

RECEIPT

DATE

03/13/25

No.

927949

RECEIVED FROM

William B Meyer

\$

650.00

Six hundred fifty and ⁰⁰/₁₀₀

DOLLARS

☐ FOR RENT☒ FOR

DE-SW-1129

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY
ORDER☐ CREDIT
CARD

FROM

54200

TO

BY

M.M.



RECEIVED

MAR 13 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-_____ 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 William b Meyer

Location Address:	Mailing Address:
1 BOULDEN CIRCLE	1 BOULDEN CIRCLE
NEW CASTLE DE 19720	NEW CASTLE DE 19720

Contact: ROY MARRS Title: OPERATIONS MANAGER

Business Phone: 302-324-0080 Fax: _____

E-mail: RMARRS@MEYERINC.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: STRATFORD State: CT Date: 8/26/1946

- ☐ 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) D
 - ☐ Clean Earth of New Castle, Inc. (thermal treatment facility for PHC-soils)
 - ☐ Delaware Recyclable Products, Inc. (dry waste, commercial, industrial, and PHC-soils)
 - ☐ Other in-state solid waste facilities, including private facilities: (attachment) _____
 - ☐ Out of state solid waste TSD facilities: (attachment) _____

9. Other Transporter Permits

- (a). Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)
- ☐ Attachment _____
- ☒ Not applicable-No transporter permit required for these solid waste types in our home state.

- (b). List solid waste transporter permits held in other states.

☐ Attachment _____

☒ No transporter permits in other states

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

DOT# 17847 MC# 108194

- ☐ 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 checked="" 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 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 _____

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 Tom Gillen Date 1-10-25

Print Name Thomas Gillen Title President

****A legal owner or corporate officer must sign 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]

SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

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

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: ROY MARRS Operations Manager

Signature / Date: R. Marrs 3/13/2025

DELAWARE SOLID WASTE TRANSPORTER ANNUAL REPORT

Due April 1, 2025

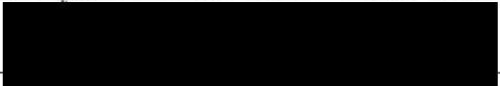
Delaware solid waste transporters are required to submit an Annual Report pursuant to Section 7.2.7.1 of Delaware's *Regulations Governing Solid Waste* (DRGSW). Please provide the information as requested below.

Company Name Meyer Inc. Permit Number DE-SW-_____

COMPANY CONTACT INFORMATION

Mailing Address:	
Address 1	1 Boulder Circle
Address 2	
City, State, Zip +4	New Castle DE 19720

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

Contact Name: Roy MARRS Title: Operations Manager
Business Phone: 302-324-0080 Fax: _____
E-mail: RMARRS@Meyerinc.com
24-hour Emergency Contact Phone: 

WASTE TYPES

Please confirm the waste types in which your company transports.

- | | | | |
|--------------------------------------|--|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Municipal | <input checked="" type="checkbox"/> Commercial | <input type="checkbox"/> Industrial | <input 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

Davis, DaQuan (DNREC)

From: Roy Marrs <RMarrs@meyerinc.com>
Sent: Friday, May 23, 2025 2:33 PM
To: WHStranporters
Subject: RE: Last Reminder: Incomplete Solid Waste Transporter Permit Application (William B Meyer)
Attachments: Meyer Delaware driver list 4-2025.pdf; meyer spill response procedure.pdf

Daquan
Here is the driver list and spill response

Best Regards,

Roy Marrs

Operation Manager
New Castle, Delaware
Rmarrs@meyerinc.com
Mobile (302) 893-2866
Office (302) 324-0080 x6011
www.meyerinc.com



From: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> **On Behalf Of** WHStranporters
Sent: Thursday, May 22, 2025 8:48 AM
To: Roy Marrs <RMarrs@meyerinc.com>
Subject: RE: Last Reminder: Incomplete Solid Waste Transporter Permit Application (William B Meyer)

[CAUTION: This email originated from outside of Meyer Inc. Do not click links or open attachments unless you recognize the sender and know the content is safe.]

Hello,

After reviewing your attachments, I just need two more items a list of the William B Meyers' drivers names and the attached sill control plan with pre trip inspections and an emergency coordinator for spills.



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

302-739-9403
WHStranporters@delaware.gov
89 Kings Hwy SW, Dover, DE 19901
dnrec.delaware.gov



From: Roy Marrs <RMarrs@meyerinc.com>
Sent: Wednesday, May 21, 2025 5:15 PM
To: WHStranporters <WHStranporters@delaware.gov>
Subject: RE: Last Reminder: Incomplete Solid Waste Transporter Permit Application (William B Meyer)

Hi Daquan here is everything.

