Waste Management Center
Cherry Island Landfill
Located at Intersection of 12th and Hay Road
Wilmington, DE
2. DRPI
246 Marsh Lane
New Castle, DE 19720
3. Pollution Control
9600 River Road
Pennsauken, NJ 08110
4. Rolling Hills Landfill
583 Longview Road
Boyertown, PA 19512
5. ACUA
6700 Delilah Road
Egg Harbor Township, NJ 08234
6. Alliance Landfill
398 S. Keyser Avenue
Taylor, PA 18517



New Jersey Department of Environmental Protection
Division of Compliance Operations and Coordination
Bureau of Licensing and Registrations
Vehicle Registration Unit
9 Ewing Street, Mail Code 09-01, P.O. 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-25-106030
Vin ID#: 1FUJA6CK56LV59609 NJ
License Plate #: AP158G
Vehicle Type: Cab
Vehicle leased?: N
If Yes, lessor's name:

EXEMPT SOLID WASTE
NJDEP Registered Transporter:

D A NOLT INC
53 CROSS KEYS RD,
BERLIN, NJ 08009

NJDEP Registered Transporter:
D A NOLT INC
NJDEP #: 29793

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.

Attachment #9a
Copy in each vehicle





State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WASTE & UST COMPLIANCE AND ENFORCEMENT
BUREAU OF HAZARDOUS WASTE COMPLIANCE & ENFORCEMENT

P.O. Box 420, Mail Code 09-03
Trenton, New Jersey 08625-0420
P.O. Box 420, Mail Code 09-03
Tel. (609) 943-3019
Fax. (609) 292-4539

SHAWN M. LATOURETT
Commissioner

HILIP D. MURPHY
Governor

HEILA Y. OLIVER
Lt. Governor

March 30, 2023

D A NOLT INC
53 Cross Keys Rd,
Berlin, NJ 08009
Activity Number: RTS230001- 301219

Equipment Type	Decal #	License Plate	Issuing State	VIN#	Equipment Status
Cab	SWE-25-106018	AK865P	NJ	2XKDDDB9X87M 203074	Active
Trailer	SWE-25-106019	TDN39B	NJ	1E1U2X2826RD3 9263	Active
Trailer	SWE-25-106020	TEL15V	NJ	1E1U2X2897RJ40 743	Active
Trailer	SWE-25-106021	TEL16V	NJ	1E1U2X2847RJ40 746	Active
Single Unit Vehicle	SWE-25-106022	AL687G	NJ	1NKDXBTX61J8 71562	Active
Trailer	SWE-25-106023	TKV41C	NJ	1E1U2Y288CRH4 6618	Active
Trailer	SWE-25-106024	TKV42C	NJ	1E1U2Y28XCRH 46619	Active
Trailer	SWE-25-106025	TKV43C	NJ	1E1U2Y286CRH4 6620	Active
Trailer	SWE-25-106026	TKV44C	NJ	1E1U2Y288CRH4 6621	Active
Cab	SWE-25-106027	AP927F	NJ	1FUJA6CK25LN6 2062	Active
Cab	SWE-25-106028	AP926F	NJ	1FUJA6CK46LW 36678	Active
Cab	SWE-25-106029	AP157G	NJ	1FUJA6CK96LV5 9614	Active
Cab	SWE-25-106030	AP158G	NJ	1FUJA6CK56LV5 9609	Active

8791260742

TRACTOR

WH8791
EXP JAN 2026

VIN 2XKDDDB9X87M203074

Attachment
#96
COP in
each vehicle

PA W T S P

DEP-S26G

Client#: 2059969

DANOL

Attachment #10

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/28/2024

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Services LLC 1787 Sentry Pkwy W., Veva 16 Suite 300 Blue Bell, PA 19422	CONTACT NAME: Michelle Kafer PHONE (A/C, No, Ext): 484 351-4600 E-MAIL: michelle.kafer@usi.com ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A : Continental Insurance Company INSURER B : Navigators Specialty Insurance Co. INSURER C : National Fire Insurance Co. of Hartford INSURER D : INSURER E : INSURER F :	FAX (A/C, No): NAIC # 35289 36056 20478
INSURED D.A. Nolt, Inc. 53 Cross Keys Rd Berlin, NJ 08009-2318		

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 SUBR INSR 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"/> BI/PD Ded:\$5,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			10/01/2024	10/01/2025	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			10/01/2024	10/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000			10/01/2024	10/01/2025	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
C	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 Y N/A		10/01/2024	10/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
A	Lease/Rented Equipment			10/01/2024	10/01/2025	Limit: \$350,000 Deductible : \$1,000
A	Install. Floater			10/01/2024	10/01/2025	Limit: \$2M Per Jobsite

