

RECEIPT

DATE

05/12/25

No.

741831

RECEIVED FROM

Tundra Construction LLC

\$ 350.00

Three hundred fifty and 00/100

DOLLARS

☐ FOR RENT☒ FOR

DE-SW-2133

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY
ORDER☐ CREDIT
CARD

FROM

10029

TO

BY

AG



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-_____ Expiration Date _____

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

SCRAP TIRES ONLY

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

ALL OTHERS

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

2. Release to Public

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

3. Company Information

Company Name TUNDRA CONSTRUCTION LLC

Location Address:	Mailing Address:
470 HILLSIDE AVE. HILLSIDE, NJ 07205	

Contact: JANI RODRIGUEZ Title: OWNER

Business Phone: 347-971-7011 Fax: 201-453-3251

E-mail: tundraconstruction2@gmail.com

24 hr Emergency Contact Phone: 347-971-7011

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: NJ
☐ 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 _____
☒ 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 B(PENDINC
- ☐ 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 C
- ☐ No transporter permits in other states

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

DOT# 4302284 MC# 1685661

- ☐ 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 Contaminated Soils	\$750,000.00 + MCS-90 <input checked="" type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Asbestos	\$1,000,000.00 + MCS-90 <input type="checkbox"/> (For Hire & Private)	\$350,000.00 <input type="checkbox"/>
Scrap Tires Only	\$350,000.00 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>

11. Spill Control and Safety

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

Spill Control Plan: Attachment D

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 E

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

05/05/2025

Print Name JANI RODRIGUEZ

Title

OWNER

****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.

[illegible]



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/05/2025

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 Velocity Insurance 4514 Bergen Tpke North Bergen NJ 07047		CONTACT NAME: AILEEN OGALDEZ PHONE (A/C, No, Ext): 201-866-8807 E-MAIL ADDRESS: CSR@VELOCITYINS.NET FAX (A/C, No): 201-617-1714																						
INSURED TUNDRA CONSTRUCTION LLC 1115 Summit Ave Union City NJ 07087		<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>A-ONE COMMERCIAL INSURANCE RISK RETENTON</td><td>5242</td></tr><tr><td>INSURER B:</td><td>UNITED STATES LIABILITY INSURANCE</td><td>25895</td></tr><tr><td>INSURER C:</td><td>AMERICAN SAFETY INSURANCE COMPANY</td><td>33103</td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	A-ONE COMMERCIAL INSURANCE RISK RETENTON	5242	INSURER B:	UNITED STATES LIABILITY INSURANCE	25895	INSURER C:	AMERICAN SAFETY INSURANCE COMPANY	33103	INSURER D:			INSURER E:			INSURER F:		
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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
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			[REDACTED]	12/27/2024	12/27/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						12/27/2024 12/27/2025 COMBINED SINGLE LIMIT (Ea accident) \$ 1,500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						12/27/2024 12/27/2025 EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 2,000,000 \$
	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 type="checkbox"/> N/A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	PHYSICAL DAMAGE Comp & Collision Ded: \$2500				12/27/2024	12/27/2025	TIV: \$ 70,000 DEDUCTIBLE: \$ 2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
2017- PETERBILT VIN# 1XPCDP9X5HD363018 - TIV \$70,000 COMPREHENSIVE AND COLLISION DEDUCTIBLES: \$2,500 MAXIMUM

CERTIFICATE HOLDER

CANCELLATION

Delaware Department of Natural Resources and Environmental Control Compliance and Permitting Section 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 <i>Aileen Ogaldes</i>
--	--

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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. This requirement to collect information as requested on this form does not expire. For questions, please contact the Office of Registration, Financial Responsibility Filings 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-RRA, Washington, D.C. 20590.



United States Department of Transportation
Federal Motor Carrier Safety Administration

**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 Tundra Construction LLC of New Jersey 4302284
(Motor Carrier name) (Motor Carrier state or province) (USDOT Number)

Dated at 8:00 am on this 26th day of December, 2024

Amending Policy Number: [REDACTED] Effective Date: December 26, 2024

Name of Insurance Company: A-ONE Commercial Insurance RRG Inc.