Let me know if anything else is missing.

Best Regards,

Roy Marrs

Operation Manager
New Castle, Delaware
RMarrs@meyerinc.com
Mobile (302) 893-2866
Office (302) 324-0080 x6011
www.meyerinc.com



From: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> **On Behalf Of** WHStranporters
Sent: Friday, May 16, 2025 11:56 AM
To: Roy Marrs <RMarrs@meyerinc.com>
Subject: Last Reminder: Incomplete Solid Waste Transporter Permit Application (William B Meyer)

[CAUTION: This email originated from outside of Meyer Inc. Do not click links or open attachments unless you recognize the sender and know the content is safe.]

Hi Mr. Marrs,

Please provide the items listed below:

- **Section 4(b)-** Your ownership information is missing the dates of birth, ownership percentage, and owner's mailing address. Please update your ownership information and send it back
- **Section 4(c)-** Do you have a parent company?
- **Section 5-** Do you only have one company location in Delaware? Please provide your Delaware company locations.
- **Section 9(c)-** Your Carrier Vehicle Miles Traveled is out of date. Please update your carrier VMT, see the attachments.
- **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 and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section the address is 89 Kings HWY, Dover, DE 19901.

- **Section 11-** The spill control plan is missing an emergency contact (name and phone number) and pre-trip inspections. Please update this plan and add the contact information and pre-trip inspections.
- **Section 12-** Please provide driver training. Requirements include:
 - (a). 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.
- **Section 14-** You did not provide a list of vehicle operators.
- **Section 16-** The signature must be listed in 4(b). Please be sure to add.

Regards,



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

✓ 302-739-9403

✉ WHStranporters@delaware.gov

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 dnrec.delaware.gov



From: Roy Marrs <RMarrs@meyerinc.com>

Sent: Friday, April 18, 2025 1:28 PM

To: WHStranporters <WHStranporters@delaware.gov>

Subject: RE: Incomplete Solid Waste Transporter Permit Application (William B Meyer)

Daquan I just saw this email I will get the information asap

Best Regards,

Roy Marrs

Operation Manager

New Castle, Delaware

Rmarrs@meyerinc.com

Mobile (302) 893-2866

Office (302) 324-0080 x6011

www.meyerinc.com



From: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> **On Behalf Of** WHStransporters

Sent: Monday, March 17, 2025 4:13 PM

To: Roy Marrs <RMarrs@meyerinc.com>

Subject: Incomplete Solid Waste Transporter Permit Application (William B Meyer)

[CAUTION: This email originated from outside of Meyer Inc. Do not click links or open attachments unless you recognize the sender and know the content is safe.]

Hi Mr. Marrs,

Thank you for submitting your application to renew your Delaware solid waste transporter permit. Upon review, I have found that some information is missing or needs to be updated. Please address the items listed below:

- **Section 4(b)**- Your ownership information is missing the dates of birth, ownership percentage, and owner's mailing address. Please update your ownership information and send it back
- **Section 4(c)**- Do you have a parent company?
- **Section 5**- Do you only have one company location in Delaware? Please provide your Delaware company locations.
- **Section 9(c)**- Your Carrier Vehicle Miles Traveled is out of date. Please update your carrier VMT, see the attachments.
- **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 and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section the address is 89 Kings HWY, Dover, DE 19901.
- **Section 11**- The spill control plan is missing an emergency contact (name and phone number) and pre-trip inspections. Please update this plan and add the contact information and pre-trip inspections.
- **Section 12**- Please provide driver training. Requirements include:
 - (a). 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);
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 - (iii) Familiarity with the conditions of the solid waste transporter's permit.
- **Section 14**-You did not provide a list of vehicle operators.
- **Section 16**- The signature must be listed in 4(b). Please be sure to add.

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

Regards,



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

☎ 302-739-9403

✉ WHStranporters@delaware.gov

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 dnrec.delaware.gov



Meyer Delaware Driver list

Avon, Andrew
Dominik, Robert
Donato, Ismael
Fleming, Ashley
Frey, Doug
Lamb, Sean
Marrs, Roy
Marsh, Blake
Rivera, Juan
Walters, Joseph
May, Jeff
Miller, Brett

Spill Response Procedure

Version 1 – Rev 0 – 202505

Purpose

To provide a standardized response protocol for spills involving hazardous materials, including steps for containment, reporting, and remediation to protect employees, the environment, and company assets.

