

# RECEIPT

DATE 6/30/25No. 741874

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Appraised Storage & WH PA Inc\$650.00Six hundred fifty and  $\frac{00}{100}$ 

DOLLARS

☐ FOR RENT☒ FORDE-SW-1613

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY  
ORDER☐ CREDIT  
CARD

FROM

1402

TO

BY

KG



RECEIVED

JUN 30 2025

DNREC - WHS

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

89 KINGS HIGHWAY  
DOVER, DELAWARE 19901

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

**SOLID WASTE TRANSPORTER PERMIT APPLICATION**

Language Preference:

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

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

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

**1. Type of Permit**

- ☐ New – **SCRAP TIRES ONLY** Submit a check or money order, payable to the "State of Delaware," in the amount of \$75.00.
- ☐ New – **ALL OTHERS** Submit a check or money order, payable to the "State of Delaware" in the amount of \$350.00.
- ☒ Renewal: Permit # DE-SW- 1613 Expiration Date 6.30.25

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 Approved Storage & Waste Hauling MA, Inc

|                        |                        |
|------------------------|------------------------|
| Location Address:      | Mailing Address:       |
| 110 Edison Ave         | 110 Edison Ave         |
| Mount Vernon, NY 10550 | Mount Vernon, NY 10550 |
|                        |                        |

Contact: Charles Dippolito Title: President

Business Phone: 914-664-4791 Fax: \_\_\_\_\_

E-mail: CD@approvedmedwaste.com

24 hr Emergency Contact Phone 

**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: DE Date: 2/12/2016

☐ 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 \_\_\_\_\_

☒ 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 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) \_\_\_\_\_
  - ☐ 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) C

### 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 F
- ☐ No transporter permits in other states

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

DOT# 2892903 MC# 21588

- ☐ 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<br>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 checked="" type="checkbox"/> |
| Non-Hazardous Petroleum<br>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"/><br>(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.

- 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 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

Print Name

Title

**\*\*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]

## 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.





**APPROVED STORAGE AND WASTE HAULING MA, INC.**

14135 Kutztown RD  
Fleetwood, PA 19522  
DE-SW-1613

ATTACHMENT A: Corporate Officers

Charles Dippolito, Jr  
President



Joseph Dippolito  
Secretary/Treasurer





## **APPROVED** STORAGE AND WASTE HAULING MA, INC.

14135 Kutztown RD  
Fleetwood, PA 19522  
DE-SW-1613

### ATTACHMENT B: Company Affiliates

Future Healthcare Systems, Inc.  
110 Edison Ave  
Mount Vernon, NY 10550  
Regulated Medical Waste Treatment Permitted By NYSDEC

Future Healthcare Systems CT, Inc.  
750 South Ave  
Bridgeport, CT 06604  
Regulated Medical Waste Treatment Permitted By CTDEEP

Future Healthcare Systems NE, Inc.  
65 Industrial Circle  
Lincoln, RI 02865  
Medical Waste Transfer Station

Approved Storage & Waste Hauling II, Inc.  
110 Edison Ave  
Mount Vernon, NY 10550  
Medical Waste Transport (NY, NJ, CT)

Approved Storage & Waste Hauling NE, Inc.  
65 Industrial Circle  
Lincoln, RI 02865  
Medical Waste Transport (RI, MA, NH, VT, ME)



## **APPROVED** STORAGE AND WASTE HAULING MA, INC.

14135 Kutztown RD  
Fleetwood, PA 19522  
DE-SW-1613

### ATTACHMENT C : Out of State Solid Waste Facilities

Future Healthcare Systems, Inc  
110 Edison Ave  
Mount Vernon, NY 10550  
Regulated Medical Waste Treatment Plant Permitted By NYSDEC

Future Healthcare Systems CT, Inc  
750 South Ave  
Bridgeport CT, 06604  
Regulated Medical Waste Treatment Plant Permitted By CTDEEP

## Attachment D

### SOP 10. Emergency Response Plan – Delaware

|  |                         |                           |
|--|-------------------------|---------------------------|
| Approved Storage & Waste Hauling, Inc. |                         |                           |
| Document Title                         | Emergency Response Plan |                           |
| Document no                            | 10-6-26-18              |                           |
| Revision                               | 3                       | Effective date; 6/14/2021 |

#### 1.0 INTRODUCTION AND BACKGROUND

Transportation activities related to waste hauling must be prepared to manage accidents and spills related to the type of waste being transported.

#### 2.0 PURPOSE

An Emergency Response Plan is necessary to provide instructions in the management and cleanup of waste spills to minimize exposure and impact to public and environmental health.

#### 3.0 SCOPE

This SOP covers the steps to be taken by staff in the event of a spill of waste when being transported by Approved Storage & Hauling vehicles.

#### 4.0 RESPONSIBILITIES

| Title  | Responsibility  |
|--|---|
| Drivers  | Reports and manages spill responses per this SOP                        |
| Emergency Coordinator<br>or<br>Manager on Call | Coordinates spill management with drivers and spill cleanup contractors |

## **Attachment D**

### **5.0 PROCEDURES**

In the event of an emergency or a medical/hazardous waste spill during transportation in the State of Delaware the following actions will be taken.:

#### **5.1 MAJOR SPILL (ROLLOVER SEVERE ACCIDENT, ETC.)**

**5.1.1 THE EMERGENCY COORDINATOR IS NOTIFIED** by the driver via cell phone, (which all employees always carry on their person). The emergency coordinator gathers the following information:

- A. Name of person reporting the incident
- B. Name, address and EPA identification number of the transporter
- C. Phone number where the person reporting the incident can be reached
- D. Date, time and location of the incident
- E. Mode of transportation and type of transport vehicle
- F. A brief description of the incident, including the type of incident
- G. For each waste involved in the spill:
  - 1. The name and EPA identification number of the generator of the waste.
  - 2. Shipping name, hazard class and UN or NA number of the waste.
  - 3. Estimated quantity of the material or the waste spilled
  - 4. The extent of the contamination of land, water or air
- H. Shipping name, hazard class and the UN or NA number of any other material carried.