Countersigned by: [Signature]
(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 \$ 750,000.00 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: (941) 373-1130.

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://www.fmcsa.dot.gov/registration>.

(continued on next page)

Attachment A

**TUNDRA CONSTRUCTION, LLC
1115 SUMMIT AVENUE
UNION CITY, NEW JERSEY 07087**

LIST OF OWNER

Jani Rodriguez



100% Ownership

Attachment B

**TUNDRA CONSTRUCTION, LLC
1115 SUMMIT AVENUE
UNION CITY, NEW JERSEY 07087**

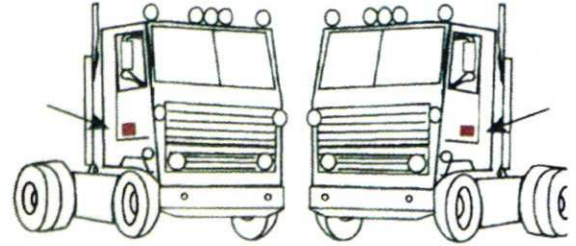
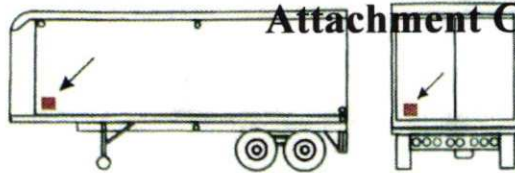
HOME STATE SOLID WASTE PERMIT

**APPLICATION PENDING
APPROVAL
TAKES 12-18 MONTHS**

Waste Trailers

Trucks and Truck Tractors

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.

5



COMMONWEALTH OF PENNSYLVANIA Waste Transportation Safety Program Written Authorization

4628260181

Phone No. (347) 971-7011

VIN# 1XPCDP9X5HD363018
WH24628
Expires Jan 2026

Attachment C

TUNDRA CONSTRUCTION, LLC
JANI RODRIGUEZ
SUITE B
1115 SUMMIT AVENUE
UNION CITY, NJ 07087-6233

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.

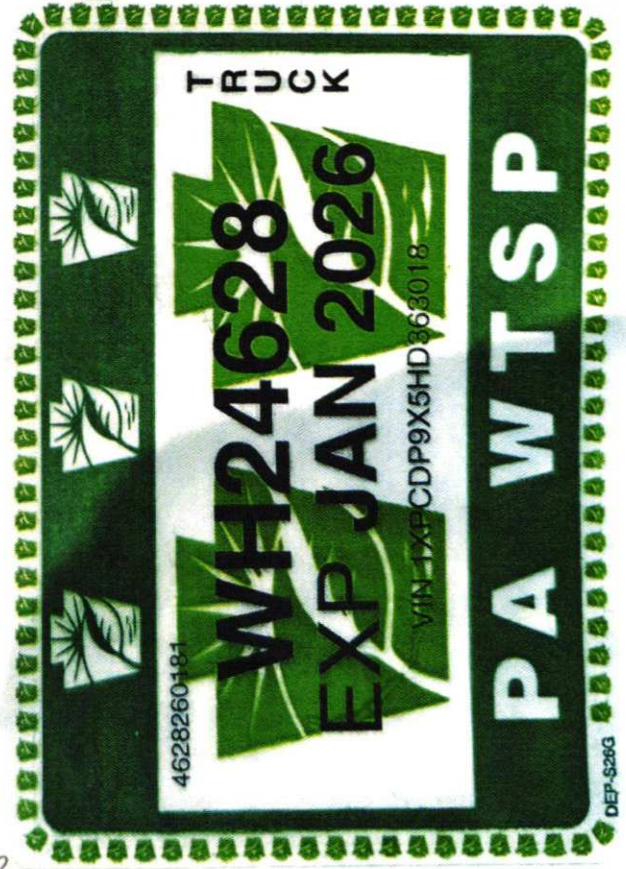
DOCUMENT SECURITY BACKGROUND IS PRINTED IN BLUE INK ON WHITE PAPER & INCLUDES PINK THERMO-INK KEYSTONE AT RIGHT

CAUTION! REMOVE STICKERS CAREFULLY.