Scope

This procedure applies to all employees of William B. Meyer, Inc. at all facility locations and during transport or handling of potentially hazardous substances in Connecticut, Massachusetts, Delaware, and New Jersey.

Responsibilities

- **Employees** must immediately notify their supervisor and evacuate the area if necessary.
- **Supervisors** are responsible for ensuring proper emergency procedures are followed and that the spill is reported to the Safety Manager.
- **Safety Manager** coordinates the response, including external notifications and remediation.

Immediate Actions for Spill Response

1. **Ensure Personal Safety**
 - Evacuate the area if the spill presents a hazard.
 - Use PPE as outlined in the Hazard Communication Plan.
2. **Secure the Area**
 - Block off the spill area to prevent exposure or spread.
 - Remove all ignition sources if the spill involves flammable substances.
3. **Report the Spill Immediately**

Contact the Safety Manager and, if necessary, the appropriate emergency response team.

Emergency Contact Numbers

Safety Manager – John Mazzella

 Office: (203) 383-6286

 Cell: 

Clean Harbors Emergency Response (24/7)

- **Connecticut:** (860) 289-2291
- **Massachusetts:** (781) 849-1800
- **Delaware:** (302) 656-7900
- **New Jersey:** (856) 423-8840

Cleanup & Disposal

- Minor spills (non-hazardous) may be cleaned by trained staff using spill kits located at designated stations.
- Major or hazardous spills must be handled by Clean Harbors or another qualified hazardous waste contractor.
- Contaminated materials must be disposed of in accordance with local, state, and federal regulations.

Documentation

All spills, regardless of size, must be documented using the Spill Incident Report Form and submitted to the Safety Manager within 24 hours.



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) 739-8060

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- _____ 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 William b Meyer

Location Address:	Mailing Address:
1 BOULDEN CIRCLE	1 BOULDEN CIRCLE
NEW CASTLE DE 19720	NEW CASTLE DE 19720

Contact: ROY MARRS Title: OPERATIONS MANAGER

Business Phone: 302-324-0080 Fax: _____

E-mail: RMARRS@MEYERINC.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: STRATFORD State: CT Date: 8/26/1946

☐ 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 A

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

☒ Attachment A

☐ 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 C
☐ 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 B
☒ 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) D
 - ☐ Clean Earth of New Castle, Inc. (thermal treatment facility for PHC-soils)
 - ☐ Delaware Recyclable Products, Inc. (dry waste, commercial, industrial, and PHC-soils)
 - ☐ Other in-state solid waste facilities, including private facilities: (attachment) _____
 - ☐ Out of state solid waste TSD facilities: (attachment) _____

9. Other Transporter Permits

- (a). Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)
- ☐ Attachment _____
 - ☒ Not applicable-No transporter permit required for these solid waste types in our home state.

- (b). List solid waste transporter permits held in other states.

- ☐ Attachment _____
- ☒ No transporter permits in other states

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

DOT# 17847 MC# 108194

- ☐ 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 checked="" 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 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 DE

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 Tim Given Date 1-10-25
Print Name Timmes Given Title 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.

[illegible]

ATTACHMENT A

Delaware Solid Waste Transporter Application, page 2 of 6

William B. Meyer Inc.
255 Long Beach Blvd, Stratford CT 06615

4. (b) Corporate Officers:

Chairman, Vice President, Secretary
Thomas M. Gillon

[REDACTED]

President
Thomas M. Gillon, Jr.

[REDACTED]

Chief Executive Officer
Michael Racette

[REDACTED]

Assistant Secretary

[REDACTED]

4. (c) Parent Company Information

William B. Meyer Holding, Inc.
255 Long Beach Blvd, Stratford CT 06615
Ownership Percentage: 100%

ATTACHMENT B

Delaware Solid Waste Transporter Application, page 2 of 6

William B. Meyer Inc.
255 Long Beach Blvd, Stratford CT 06615

6. Company Affiliates

All Company Affiliates are real estate holding companies and not engaged in the business of waste transport, treatment, storage, disposal, recovery or reclamation.