The emergency coordinator notifies: (see last page for contact information):

- A. Local Police & Fire Department including ambulance if necessary
- B. Department of Environmental Protection and the National Response Center
- C. Chemtrec Response –contracted with in the event of a major spill.
- D. Affected Municipality
- E. Dispatch to send a second vehicle to the scene to:
  - 1. Assist in clean up if first driver is rendered incapacitated,
  - 2. Collect spill cleanup debris if first vehicle is not capable of being operated safely after cleanup is finished.

#### **5.1.2 SAFETY PRECAUTIONS FOR TRANSPORTER PERSONNEL:**

- A. Follow OSHA Hazardous Material Handling Plan
- B. Put on protective clothing in spill kit, (mask, eye-shield, Tyvek jumpsuit,
- C. Seal off compromised area using triangles and/or hazard tape



## **Attachment D**

### **5.1.3 CLEAN UP: PROCEDURE:**

**The Emergency Coordinator in conjunction with Chemtrec will determine who will participate in the cleanup.**

- A. Collect solid debris
- B. Cover the spilled fluid with Absorb All
- C. Shovel material into 6 mil bags, place bags into leak-proof, puncture proof reusable resin container.
- D. Tie and label bag and containers with generator information from which material leaked
- E. Record incident on accident report form in vehicle document folder
- F. Manifest material

### **5.1.4 DISPOSAL OF MATERIAL:**

The material is disposed of at licensed facility, along with other hazardous waste onboard the vehicle.

### **5.1.5 REPORTING**

A report will be submitted in writing as required by 490 CFR 171.16 to the Director, Office of Hazardous Materials Regulations, Materials Transportation Bureau, Dept. of Transportation, Washington, D.C. 20590, and copies of the report sent to the Department of Environmental Protection and the generator.

### **5.2 MINOR SPILL (LEAKING DRUM, RUPTURED PACKAGE, ETC)**

**5.2.1 THE EMERGENCY COORDINATOR IS NOTIFIED** by the driver via cell phone, (which all employees always carry on their person ).

- The driver determines where leaking package came from and records incident.

### **5.2.2 SAFETY PRECAUTIONS FOR THE TRANSPORTER PERSONNEL:**

- A. Follow OSHA Hazardous Material Handling Plan
- B. Put on protective clothing, (mask, eye-shield, Tyvek jumpsuit)
- C. Seal off compromised area using triangles and/or hazard tape

### **5.2.3 THE DRIVER BEGINS CLEAN UP:**

#### **5.2.3.1 IF PACKAGE IS RUPTURED/SATURATED OR IS LEAKING DUE TO IMPROPER SEALING OR PLACEMENT**

- A. Place ruptured package into reusable leak-proof reusable resin container
- B. Cover spilled fluid with Absorb All

## **Attachment D**

- C. Shovel material into 6 mil bag, place bag into reusable leak-proof, puncture proof container with package
- D. Label and manifest container with generators information from original container

### **5.2.4 DISPOSAL OF MATERIAL**

The material is disposed of at a licensed facility (incineration along with other hazardous waste on vehicle)

### **5.2.5 NOTIFICATION**

If the spill is due to improper packaging or sealing by the generator, the generator is notified and warned in writing (certified return receipt) about incident and packaging methods if applicable

#### **5.2.5.1 IF PACKAGE IS LEAKING AT THE GENERATOR DUE TO IMPROPER SEALING OR PLACEMENT**

- Refuse to transport the package. Contact the Manager on Call

## **6.0 EMERGENCY EQUIPMENT**

1. Protective clothing including gloves, eye shield, Tyvek jumpsuit
2. Red plastic liners
3. Boxes (drivers instructed to tie bags closed & place in liquid proof container in lieu of seal)
4. Absorb all absorbent material (enough to contain 10 gallons of liquid)
5. Shovel
6. Scoops/dust brooms
7. Copy of spill control plan
8. Reusable resin leak proof, puncture proof container (31 gal. capacity)
9. Flashlight
10. Padlock

## **7.0 ROUTINE DECONTAMINATION PROCEDURES**

Route trucks are dedicated to transporting medical/hazardous waste **ONLY**. Nothing but waste that is to be destroyed via incineration or autoclave enters the body of the vehicle, thus eliminating the possibility of cross contamination of one material or waste by another. Vehicles are unloaded and swept out daily. The solid material collected from sweeping is shoveled into a dedicated box and incinerated/autoclaved along with the material picked up throughout the day. Once per week the interior of the trucks is disinfected with a diluted (1:10) bleach solution. Any byproducts of this process, (used bleach, etc.) is collected with Absorb All and disposed of in a 6-mil lined leak proof, reusable container via

## **Attachment D**

incineration, along with the other waste taken out of the vehicle. The decontamination procedure takes place at the 110 Edison Avenue disposal facility in Mt. Vernon, NY.

Hazardous waste is transported in 5-gallon sealed plastic pails, placed in a secondary 31 gallon over pack reusable resin leak proof, puncture proof container along with an absorbent. The waste never meets the vehicle interior.

### **8.0 EMPLOYEE TRAINING PROGRAM**

1. All employees are trained upon hire with written material as well as on the job training.
2. To prevent spills drivers are trained to place and prepare packages in the following manner: Boxes must not weigh more than 50 lbs.\* as is indicated on three sides of the box. Drivers remove boxes from generators facility in one of two ways, by either carrying them out in the correct upright position or with the use of a hand truck, placing the boxes in the correct upright position. All boxes are labeled on three (3) sides THIS END UP in one-inch letters, with two three-inch arrows indicating the correct upright position. The box is placed on the truck in the correct upright position, flush against any other med-waste boxes that have previously been picked up. The driver then places the cargo bar against the boxes and fastens it to the walls of the vehicle.
3. Employees receive training on this plan to respond properly and rapidly to spills as well as emergency procedures including first aid and use of emergency equipment.
4. In the event of a fire the driver is to park the vehicle, take the manifests stand at a safe distance, determine severity. If feasible use fire extinguisher to suppress fire, notify emergency coordinator. The emergency coordinator will call all applicable agencies and dispatch second vehicle to scene to aid in clean up.