Applied stickers take 24 hours to reach full tack



APPLICATION INSTRUCTIONS
1. Clean Surface To Which Sticker Will be Applied of Dirt, Grease or Oily Substances.
2. Remove Sticker From Carrier Sheet.
3. Position Sticker. Then Press Firmly Until Tightly Affixed To Surface.



ATTACHMENT “D”

Tundra Construction, LLC

Vehicle Spill Control Plan - Dump Truck

Non-Hazardous Petroleum Contaminated Soil (PCS)

IMPORTANT: Tundra Construction, LLC. The official, finalized plan should be carried in the vehicle.

1. Safety and Spill Control Equipment Carried

*This section must list the specific equipment required by **Tundra Construction, LLC** for dump trucks hauling non-hazardous PCS. Ensure items are present and functional before each trip.*

- **Example Items (Verify against Tundra Construction's actual required list):**
 - Shovel(s) (Flat/pointed, sturdy)
 - Broom (Heavy-duty street broom)
 - Fire Extinguisher (Appropriate type/size, e.g., 10-A:BC, charged & inspected)
 - First-Aid Kit (Adequate for driver needs)
 - Reflective Triangles (Minimum 3)
 - Flares / LED Beacons (Confirm type required/preferred by Tundra)
 - Work Gloves (Leather or chemical-resistant)
 - Safety Glasses
 - Tarp/Cover System (Heavy-duty, functional, with securements)
 - Heavy-Duty Bags or Container (For recovered soil)
 - Basic Absorbent Pads/Socks (For minor drips)
 - Flashlight
 - Communication Device (CB Radio / Cell Phone)
 - Copy of this Official Spill Plan & Emergency Contact List
-

2. Driver Preventive Measures

- Conduct thorough pre-trip inspections (dump body integrity, tailgate seals, tarp system, safety equipment) per **Tundra Construction, LLC** procedures.
 - Do not overfill the dump body.
 - **Securely cover the entire load** before leaving any site. Clean loose soil off vehicle exterior.
 - Adhere to **Tundra Construction, LLC** routes and safe driving practices (appropriate speed, avoid sudden maneuvers).
 - Follow site-specific loading/unloading procedures.
 - Check load/tarp security during transit if stopped safely.
-

3. Driver Immediate Corrective Actions (In Case of Spill)

- **Safety First:** Assess traffic, stability, hazards. Protect yourself and the public.
 - **Stop Safely:** Pull over away from traffic, drains, waterways. Set brakes, engine off.
 - **Control Source (If Safe):** Secure tailgate if possible and safe. Stop further release.
 - **Contain Spill:** Use shovel/broom to consolidate soil. Prevent spread off-road or into drains/water. Place recovered soil in designated bags/container. Use absorbents only for minor free liquid drips.
 - **Secure Area:** Deploy triangles/beacons. Keep public away.
 - **Report:** Immediately initiate **Tundra Construction, LLC** internal and external communications (See Sections 4 & 5).
-

4. Tundra Construction, LLC Internal Communications

- **IMMEDIATELY CONTACT:** **Tundra Construction, LLC Owner: Jani Rodriguez**
1115 Summit Avenue Union City, NJ 07087 Designated Contact - e.g., Dispatch,
Supervisor, Safety Manager
 - **AT PHONE NUMBER:** [Tundra Construction, LLC (347) 971-7011 (24 Hour Assistance) (201) 453-3250 Office (201) 453-3251 Fax
 - **PROVIDE:**
 - Your name and vehicle number
 - Exact location
 - Estimated quantity spilled
 - Cause (if known)
 - Any immediate hazards (traffic, environmental)
 - Actions already taken
 - Road blockage status?
 - Did spill enter water or drains?
 - Follow all instructions given by: **Tundra Construction, LLC** contact.
-

5. Tundra Construction, LLC External Communications

- **Responsibility:** Follow **Tundra Construction, LLC** policy on who makes external calls (driver or office).
- **Delaware DNREC Emergency Reporting:** Required if spilled PCS enters surface water, storm drains, or based on quantity spilled on land (refer to **Tundra Construction, LLC** specific guidance/training).
 - **DNREC 24/7 Emergency Line: 1-800-662-8802**
 - **DNREC Alternate: 302-739-9401**
- **Local Authorities (911):** Call immediately if spill creates a traffic hazard, involves injuries, fire, or as directed by DNREC or **Tundra Construction, LLC** management.