Meyer Warehouse Company, LLC
255 Long Beach Blvd
Stratford CT 06615

Meyer Bloomfield, LLC
255 Long Beach Blvd
Stratford CT 06615

Meyer Westchester II, LLC
255 Long Beach Blvd
Stratford CT 06615

Long Beach Blvd., LLC
255 Long Beach Blvd
Stratford CT 06615

Meyer Windsor, LLC
255 Long Beach Blvd
Stratford CT 06615

ATTACHMENT C

11 Boulden Cir New Castle, DE 19720

ATTACHMENT D

Cherry Island Landfill

1706 E 12th St

Wilmington, DE 19809



Attachment E

All Drivers are properly licensed for the Class of vehicle they are driving.
None of BMSI vehicles are over 26,000 lbs. and therefore CDL licenses are not required.

All drivers receive OSHA mandated General Industry training on a yearly basis.

Companywide Safety meeting occur monthly to ensure all training and compliance requirements are met.

William B Meyer, Inc DBA BMSI orders and reviews driver motor vehicle histories every six months to ensure all infractions are accounted for and drivers are accountable.

Drivers are coached continuously using of Samsara Fleet Management software to improve their driving skills as needed.

Drivers with more than three minor moving violations in three years or one major violation are not permitted to operate Company vehicles.

Drivers and crews handle only residual commercial moving debris and recyclable packing material, no HAZMAT is ever handled.

Drivers are trained to recognize red bag waste and to avoid it.

Drivers are familiarized with the Accidental Discharge Containment plan as part of their orientation and refreshed yearly as part of ongoing training.

Drivers are briefed on the restrictions and guidelines of the permit as part of their orientation.



SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

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

☒ USDOT Number ☐ MC/MX Number ☐ Name

Enter Value: 17847

Search

Company Snapshot

WILLIAM B MEYERINC

USDOT Number: 17847

ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating

Other Information for this Carrier

Carriers: If you would like to update the following ID/Operations information, please complete and submit form [MCS-150](#) which can be obtained [online](#) or from your State FMCSA office. If you would like to challenge the accuracy of your company's safety data, you can do so using FMCSA's [DataQs](#) system.

[▼ SMS Results](#)

[▼ Licensing & Insurance](#)

USDOT Status

- **ACTIVE:** The entity's US DOT number is active.
- **INACTIVE:** Inactive per 49 CFR 390.19(b)(4); biennial update of MCS-150 data not completed.
- **OUT-OF-SERVICE:** Carrier is under any type of out-of-service order and is not authorized to operate.

Operating Authority Status

- **AUTHORIZED FOR { Passenger, Property, HHG }:** This will list the specific operating authorities the carrier (or broker) is allowed to operate.
- **NOT AUTHORIZED:** The entity does not have any operating authority and/or is not authorized to engage in interstate, for-hire operations.
*Please Note: **NOT AUTHORIZED** does not apply to Private or Intrastate operations.
- **OUT-OF-SERVICE:** Carrier is under any type of out-of-service order and is not authorized to operate.

Out of Service Date

Indicates the date the company was ordered Out of Service. If there are multiple Out of Service orders, the earliest date will be displayed.

Please note: If there are multiple Out-of-Service orders, the earliest date will be displayed.

For help on the explanation of individual data fields, click on any field name or for help of a general nature go to [SAFER General Help](#).

The information below reflects the content of the FMCSA management information systems as of 04/17/2025.

To find out if this entity has a pending insurance cancellation, please [click here](#).