Monthly safety meetings are given to all staff. Annual refresher training for Blood Borne Pathogen Standards, PPE & Hazardous Communication Standards and D.O.T. Hours of Service as well as biannual physicals are part of our ongoing training regimen.

**Attachment D**

**EMERGENCY RESPONSE NUMBERS**

**EMERGENCY COORDINATORS**

PRIMARY - CHARLES DIPPOLITO  
SECONDARY – IVAN MATOS – (503) 253-1111  
SECONDARY – JOEY DIPPOLITO



**EMERGENCY RESPONSE CONTRACTOR**

CHEMTREC (800) 424-9300 Account # 1558

**DELAWARE EMERGENCY REPORTING NUMBERS**

1-800-662-8802

1-302-739-9401

# Attachment E

## HAZARDOUS MATERIALS & OSHA EMPLOYEE TRAINING

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### Policy Setup Information

Policy Title: Employee Training

Completion Date:

Completed By:

---

### Purpose

The purpose of this plan is to establish a program and procedures for employee training in the following areas:

1. General Awareness/Familiarization Training
2. Function Specific Training
3. Safety Training

This plan supports compliance with Occupational Safety And Health Administration 49 CFR 172.704, 49.CFR 172,602, 29CFR, 1910.120 & 1910.1200 on training & information required

This plan applies to all company employees.

### Responsibilities

The Program Administrator: Charles Dippolito, Jr.

This person is responsible for these tasks:

- Issuing and administrating this plan and making sure that it satisfies the requirements of all applicable federal, state and local regulations
- Evaluating and updating the program annually
- Training employees annually

All employees are responsible for these tasks:

- Using Universal Precautions at all times
- Notifying supervisor immediately of potential and actual hazards in the workplace
- Notifying supervisor of exposure incidents
- Notifying supervisor of observed Potential and actual security threats
- Notifying supervisor of security breach

### General Awareness/Familiarization Training

SAFETY FIRST!

ALL WASTE SHOULD BE TREATED AS IF IT IS HAZARDOUS/INFECTIOUS!



## **IDENTIFICATION**

### **MEDICAL WASTE**

All medical waste the driver comes in contact with will be packaged and labeled with the universal biohazard symbol, as well as the words REGULATED MEDICAL WASTE. Medical waste should be packaged in APPROVED STORAGE & WASTE HAULING/APPROVED STORAGE & WASTE HAULING NE/APPROVED STORAGE & WASTE HAULING MA containers only. If waste is packaged in another company's medical waste fiber boxes/drums, the transporter information on these packages must be crossed out and Approved's information must be written on the package in place. Other company's reusable containers are never to be taken off the generators site, without specific written approval from the generator. In the event that the waste is not labeled, sealed or packaged correctly, the driver is to notify the dispatcher who in turn will notify the generator representative and inform them that the package is unsuitable for transport. The dispatcher will let them know where the deficiencies are and instruct them to call the office to reschedule the pick-up when corrective action has been taken.

### **HAZARDOUS WASTE**

All Hazardous waste the driver comes in contact with will be packaged and labeled with two (2) decals. The first decal contains the generator and waste specific information and is yellow and black in color with the words HAZARDOUS WASTE printed across the top in black. The second decal will be a diamond shaped decal with the specific class of the waste contained in the package, eg. Class 3, Class 9 etc. The hazardous waste label will be pre-printed at our office and sent with the driver for placement on the container. In addition to the generator information, this decal will contain the specific waste D.O.T. shipping name(s), classes and packing groups. Every shipment will also be accompanied by a multi part hazardous waste manifest. This manifest will also be generated at our office and will contain the generator information, our transporter information, secondary transporter information, disposal facility information and all waste specific information (identical to that listed on the hazardous waste label). In the event that the waste is not labeled, sealed, accompanied by a correct manifest, or is improperly packaged (leaking etc), the driver is to notify the dispatcher who in turn will notify the generator representative and inform them that the package is unsuitable for transport. The dispatcher will let them know where the deficiencies are and instruct them to call the office to reschedule the pick-up when corrective action has been taken.

### **DAMAGED PACKAGES**

Do not accept any packages that are ruptured, leaking, show any signs of items protruding out of them, or are incorrectly labeled!

## **FUNCTION SPECIFIC TRAINING**

### **MEDICAL WASTE**

#### **PACKAGING**

All Regulated Medical Waste (RMW) is to be packaged and labeled prior to removing it from a facility. There are three types of containers used for transport of RMW:

1. Fiber drums
2. Fiber board boxes
3. Reusable resin containers

All three types of transport containers contain printing on the outside illustrating the universal biohazard symbol and the transporters information. The fiberboard containers are labeled with arrows and the words "THIS END UP". Containers must always be carried, packaged and transported in the correct upright position. Containers must be sealed before being picked up. Reusable containers must have the transporter lids locked in place (10, 17, 31, 150 and 200 gallon, 35 & 55 gallon fiber drums). Fiber boxes and 20 gallon fiber drums must be sealed with tape. All 31 gallon reusable and fiberboard containers must be lined with biohazard liners before being filled.

Sharps and sharp items, as well as items with the potential to break and puncture the fiber box or liner, must be placed into a sharp container and then sealed, before being placed into transporter containers.

Some examples of items which must be placed into sharp containers are as follows:

- Syringes
- Lancets
- Glass vials
- Pipettes
- Scalpels

#### **SHARP ITEMS MUST NEVER BE DIRECTLY PACKAGED IN TRANSPORTER CONTAINERS!**

If you see an item protruding through a transporter container, notify the dispatcher and inform them that the package is unsuitable for transport. Have them call the generator representative to reschedule the pick up when corrective actions have been taken.