6. Cleanup and Decontamination Measures

- **Small Spills:** If safe and trained per **Tundra Construction, LLC** procedures, driver recovers spilled soil using onboard equipment. Place material in designated bags/container. Sweep area clean.
- **Large Spills / Sensitive Areas:** Secure the site. Cleanup will be managed by **Tundra Construction, LLC** personnel or approved contractors. Provide information to responders.
- **Decontamination:** Primarily involves brushing/sweeping loose soil off the vehicle. Follow any specific **Tundra Construction, LLC** procedures.
- **Waste Disposal:** All recovered soil and contaminated materials (bags, PPE, absorbents) must be managed by **Tundra Construction, LLC** according to applicable regulations. Secure recovered material as directed.

ATTACHMENT “E”

Tundra Construction LLC Driver Safety & Competency Program Summary

Tundra Construction LLC is committed to ensuring the highest standards of safety and competency for all drivers. Our operations are exclusively focused on the transportation and disposal of non-hazardous petroleum contaminated soils (PCS). This focus guides our rigorous selection, comprehensive training, ongoing monitoring, and clear operational procedures.

(a). Licensing, Training, and Ongoing Programs:

1. Licensing Requirements:

- All Tundra Construction LLC drivers must possess a valid Commercial Driver's License (CDL), Class A or B as appropriate for the vehicle operated (typically dump trucks or roll-off trucks).
- Required Endorsements: Air Brake endorsement is mandatory. Based on our exclusive transport of non-hazardous PCS, Hazardous Materials (H) and Tanker (N), endorsements are not required for our standard operations.
- **State/Interstate Operations & Permits:** Tundra Construction LLC operates, or intends to operate, in compliance with all applicable state waste transporter regulations in Pennsylvania, New Jersey, and New York. Driver compliance with the specific requirements of the state they are operating in is mandatory.
 - **Pennsylvania:** Tundra Construction LLC currently holds **PA Department of Environmental Protection (DEP) Waste Transporter Safety Program (Act 90) Authorization #: WH24628**. Drivers operating in PA must adhere to all conditions associated with this authorization, including vehicle safety standards and use of approved disposal facilities.
 - **New Jersey:** Applications for the required **NJDEP A-901 License, Certificate of Public Convenience and Necessity (CPCN), and subsequent Waste Transporter Registration/Decals** are currently **pending**. Operations in New Jersey will commence only after all necessary approvals are granted. Drivers assigned to NJ routes will receive specific training on NJDEP regulations (e.g., O&D forms, decal display, A-901 compliance).
 - **New York:** Application for the **NYS Department of Environmental Conservation (DEC) Part 364 Waste Transporter Permit** is currently **pending**. Operations in New York will commence only after permit issuance. Drivers assigned to NY routes will receive specific training on NYSDEC Part 364 regulations (e.g., vehicle marking, use of listed facilities, recordkeeping).
- **Vehicle Compliance:** Drivers must ensure the vehicle they operate meets all registration and identification requirements (e.g., displaying permit numbers/decals) mandated by the active permit in the state of operation.
- **Verification:** License validity and endorsements are verified pre-hire and periodically (at least annually) through **Star Point Screening** (as detailed in section b.1).

2. Initial Training:

- **New Hire Orientation:** Covers Tundra Construction LLC policies, safety culture, basic DOT regulations, hours of service (HOS), and an introduction to PCS handling protocols and relevant state transporter requirements (currently PA).
- **Vehicle/Equipment Training:** Hands-on training specific to dump trucks, roll-off trucks, and tarping systems, including detailed pre-trip/post-trip inspections focusing on vehicle integrity and compliance with state requirements (e.g., PA Act 90).
- **Defensive Driving Course:** Completion of a certified defensive driving program required within 90 days.
- **Waste-Specific Training (Non-Hazardous PCS):** Focused instruction on identifying non-hazardous PCS, associated hazards, understanding manifests/BOLs, reporting anomalies, and basic OSHA awareness.
- **State-Specific Permit Training:** Initial training covers PA requirements; training for NJ and NY requirements will occur prior to operations commencing in those states upon permit approval.