USDOT INFORMATION														
<u>Entity Type:</u>	CARRIER													
<u>USDOT Status:</u>	ACTIVE	<u>Out of Service Date:</u> None												
<u>USDOT Number:</u>	17847	<u>State Carrier ID Number:</u>												
<u>MCS-150 Form Date:</u>	04/03/2025	<u>MCS-150 Mileage (Year):</u> 1,306,939 (2024)												
OPERATING AUTHORITY INFORMATION														
<u>Operating Authority Status:</u>	AUTHORIZED FOR Property													
	For Licensing and Insurance details click here .													
<u>MC/MX/FF Number(s):</u>	MC-108194													
COMPANY INFORMATION														
<u>Legal Name:</u>	WILLIAM B MEYERINC													
<u>DBA Name:</u>	MEYER													
<u>Physical Address:</u>	255 LONG BEACH BLVD STRATFORD, CT 06615													
<u>Phone:</u>	(203) 375-5801													
<u>Mailing Address:</u>	255 LONG BEACH BLVD STRATFORD, CT 06615													
<u>DUNS Number:</u>	--													
<u>Power Units:</u>	90	<u>Drivers:</u> 96												
<u>Operation Classification:</u>	<table border="0"> <tr> <td><input checked="" type="checkbox"/> Auth. For Hire</td> <td><input type="checkbox"/> Priv. Pass.(Non-business)</td> <td><input type="checkbox"/> State Gov't</td> </tr> <tr> <td><input type="checkbox"/> Exempt For Hire</td> <td><input type="checkbox"/> Migrant</td> <td><input type="checkbox"/> Local Gov't</td> </tr> <tr> <td><input type="checkbox"/> Private(Property)</td> <td><input type="checkbox"/> U. S. Mail</td> <td><input type="checkbox"/> Indian Nation</td> </tr> <tr> <td><input type="checkbox"/> Priv. Pass. (Business)</td> <td><input type="checkbox"/> Fed. Gov't</td> <td></td> </tr> </table>		<input checked="" type="checkbox"/> Auth. For Hire	<input type="checkbox"/> Priv. Pass.(Non-business)	<input type="checkbox"/> State Gov't	<input type="checkbox"/> Exempt For Hire	<input type="checkbox"/> Migrant	<input type="checkbox"/> Local Gov't	<input type="checkbox"/> Private(Property)	<input type="checkbox"/> U. S. Mail	<input type="checkbox"/> Indian Nation	<input type="checkbox"/> Priv. Pass. (Business)	<input type="checkbox"/> Fed. Gov't	
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<input type="checkbox"/> Priv. Pass. (Business)	<input type="checkbox"/> Fed. Gov't													
<u>Carrier Operation:</u>	<table border="0"> <tr> <td><input checked="" type="checkbox"/> Interstate</td> <td><input type="checkbox"/> Intrastate Only (HM)</td> <td><input type="checkbox"/> Intrastate Only (Non-HM)</td> </tr> </table>		<input checked="" type="checkbox"/> Interstate	<input type="checkbox"/> Intrastate Only (HM)	<input type="checkbox"/> Intrastate Only (Non-HM)									
<input checked="" type="checkbox"/> Interstate	<input type="checkbox"/> Intrastate Only (HM)	<input type="checkbox"/> Intrastate Only (Non-HM)												
<u>Cargo Carried:</u>														

Crashes results for 24 months prior to: 04/17/2025

Note: Crashes listed represent a motor carrier's involvement in reportable crashes, without any determination as to responsibility.

Type	Crashes:			
	Fatal	Injury	Tow	Total
Crashes	0	0	0	0

ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating

The Federal safety rating does not necessarily reflect the safety of the carrier when operating in intrastate commerce.

Carrier Safety Rating:

The rating below is current as of: 04/17/2025

Review Information:

Rating Date:	10/28/2004	Review Date:	05/25/2010
Rating:	Satisfactory	Type:	Non-Ratable

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Federal Motor Carrier Safety Administration
1200 New Jersey Avenue SE, Washington, DC 20590 • 1-800-832-5660 • TTY: 1-800-877-8339 • [Field Office Contacts](#)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/16/2025

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 Alliant Insurance Services, Inc. 222 Bloomingdale Rd Ste 402 White Plains NY 10605	CONTACT NAME: Kelly Vasto PHONE (A/C, No, Ext): 518-708-9885 E-MAIL ADDRESS: Kelly.vasto@alliant.com FAX (A/C, No):
INSURED William B. Meyer, Inc. D/B/A Meyer 255 Long Beach Blvd. Stratford CT 06615	License#: OC36861 VLLBME-02
INSURER(S) AFFORDING COVERAGE	
INSURER A: Zurich American Insurance Comp	NAIC # 16535
INSURER B: Acceptance Indemnity Insurance	20010
INSURER C: RSUI Indemnity Company	22314
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 122958018**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 INSD 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			7/1/2024	7/1/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COM/OP AGG \$ 4,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Comp \$2500 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Coll \$500			7/1/2024	7/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Compl/Coll Ded \$ 250/500
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			7/1/2024	7/1/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	7/1/2024	7/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Excess Liability			7/1/2024	7/1/2025	Each Occurrence 3,000,000 Aggregate 3,000,000

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

Certificate holder is listed as Additional Insured on a primary and non-contributory basis in regard to the above General Liability, Automobile Liability and Workers Compensation to the extent covered by endorsement form(s) U-GL-2162-A CW (02/19), U-CA-424-H Edition date 10/21 U-GL-1345-C CW Edition date 03/20, WC000313 Edition date 04/84, CG 20 10 Edition date 12/19, CG 20 37 Edition date 04/13.

CERTIFICATE HOLDER**CANCELLATION**

Department of Natural Resources and Environmental Control
Solid and Hazardous Waste Management 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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