Free flowing liquids must never be transported in transporter containers either. If you see a package that is leaking or saturated, notify the dispatcher and inform him/her that the package is unsuitable for transport.

## HAZARDOUS WASTE

### PACKAGING

All Hazardous Waste is to be packaged and labeled prior to removing it from a facility. There are several sizes and types of containers used to transport hazardous waste:

1. Various sized tight head poly drums (liquids)
2. Open topped fiber/poly drum (solids)

All containers must have two (2) decals affixed to the containers regardless of the contents. The Hazardous waste label will contain the transporter and generator information, as well as the specific waste information contained within the container. Containers must always be carried, packaged and transported **in a secure upright position**. Containers must be sealed labeled and accompanied by the multi part hazardous waste manifest before being picked-up.

If you see a package that is leaking, notify the dispatcher and inform him/her that the package is unsuitable for transport. **The Carrier is responsible for reporting hazardous waste spills. If the shipping papers have an RQ on them, any spill must be reported.** If you discover a leaking package on your vehicle **You must not move the vehicle any more than is safely required!**

AT NO TIME SHOULD HAZARDOUS WASTE BE TAKEN OFF THE VEHICLE IT WAS PICKED UP IN UNTIL IT IS EITHER TAKEN DIRECTLY TO THE DISPOSAL FACILITY, OR THE SECONDARY TRANSPORTER TAKES IT OFF THE VEHICLE!

### PAPERWORK

A manifest must accompany every shipment of medical/hazardous waste. Manifests vary according to the waste being transported. A shipping paper containing an X indicate that the waste accompanying it is **Hazardous**. All manifests have the following requirements in common:

- Both the driver and the generator (or representative thereof) must sign the document
- The number of units being transported must be filled out on the forms
- Emergency response numbers must be printed on the document
- The **UN Number, Proper Shipping Name, Hazard Class and Packing Group** must be identified
- On the Hazardous waste table **items in Italics are not the proper shipping names**
- **A D located on the hazardous material table means DOMESTIC**

ALL MANIFESTS REGARDLESS OF WASTE STREAM ARE GENERATED AT THE OFFICE BEFORE THE ACTUAL PICK-UP!

## **CARGO PLACEMENT**

After leaving the generators facility with the correctly packaged material, the package must be correctly stored for transport in the vehicles cargo hold. Before loading or unloading, set the parking brake. Make sure the vehicle will not move. Do not transport leaking or damaged containers. All packages must be placed in a secure upright position. They are to be placed against the drivers divider wall in the rear cargo hold first and placed in rows leading to the cargo door. After every row of packages, drivers are to use the cargo bar to secure the load in place. **PACKAGES MUST NOT BE LEFT UNSECURED IN CARGO BODY!** Fiber board boxes can be stacked on top of each other or on top of reusable containers, reusable containers CANNOT be stacked on top of the fiber board boxes. In the case of hazardous waste only five (5) gallon liquid containers can be placed atop one another. After securing package(s) in cargo hold, the driver must lock rear door.

## **SECURING VEHICLE**

Drivers must take the key out of the ignition and lock the vehicle every time it is left unattended. The doors must be locked and the rear cargo door must be padlocked. At the end of every shift after reloading the vehicle, drivers must lock the vehicle. When conducting daily pre-trip inspections before the shift, if the driver notices the padlock is missing, the driver must report it to the dispatcher before leaving the yard. In the event the driver has to leave a placarded vehicle on the roadway he/she must **leave it with a qualified person to watch it.**

## **PRE & POST TRIP INSPECTIONS**

Before and after every shift, drivers must conduct pre & post trip inspections. These inspections are to be performed before the driver leaves for his/her route. Drivers are to fill out daily inspection sheets for their vehicles and hand them in to the dispatcher with all manifests at the end of his/her shift.

In the event a driver notices a defect on the vehicle, he/she is to immediately report it to the dispatcher before beginning his/her route. If the dispatcher has the mechanic fix the defect and send the vehicle out, the mechanic is to sign & date the daily vehicle inspection report and indicate any work that was completed.

## **DRIVING**

When driving, there are no passengers permitted on board the vehicle unless a helper or trainee is assigned to the driver. Anyone in the vehicle must wear his/her seatbelt when the vehicle is in motion. There is no smoking permitted in any part of the vehicle. Use of cell phones is prohibited while the vehicle is in motion. The emergency response guidebook and all

manifest must be within reach of the driver at all times during transit (with seatbelt on). When you are not behind the wheel, leave shipping papers on the driver's seat. In addition to the pre-trip inspection, the driver is to make sure the following items are present in the cab of the vehicle before you begin your route:

- **10BC FIRE EXTINGUISHER**
- Reflective triangles
- **A list of authorized rest stops (if transporting explosives)**
- Up to date permits
- Spill Plan
- First aid kit
- Tire pressure gauge
- Emergency response guidebook
- **Copy of the route (if transporting explosives)**

When approaching a railroad crossing, you must stop your vehicle **15-50 feet** before the nearest rail, turn on your hazard lights, open your window and turn off the radio if it is on; look and listen in both directions of the tracks. Proceed only when you are sure no train is coming. Do not shift gears while crossing the tracks. Turn off your hazard lights only after your vehicle has completely cleared the tracks.

Make sure your tires are properly inflated as part of your pre-trip inspection. Vehicles with dual tires must be checked using the tire gauge, every two (2) hours or 100 miles, whichever is less. Turn off your engine before fueling your vehicle. Someone must always be at the nozzle, controlling fuel flow.

## **SAFETY TRAINING**

Every driver is provided with personal protective equipment: uniform, gloves, masks, etc. Gloves should be worn whenever handling medical/hazardous waste. Accidents are always a possibility, but as long as you follow your hands on training, Bloodborne Pathogen Training, Security Training and your Hazardous Materials/OSHA Material Handling Training you keep the likelihood of accidents occurring to a minimum. Nevertheless, in the event of an accident or incident, certain procedures must be followed.