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

(See Attached Descriptions)

CERTIFICATE HOLDER

CANCELLATION

Department of Natural Resources
and Environmental
Control, Solid and Hazardous Waste Mgmt Branch
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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DESCRIPTIONS (Continued from Page 1)

Excess Liability Policy

Effective Dates: 10/01/2024 - 10/01/2025

Carrier: Navigators Specialty Insurance Company (Insurer B)

Policy Number: [REDACTED]

Policy Limits: Each Event - \$5,000,000

General Aggregate - \$5,000,000

Products-Completed Operations Aggregate - \$5,000,000

Evidence of Insurance.

SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

**D.A. Nolt, Inc.
53 Cross Keys Road
Berlin, NJ 08009
856-753-9333**

(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). Shovel & Broom

(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). Check for any loose debris around the vehicle. If any is found it will be placed in the dump body of the trailer
- 2). Check for any debris sticking above the top of the trailer's edge. If debris is found to be above the edge it will be removed.

(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: Dominic Nolt Phone: [REDACTED]

Name: Phone:

(5) The designated coordinator will contact the state and municipal authorities where the accident occurred. If the accident or spill has the potential to cause environmental damage, (either due to the nature of the waste, location of the accident, or additional factors such as leaking oil, gasoline, or hydraulic fluid) the person contacted will notify the state emergency response team, by calling one of the following numbers:

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.)

(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.) N/A

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

#12 Attachment - Driver's Training Outline

1. All Drivers have class "A" Licenses and Commercial Drivers Licenses
2. Drivers are given instructions on the following:
 - a. Seat Belt use
 - b. Cell Phone use
 - c. Alcohol & Drug policy
 - d. Maintenance & Safety of company vehicles
 - e. Employee's sign a form acknowledging they understand the above items
3. Weekly Toolbox Talks, which outline the following:
 - a. General vehicle & Job Safety
 - b. Specific project safety issues (if any)
4. Background checks annually on employees. This is done through INTELLICORP
 - a. If any issues arise, employees are required to take any actions necessary to resolve them so their driving records are in good standing
5. Drivers are informed of proper handling procedures for the waste that they will be transporting. They know where the Spill Control Plan and emergency phone numbers are located in the vehicle and who to call in case of an emergency. All drivers are given a copy of the conditions pertaining to the transport of solid waste.

#14 Attachment – List of All Vehicle Operators

Jason McPeake – Driver

David Nolt – Driver, Owner

Lamont Williams – Driver

DELAWARE SOLID WASTE TRANSPORTER ANNUAL REPORT

Due April 1, 2025

Delaware solid waste transporters are required to submit an Annual Report pursuant to Section 7.2.7.1 of Delaware's *Regulations Governing Solid Waste* (DRGSW). Please provide the information as requested below.

Company Name D.A. Nolt, Inc. Permit Number DE-SW- 1273D

COMPANY CONTACT INFORMATION


Mailing Address:
Address 1 <u>53 Cross Keys Rd</u>
Address 2
City, State, Zip +4 <u>Berlin, NJ 08009</u>

Physical Location Address:
<input checked="" type="checkbox"/> Same as mailing
Address 1
Address 2
City, State, Zip +4

Contact Name: Dominic Nolt Title: Asst Controller

Business Phone: 856-753-9333 Fax: 856-753-4963

E-mail: accounting@danolt.com

24-hour Emergency Contact Phone: 

WASTE TYPES

Please confirm the waste types in which your company transports.

- | | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> Municipal | <input checked="" type="checkbox"/> Commercial | <input checked="" type="checkbox"/> Industrial | <input checked="" type="checkbox"/> Dry |
| <input type="checkbox"/> Ash | <input type="checkbox"/> Infectious | <input type="checkbox"/> PHC Soils | <input type="checkbox"/> Asbestos |
| <input type="checkbox"/> Recyclables | <input type="checkbox"/> Scrap Tires | | |

If you transport PHC soils, do you use Clean Earth of New Castle? ☐ Yes ☒ No

VEHICLES

Did your company purchase new vehicles during calendar year 2024? ☐ Yes ☒ No

If yes, please provide a complete list of all vehicles being operated under your Delaware solid waste transporter permit. Please include a copy of the lease agreement if the vehicle is now owned by your company.

CERTIFICATION

I certify that I am familiar with the information submitted in this report, and that upon personal knowledge and information, the information is true, accurate, and complete.

Name / Title: Dominic Nolt / Asst. Controller

Signature / Date: Dominic Nolt / March 27, 2025