3. Ongoing Programs:

- **Annual Refresher Training:** Mandatory course covering DOT updates, defensive driving, spill response, HOS review, load securement, Tundra Construction LLC policies, and updates on relevant state transporter regulations (PA, NJ, NY as applicable).
- **Regular Safety Meetings:** Brief talks covering PCS-specific topics, state regulation reminders (e.g., PA Act 90 compliance, upcoming NJ/NY rules), disposal site updates, and reinforcement of procedures.
- **Performance Reviews:** Annual reviews include assessment of safety performance and compliance with state regulations.

(b). Driver Record Checks and Disciplinary Policy:

1. Record Checks & License Verification:

- **Vendor:** Tundra Construction LLC utilizes **Star Point Screening** to perform mandatory driver's license verifications and Motor Vehicle Record (MVR) checks.
- **Pre-Employment:** Star Point Screening conducts a full MVR check and license status verification.
- **Periodic Checks:** Star Point Screening performs annual MVR reviews and license status verifications.
- **Post-Incident Checks:** Following any reported accident or significant moving violation, an MVR check and license verification are requested through Star Point Screening.
- **Driver Notification Requirement:** Drivers are still required by Tundra Construction LLC policy to immediately report any citations, violations, suspensions, or revocations directly to management.

2. Progressive Counseling/Discipline Policy:

- Tundra Construction LLC utilizes a points system to track moving violations and at-fault accidents.

- **Thresholds & Actions:** Progressive discipline applied based on violation severity/frequency, emphasizing corrective action. Violations of state waste transport regulations are subject to this policy.

(c). Specific Driver Instruction:

1. (i) Proper PCS Handling Procedures:

- Drivers receive detailed instruction (initial and refresher) on:
 - Confirming via manifest/BOL that soil is designated non-hazardous PCS.
 - Recognizing potential contamination indicators (stains, odors, sheen) and notifying dispatch/supervisor if material seems inconsistent with documentation or potentially hazardous *before* transport.
 - Using appropriate PPE: gloves, safety glasses, high-visibility vest, safety footwear, and respiratory protection (e.g., N95 dust mask) as conditions warrant (especially during loading/unloading).
 - Safe loading procedures: Ensuring even weight distribution within the truck/container, avoiding overfilling, minimizing dust generation.
 - **Mandatory, secure tarping of all loads** prior to leaving any site.
 - Ensuring vehicle integrity (tailgate seals, container condition) to prevent leakage of soil or associated moisture during transit.
 - Procedures for handling incidental contact with PCS.

2. (ii) Familiarity with Accidental Discharge/Spill Containment Plan (Soil-Focused):

- Training covers:
 - Definition of a spill involving PCS (e.g., soil falling from truck/container during transit or loading/unloading).
 - Immediate actions: Assess safety, stop the source, if possible, contain the spilled soil to prevent spreading (using shovels, brooms, berming with soil or kit materials).
 - Spill Kit Contents: Vehicle kits include shovels, brooms, durable bags, gloves, dust masks, plastic sheeting, absorbent materials (for minor associated moisture), and boundary marking tape.
 - Notification Procedures: Immediately contact Supervisor/Dispatch, providing location, estimated quantity, and situation details. Management handles external reporting if required.
 - Location and use of the written Spill Control Plan document.
 - Basic cleanup and documentation requirements post-spill.

3. (iii) Familiarity with State Waste Transporter Permit Conditions:

- Drivers receive training focused on the key conditions relevant to transporting non-hazardous PCS under Tundra Construction LLC's **active state permits (currently PA Permit #: WH24628)**. Training on NJ and NY permit conditions will be provided upon permit activation and prior to commencement of operations in those states. Key areas of instruction include:
 - Adherence to authorized operating hours specific to the state permit.
 - Use of approved routes as required by state or local authorities.