- Keep people away from the scene
- Limit the spread of material, only if you can safely do so!
- **If carrying flammable liquids you can only transport them from tank to another in an emergency**
- Communicate the danger of the hazardous materials to emergency response personnel
- Provide emergency responders with the shipping papers and emergency response information



## FIRES

DO NOT FIGHT HAZARDOUS MATERIALS FIRES! When you discover a hazardous material fire, send for help. Feel cargo doors to see if they are hot before opening them. If hot, you may have a cargo fire and should not open the doors. Opening doors lets air in and may make the fire flare up. Without air, many fires only smolder until firemen arrive, doing less damage. If your cargo is already on fire, it is not safe to fight the fire. Notify your dispatcher, wait for emergency personnel to arrive, give them your shipping papers, warn other people of the danger and keep them away. Do not fight fires. The following preventative measures should be taken to help avoid fires:

- When unloading your vehicle you should **never smoke around oxidizers**
- **Metal tools or hooks can never be used with explosives**
- **If you are transporting flammable liquids the vehicles heater & air conditioner must be disabled.**

## LEAKS

If you discover a cargo leak, identify the hazardous materials leaking by using shipping papers, labels or package locations. **Do not touch any leaking material – many people injure themselves by touching hazardous materials.** Do not try to identify the material or find the source of a leak by smell. Toxic gases can destroy your sense of smell and can injure or kill you even if they don't smell. Never eat, drink, or smoke around a leak or spill.

If hazardous materials are spilling from your vehicle, do not move it any more than safety requires. You may move off the road and away from places where people gather, if doing so serves safety. If you are **transporting explosives you CAN NOT park within 5 feet of a public highway.** Only move your vehicle if you can do so without danger to yourself or others. If you discover hazardous materials spilling from your vehicle:

- Park it
- Follow spill plan
- Secure the area
- Stay there
- Notify dispatcher

When notifying the dispatcher, inform them of:

- A description of the emergency
- Your exact location and direction of travel  
(The carrier is responsible for plotting out the route)

- The proper shipping name, hazard class and ID number of the hazardous materials

## TRAINING

Any driver transporting regulated medical waste in a trailer quantity must possess a valid Hazardous Material Endorsement on their license. In addition to initial training at the time of hire, refresher training must be completed every three years. **Any person who hauls Radioactive Material must have gone through training in the past two years.** Drivers who transport Hazardous Waste must maintain their Hazardous Material Endorsement as a condition of employment.

I acknowledge I have been informed and given a copy of the company's Hazardous Materials & OSHA Employee Training Overview. I have read and understand the procedures contained therein and I accept the policy as a working document that I will support and follow in my daily work.

|                         |       |
|-------------------------|-------|
| Employee Signature:     | Date: |
| Supervisor's Signature: | Date: |
| Instructor's Signature: | Date: |

- The proper shipping name, hazard class and ID number of the hazardous materials

## TRAINING

Any driver transporting regulated medical waste in a trailer quantity must possess a valid Hazardous Material Endorsement on their license. In addition to initial training at the time of hire, refresher training must be completed every three years. **Any person who hauls Radioactive Material must have gone through training in the past two years.** Drivers who transport Hazardous Waste must maintain their Hazardous Material Endorsement as a condition of employment.

I acknowledge I have been informed and given a copy of the company's Hazardous Materials & OSHA Employee Training Overview. I have read and understand the procedures contained therein and I accept the policy as a working document that I will support and follow in my daily work.

---

Employee Signature:

Date:

---

Supervisor's Signature:

Date:

---

Instructor's Signature:

Date:

---



## **APPROVED** STORAGE AND WASTE HAULING MA, INC.

14135 Kutztown RD  
Fleetwood, PA 19522  
DE-SW-1613

### Attachment F: Solid Waste Transporter Permits in Other States

Approved Storage & Waste Hauling MA, Inc.

14135 Kutztown Road

Fleetwood, PA 19522

PA DEP Permit Number: PA-HC-0273

NYSDEC Permit Number: PA-647

USDOT Number: 1104555 Date Received: \_\_\_\_\_

Please note, the expiration date as stated on this form relates to the process for renewing the Information Collection Request for this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not expire. For questions, please contact the Office of Registration and Safety Information, Registration, Licensing, and Insurance 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 Approved Storage & Waste Hauling, Inc. of New York

(Motor Carrier name)

(Motor Carrier state or province)

Dated at Schaumburg, Illinois on this 23rd day of May, 2024

Amending Policy Number: BAP 2926936-03 Effective Date: 07/01/2024

Name of Insurance Company: Zurich American Insurance Company

Countersigned by: Susan B. Kandyora  
(authorized company representative)

The policy to which this endorsement is attached provides primary or excess insurance, as indicated for the limits shown (check only one):

- ☒ This insurance is primary and the company shall not be liable for amounts in excess of \$ 1,000,000 for each accident.
- ☐ This insurance is excess and the company shall not be liable for amounts in excess of \$ \_\_\_\_\_ for each accident in excess of the underlying limit of \$ \_\_\_\_\_ for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: 800-382-2150.

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 <http://www.fmcsa.dot.gov/urs>.

(continued on next page)



**DEFINITIONS AS USED IN THIS ENDORSEMENT**

**Accident** includes continuous or repeated exposure to conditions or which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

**Motor Vehicle** means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

**Bodily Injury** means injury to the body, sickness, or disease to any person, including death resulting from any of these.

**Property Damage** means damage to or loss of use of tangible property.

**Environmental Restoration** means restitution for the loss, damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.

**Public Liability** means liability for bodily injury, property damage, and environmental restoration.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Motor Carrier Safety Administration (FMCSA).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon,

or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately to each accident and any payment under the policy because of anyone accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

(continued on next page)



## SCHEDULE OF LIMITS — PUBLIC LIABILITY

| Type of carriage   | Commodity transported  | January 1, 1985 |
|--|--|-----------------|
| (1) For-hire (in interstate or foreign commerce, with a gross vehicle weight rating of 10,001 or more pounds).   | Property (nonhazardous)  | \$750,000       |
| (2) For-hire and Private (in interstate, foreign, or intrastate commerce, with a gross vehicle weight rating of 10,001 or more pounds).  | Hazardous substances, as defined in <a href="#">49 CFR 171.8</a> , transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Division 1.1, 1.2, and 1.3 materials, Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material, as defined in <a href="#">49 CFR 173.403</a> . | \$5,000,000     |
| (3) For-hire and Private (in interstate or foreign commerce, in any quantity; or in intrastate commerce, in bulk only; with a gross vehicle weight rating of 10,001 or more pounds). | Oil listed in <a href="#">49 CFR 172.101</a> ; hazardous waste, hazardous materials, and hazardous substances defined in <a href="#">49 CFR 171.8</a> and listed in <a href="#">49 CFR 172.101</a> , but not mentioned in (2) above or (4) below.  | \$1,000,000     |
| (4) For-hire and Private (In interstate or foreign commerce, with a gross vehicle weight rating of less than 10,001 pounds).   | Any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in <a href="#">49 CFR 173.403</a> .   | \$5,000,000     |

\*The schedule of limits shown does not provide coverage. The limits shown in the schedule are for information purposes only.

## Davis, DaQuan (DNREC)

---

**From:** Elaida Capellan <ec@approvedmedwaste.com>  
**Sent:** Thursday, July 3, 2025 3:10 PM  
**To:** Davis, DaQuan (DNREC)  
**Subject:** RE: Delaware Solid Waste Transporter Permit Application (DE-SW-1613)  
**Attachments:** Approved-MA-COI-Dept of Nat Res & Env.pdf

Sorry about that, here you go!

All the best,

Elaida Capellan  
Customer Service Supervisor  
Approved Storage & Waste Hauling Inc.  
750 South Ave  
Bridgeport, CT 06604  
Phone: 914-297-9798  
Office Hours: 8:00am-4:00pm

[ec@approvedmedwaste.com](mailto:ec@approvedmedwaste.com)

### Approved Storage & Waste Hauling, Inc.

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---

**From:** Davis, DaQuan (DNREC) <daquan.davis@delaware.gov>  
**Sent:** Thursday, July 3, 2025 1:09 PM  
**To:** Elaida Capellan <ec@approvedmedwaste.com>  
**Subject:** RE: Delaware Solid Waste Transporter Permit Application (DE-SW-1613)

Good afternoon,

The certificate of insurance date is 7/1/25. I need a certificate that is up to date, but everything else is good.

Thank you,



## DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

302-739-9403

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

89 Kings Hwy SW, Dover, DE 19901

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



---

**From:** Elaida Capellan <[ec@approvedmedwaste.com](mailto:ec@approvedmedwaste.com)>

**Sent:** Thursday, July 3, 2025 11:44 AM

**To:** Davis, DaQuan (DNREC) <[daquan.davis@delaware.gov](mailto:daquan.davis@delaware.gov)>

**Cc:** Charles Dippolito <[cd@approvedmedwaste.com](mailto:cd@approvedmedwaste.com)>

**Subject:** Delaware Solid Waste Transporter Permit Application (DE-SW-1613)

Good morning Daquan! I've included here the information that you were missing, please let me know if you need anything else from my end, thank in advance!

All the best,

Elaida Capellan

Customer Service Supervisor

Approved Storage & Waste Hauling Inc.

750 South Ave

Bridgeport, CT 06604

Phone: 914-297-9798

Office Hours: 8:00am-4:00pm

[ec@approvedmedwaste.com](mailto:ec@approvedmedwaste.com)

**Approved Storage & Waste Hauling, Inc.**

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We are pleased to announce that Approved now picks up Regular Solid Waste (curbside, dumpsters, recycle) in the Bronx and Westchester County. Please call for pricing.

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This email has been scanned for spam & viruses. If you believe this email should have been stopped by our filters, [click here](#) to report it.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/3/2025

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 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<br>Union Risk Services LTD<br>1478 Morris Avenue<br>Union NJ 07083                  | CONTACT NAME: Maria Morales<br>PHONE (A/C, No, Ext): (718) 370-3131<br>FAX (A/C, No): (732) 941-5002<br>E-MAIL ADDRESS: mkmorales@unionrisk.us   |
| INSURED<br>Approved Storage & Waste Hauling MA, Inc<br>1471 Almshouse Rd<br>Jamison PA 18929 | INSURER(S) AFFORDING COVERAGE<br>INSURER A: Zurich American Insurance Co. NAIC # 16535<br>INSURER B: Endurance American Specialty 20010<br>INSURER C: Acceptance Indemnity Insurance Company 41718<br>INSURER D: Great Divide Insurance Co 25224<br>INSURER E:<br>INSURER F: |

## COVERAGES

CERTIFICATE NUMBER: (25-26) COI

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE  | ADDL INSD | SUBR WVD | POLICY NUMBER                | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|-----------|----------|------------------------------|-------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> CONTRACTUAL LIAB / WOS<br><input checked="" type="checkbox"/> PRIMARY/NONCONTRIBUTORY<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: |           |          | GLO 2926935 - 04             | 7/1/2025                | 7/1/2026                | EACH OCCURRENCE \$ 2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 2,000,000<br>GENERAL AGGREGATE \$ 4,000,000<br>PRODUCTS - COMPI/OP AGG \$ 4,000,000<br>\$ |
| A        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS<br><input checked="" type="checkbox"/> EXCESS AUTO <input checked="" type="checkbox"/> MCS-90   |           |          | BAP 2926936 -04              | 7/1/2025                | 7/1/2026                | COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |
| B        | <input checked="" type="checkbox"/> EXCESS AUTO  |           |          | EXT30040367702 (EXCESS AUTO) | 7/1/2025                | 7/1/2026                | OCCURRENCE / AGGREGATE \$ 1,000,000  |
| C        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$ 0  |           |          | EMM0001313-04 (EXCESS GL)    | 7/1/2025                | 7/1/2026                | EACH OCCURRENCE \$ 3,000,000<br>AGGREGATE \$ 3,000,000<br>\$   |
| A        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N<br>N  | N/A      | WC 2926934 - 04              | 7/1/2025                | 7/1/2026                | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$  |
| D        | POLLUTION LIABILITY  |           |          | SSP2035392-14                | 7/24/2025               | 7/24/2026               | OCCURRENCE / AGGREGATE \$1,000,000   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Certificate Holder Listed as Additional Insured as Required by Written Contract