- Transporting PCS **only** to designated and approved disposal or recycling facilities permitted to accept the waste *within the specific state of operation*, as directed by dispatch.
- Proper completion, handling, and carrying of all required documentation (e.g., manifests, BOLs, weight tickets, NJ O&D forms [when active]) according to the regulations of the state of operation.
- Following specific procedures required at disposal/recycling sites (weighmaster instructions, unloading protocols, safety rules).
- Maintaining vehicle compliance with state-specific requirements (e.g., PA Act 90 safety standards, future NJ/NY decal and vehicle marking rules).



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/10/2025

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 Velocity Insurance 4514 Bergen Tpke North Bergen NJ 07047		CONTACT NAME: AILEEN OGALDEZ PHONE (A/C, No, Ext): 201-866-8807 FAX (A/C, No): 201-617-1714 E-MAIL ADDRESS: CSR@VELOCITYINS.NET																						
INSURED TUNDRA CONSTRUCTION LLC 1115 Summit Ave Union City NJ 07087		<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>A-ONE COMMERCIAL INSURANCE RISK RETENTON</td><td>5242</td></tr><tr><td>INSURER B:</td><td>UNITED STATES LIABILITY INSURANCE</td><td>25895</td></tr><tr><td>INSURER C:</td><td>AMERICAN SAFETY INSURANCE COMPANY</td><td>33103</td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	A-ONE COMMERCIAL INSURANCE RISK RETENTON	5242	INSURER B:	UNITED STATES LIABILITY INSURANCE	25895	INSURER C:	AMERICAN SAFETY INSURANCE COMPANY	33103	INSURER D:			INSURER E:			INSURER F:		
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INSURER D:																								
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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
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:				12/27/2024	12/27/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY				12/27/2024	12/27/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$				12/27/2024	12/27/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 2,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	PHYSICAL DAMAGE Comp & Collision Ded: \$2500				12/27/2024	12/27/2025	TIV: \$ 70,000 DEDUCTIBLE: \$ 2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
2017- PETERBILT VIN# 1XPCDP9X5HD363018 -TIV \$70,000 COMPREHENSIVE AND COLLISION DEDUCTIBLES: \$2,500 MAXIMUM

CERTIFICATE HOLDER**CANCELLATION**

Delaware Department of Natural Resources and
Environmental Control Compliance and Permitting Section
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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LIST OF OPERATOR

NEW JERSEY MVC
New Jersey Motor Vehicle Commission

COMMERCIAL DRIVER LICENSE

Leticia J. Hays
Acting Chief Administrator

DL [REDACTED] CLASS B
DOB [REDACTED]
ISS 04-13-2024 EXP 05-26-2028
RODRIGUEZ
JANI
[REDACTED]
END NONE
RESTR NONE
GENDER M HGT 5'-10" EYES BRN
SG BG202410400000133 REN 68:00



Davis, DaQuan (DNREC)

From: J Rodriguez <tundraconstruction2@gmail.com>
Sent: Friday, May 9, 2025 4:48 PM
To: WHStranporters
Subject: Re: DNREC Notice- Incomplete Delaware Solid Waste Transporter Permit Application (SW2113)

Good afternoon;

Yes, please shred the check and I will mail out a replacement check today in the amount of \$350.00 to your attention.

Vehicle is registered in the state of New Jersey.

Yes, I am the only driver.

Thank you,

Jani Rodriguez
Owner
Tundra Construction, LLC
(347)971-7011
Sent from my iPhone

On May 9, 2025, at 3:35 PM, WHStranporters <WHStranporters@delaware.gov> wrote:

Hi Mr. Rodriguez,

Thank you for submitting your application for 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:

1. **Section 1-** New transporters must select one year for \$350.00, and you sent us a check for **\$650.00**. Please mail a check for \$350.00. Would you like me to shred the other check? Please provide an answer.
2. **Section 13-** What state is the vehicle registered in?
3. **Section 14-** Are you Jani Rodriguez, the only driver?

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

Thank you,

<image001.png>

DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

<image002.png>

302-739-9403

<image003.png>

WHStranporters@delaware.gov

<image004.png>

89 Kings Hwy SW, Dover, DE 19901

<image005.png>

dnrec.delaware.gov

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