## CERTIFICATE HOLDER

## CANCELLATION

|  |  |
|--|--|
| Department of Natural Resources and Environmental Control<br>89 Kings Highway<br>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.<br><br>AUTHORIZED REPRESENTATIVE<br>Defede, Anthony |
|--|--|

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## Davis, DaQuan (DNREC)

---

**From:** Davis, DaQuan (DNREC) on behalf of WHStrippers  
**Sent:** Wednesday, July 2, 2025 4:14 PM  
**To:** CD@Approvedmedwaste.com  
**Subject:** Incomplete Delaware Solid Waste Transporter Permit Application (DE-SW-1613)

**Categories:** Egress Switch: Unprotected

Hi Mr. Dippolito,

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:

- **Section 4(b)**- The corporate officer information that was submitted is missing the dates of birth and ownership percentages. Please update your ownership information and send it back.
- **Section 7(a)**- What waste types are to be transported?
  - Residential
  - Commercial
  - Dry
  - Ash
  - Infectious
  - Soils
  - Asbestos
  - Scrap Tires
- **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 Highway, Dover, DE 19901.
- **Section 14**- You did not provide a list of vehicle operators.

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

Thank you,



**DaQuan L. Davis**

Environmental Scientist

**Division of Waste and Hazardous Substances**

302-739-9403

[WHStrippers@delaware.gov](mailto:WHStrippers@delaware.gov)

89 Kings Hwy SW, Dover, DE 19901

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



[illegible]



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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/30/2025

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 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                    | CONTACT NAME: MARIA MORALES                    |
| UNION RISK SERVICES LTD374  | PHONE (A/C, No, Ext): (718) 370-3131           |
| MILLBURN AVENUE, SUITE 302E | FAX (A/C, No): (732) 941-5002                  |
| MILLBURN NJ 07041           | E-MAIL ADDRESS: mkmorales@unionrisk.us         |
|                             | INSURER(S) AFFORDING COVERAGE                  |
|                             | INSURER A: ZURICH AMERICAN INSURANCE COMPANY   |
|                             | INSURER B: ENDURANCE AMERICAN SPECIALTY INS CO |
|                             | INSURER C: ACCEPTANCE INDEMNITY INSURANCE CO.  |
|                             | INSURER D: GREAT DIVIDE INSURANCE CO.          |
|                             | INSURER E:                                     |
|                             | INSURER F:                                     |

## COVERAGES

CERTIFICATE NUMBER: (24-25) COI

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE  | ADDL INSD | SUBR WVD | POLICY NUMBER                | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|-----------|----------|------------------------------|-------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> CONTRACTUAL LIAB / WOS<br><input checked="" type="checkbox"/> PRIMARY/NONCONTRIBUTORY<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: |           |          | GLO2926935-03                | 7/1/2024                | 7/1/2025                | EACH OCCURRENCE \$ 2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 2,000,000<br>GENERAL AGGREGATE \$ 4,000,000<br>PRODUCTS - COM/OP AGG \$ 4,000,000 |
| A        | AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS   |           |          | BAP2926936-03                | 7/1/2024                | 7/1/2025                | COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |
| B        | <input checked="" type="checkbox"/> EXCESS AUTO  |           |          | EXT30040367701 (EXCESS AUTO) | 7/1/2024                | 7/1/2025                | OCCURRENCE / AGGREGATE \$ 1,000,000  |
| C        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0  |           |          | EMM0001313 03 (EXCESS GL)    | 7/1/2024                | 7/1/2025                | EACH OCCURRENCE \$ 3,000,000<br>AGGREGATE \$ 3,000,000   |
| A        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N<br>N  | N/A      | WC2926934-03                 | 7/1/2024                | 7/1/2025                | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L EACH ACCIDENT \$ 1,000,000<br>E.L DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L DISEASE - POLICY LIMIT \$ 1,000,000                                     |
| D        | POLLUTION LIABILITY  |           |          | SSP2035392-13                | 7/24/2024               | 7/24/2025               | OCCURRENCE / AGGREGATE \$1,000,000<br>CONTRACTOR'S PL \$1,000,000  |

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 As Required By Written Contract.

## CERTIFICATE HOLDER

## CANCELLATION

|  |  |
|--|--|
| Department of Natural Resources and Environmental Control<br>89 Kings Highway<br>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<br>Anthony Defede/NWEST  |

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## IMPORTANT NOTICE

The Delaware Department of Natural Resources and Environmental Control (DNREC) Compliance and Permitting Section (CAPS) is dedicated to overseeing the waste transportation permit process. We carefully receive, review, and provide comments regarding submitted permit applications, requiring a complete application prior to public notice. It is important for transporters submitting applications to DNREC-CAPS to understand that all permit applications will now be publicly accessible during the required 15-day public notice period and are also subject to release under DNREC's Freedom of Information Act (FOIA) afterward.

To improve transparency, DNREC now publishes legal notices on its website that include the names of transporters applying for permits, along with convenient links to the original permit applications. This approach is designed to promote open communication and build public trust.

Before releasing each permit application, DNREC-CAPS ensures that all personally identifiable information (PII)—such as driver names, birthdates, and Social Security numbers—is properly redacted.

Transporters who wish to keep other certain information in their permit applications confidential—excluding personally identifiable information (PII) which is being redacted—must explicitly request confidentiality when they submit their original application. This request must comply with DNREC's Freedom of Information Act (FOIA) regulations. For detailed policies and procedures regarding confidentiality requests, refer to 8 DE Admin. Code § 900, titled *Policies and Procedures Regarding FOIA Requests*.

Please note that any request to hold specific information as confidential must be made in writing at the time you submit your original waste transporter application to DNREC-CAPS. Your request must include a justification for why the information should be kept confidential, as required by Subsections 6.2.1 through 6.2.4 of the *Policies and Procedures Regarding FOIA Requests*.

Additionally, if you are making a confidentiality claim, you are required to submit two applications: the original waste transporter permit application and a second version of the original application that redacts the information you wish to keep confidential.

We appreciate your cooperation in this matter.





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- 1613 Expiration Date 06/30/2025

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

**SCRAP TIRES ONLY**

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

**ALL OTHERS**

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

**2. Release to Public**

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

**3. Company Information**

Company Name Approved Storage & Waste Hauling MA, Inc

|                        |                        |
|------------------------|------------------------|
| Location Address:      | Mailing Address:       |
| 110 Edison Ave         | 110 Edison Ave         |
| Mount Vernon, NY 10550 | Mount Vernon, NY 10550 |
|                        |                        |

Contact: Charles Dippolito Title: President

Business Phone: 914-664-4791 Fax: \_\_\_\_\_

E-mail: CD@approvedmedwaste.com

24 hr Emergency Contact Phone: 917-774-0450

**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: DE Date: \_\_\_\_\_  
☐ 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 \_\_\_\_\_  
☒ 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 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) \_\_\_\_\_
  - ☐ 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) C

### 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 F
- ☐ No transporter permits in other states

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

DOT# 2892903 MC# 21588

- ☐ 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:

|                         | <b>FOR-HIRE<br/>INTERSTATE</b>                   | <b>ALL OTHERS</b>   |
|-------------------------|--|---|
| Residential Waste       | \$750,000.00 + MCS-90 <input type="checkbox"/>   | \$350,000.00 <input type="checkbox"/>                     |
| Commercial Waste        | \$750,000.00 + MCS-90 <input 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 checked="" type="checkbox"/> |
| Non-Hazardous Petroleum | \$750,000.00 + MCS-90 <input type="checkbox"/>   | \$350,000.00 <input type="checkbox"/>                     |
| Contaminated Soils      | \$1,000,000.00 + MCS-90 <input type="checkbox"/> | \$350,000.00 <input type="checkbox"/>                     |
| Asbestos                | (For Hire & Private)                             |   |
| Scrap Tires Only        | \$350,000.00 <input type="checkbox"/>            | \$350,000.00 <input type="checkbox"/>                     |

## 11. Spill Control and Safety

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

Spill Control Plan: Attachment 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.

- 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 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 \_\_\_\_\_

Print Name Charles Dippolito 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]

## 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.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/30/2025

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**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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<br>UNION RISK SERVICES LTD374<br>MILLBURN AVENUE, SUITE 302E<br>MILLBURN NJ 07041   | CONTACT NAME: MARIA MORALES<br>PHONE (A/C, No, Ext): (718) 370-3131<br>E-MAIL ADDRESS: mkmorales@unionrisk.us<br>FAX (A/C, No): (732) 941-5002  |
| INSURED<br>APPROVED STORAGE & WASTE HAULING MA, INC<br>1471 ALMSHOUSE RD<br>JAMISON PA 18929 | INSURER(S) AFFORDING COVERAGE<br>INSURER A: ZURICH AMERICAN INSURANCE COMPANY 16535<br>INSURER B: ENDURANCE AMERICAN SPECIALTY INS CO 41718<br>INSURER C: ACCEPTANCE INDEMNITY INSURANCE CO. 20010<br>INSURER D: GREAT DIVIDE INSURANCE CO. 25224<br>INSURER E:<br>INSURER F: |

## COVERAGES

CERTIFICATE NUMBER: (24-25) COI

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE   | ADDL INSD | SUBR WVD | POLICY NUMBER                | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|---|-----------|----------|------------------------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> CONTRACTUAL LIAB / WOS<br><input checked="" type="checkbox"/> PRIMARY/NONCONTRIBUTORY<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER |           |          | GLO2926935-03                | 7/1/2024                | 7/1/2025                | EACH OCCURRENCE \$ 2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 2,000,000<br>GENERAL AGGREGATE \$ 4,000,000<br>PRODUCTS - COMP/OP AGG \$ 4,000,000<br>\$ |
| A        | AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> EXCESS AUTO  |           |          | BAP2926936-03                | 7/1/2024                | 7/1/2025                | COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$   |
| B        | <input checked="" type="checkbox"/> EXCESS AUTO   |           |          | EXT30040367701 (EXCESS AUTO) | 7/1/2024                | 7/1/2025                | OCCURRENCE / AGGREGATE \$ 1,000,000   |
| C        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 0  |           |          | EMM0001313 03 (EXCESS GL)    | 7/1/2024                | 7/1/2025                | EACH OCCURRENCE \$ 3,000,000<br>AGGREGATE \$ 3,000,000<br>\$  |
| A        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N<br>N  | N/A      | WC2926934-03                 | 7/1/2024                | 7/1/2025                | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000   |
| D        | POLLUTION LIABILITY   |           |          | SSP2035392-13                | 7/24/2024               | 7/24/2025               | OCCURRENCE / AGGREGATE \$1,000,000<br>CONTRACTOR'S PL \$1,000,000   |

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 As Required By Written Contract.

## CERTIFICATE HOLDER

## CANCELLATION

Department of Natural Resources and  
Environmental Control  
89 Kings Highway  
Dover, DE 19901

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Anthony Defede/NWEST

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