

# RECEIPT

DATE

10/01/25

No.

743663

RECEIVED FROM

AMS Waste Disposal Inc

\$

350.00

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

DOLLARS

☐ FOR RENT☒ FOR

DE-SW-1524

ACCOUNT	
PAYMENT	
BAL. DUE	

☐ CASH☒ CHECK☐ MONEY  
ORDER☐ CREDIT  
CARD

FROM

2134

TO

BY

AO



## 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- 1524 \_\_\_\_\_ Expiration Date 12-30-2025 \_\_\_\_\_

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? X ☐ Yes ☐ No

## 3. Company Information

Company Name AMS WASTE DISPOSAL INC \_\_\_\_\_

Location Address:	Mailing Address:
1945 S 24 <sup>TH</sup> ST, Phila. PA 19145	[REDACTED]

Contact: Ashlen M Samuel \_\_\_\_\_ Title: President \_\_\_\_\_

Business Phone: 215-334-0130 \_\_\_\_\_ Fax: 215-334-3477 \_\_\_\_\_

E-mail: [REDACTED] \_\_\_\_\_

24 hr Emergency Contact Phone: [REDACTED] \_\_\_\_\_

## 4. Company Ownership Information

(a). Please indicate the company type:

☐ Proprietorship

☐ Partnership

☒ Corporation - If company is a corporation, indicate city, state, and date of incorporation.

City: Drexel Hill \_\_\_\_\_ State: PA \_\_\_\_\_ Date: 11-2006 \_\_\_\_\_

☐ Municipality

☐ Public institution

☐ Limited Liability Corporation (LLC) State: \_\_\_\_\_

☐ Other: (must specify) \_\_\_\_\_

(b). For each Owner, Partner, or Corporate Officer, attach a list with name, title, mailing address, date of birth, and % ownership. Include all stockholders owning greater than 5% outstanding shares.

☒ Attachment \_\_\_\_\_

(c). If company is owned by or a \_\_\_\_\_ name, address & mailing address, and % ownership.

☐ Attachment \_\_\_\_\_

☒ No parent company



## 5. Company locations in Delaware

List name and *street* address of each company location, including freight terminals, within the State of Delaware.

- ☐ Attachment \_\_\_\_\_  
☒ No Delaware locations

## 6. Company Affiliates

List name, location and mailing addresses, nature of business relationship of all company Affiliates, which affiliates are engaged in the business of waste transport, treatment, storage, disposal, recovery or reclamation. (Affiliated companies are defined as those companies owned by the same owners, corporate officers, or parent company.)

- ☐ Attachment \_\_\_\_\_  
☒ No affiliates

## 7. Type of Waste to be Transported

(a). Check all that apply. Refer to Delaware's *Regulations Governing Solid Waste* for definitions of waste categories.

- ☒ Residential waste  
☒ Commercial waste (from **non-manufacturing, non-processing** businesses and offices)  
☒ Industrial waste (from a manufacturing or industrial process)  
☒ Dry waste: ☒ construction/demolition debris  
☐ trees/stumps  
☐ other (must specify) \_\_\_\_\_  
☐ Ash: ☐ municipal incinerator  
☐ coal ash  
☐ other (must specify) \_\_\_\_\_  
☐ Infectious waste  
☒ Non-hazardous petroleum-hydrocarbon contaminated soils  
☐ Asbestos-containing waste  
☐ Scrap Tires

(b). Does your company collect and transport residential (household) waste from single family homes, condominiums and apartment complexes in Delaware? ☐ Yes ☒ No

(c). If you answered "YES" to question 7.b., above, does your company provide recycling services to those customers? ☐ Yes ☐ No ☐ N/A

(d). If you offer recycling services, does your company collect and transport the recyclables separately from the waste generated by your customers? ☐ Yes ☐ No

(e). If you offer recycling services, are the recyclables ultimately taken to an incinerator (waste-to-energy) or landfill? ☐ Yes ☐ No

### 8. Treatment, Storage, and Disposal Facilities

- (a). Do you cross state lines with the waste? ☐ Yes ☒ No
- (b). Identify in an attachment **all** solid waste Treatment, Storage, Disposal Facilities, Reclamation Facilities and Transfer Stations to which the waste will be transported.
- ☐ Delaware Solid Waste Authority locations: (attachment) \_\_\_\_\_
  - ☐ Clean Earth of New Castle, Inc. (thermal treatment facility for PHC-soils)
  - ☐ Delaware Recyclable Products, Inc. (dry waste, commercial, industrial, and PHC-soils)
  - ☐ Other in-state solid waste facilities, including private facilities: (attachment) \_\_\_\_\_
  - ☐ Out of state solid waste TSD facilities: (attachment) \_\_\_\_\_

### 9. Other Transporter Permits

- (a). Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)
- ☒ Attachment PA
- ☐ Not applicable-No transporter permit required for these solid waste types in our home state.
- (b). List solid waste transporter permits held in other states.
- ☒ Attachment PA WH19597\_
- ☐ No transporter permits in other states
- (c). Indicate your Federal DOT number and Motor Carrier number:
- DOT# 1921873 \_\_\_\_\_ MC# \_\_\_\_\_
- ☐ N/A If N/A, please provide an explanation, on the following page, as to why you are not required to have a DOT or MC number.

### 10. Proof of Financial Responsibility

The transporter must submit proof of financial responsibility as established in section 7.2.4 of Delaware's *Regulations Governing Solid Waste*. This proof may be established by a Certificate of Insurance, with MCS-90 endorsement where applicable, or by other means approved by the Department. (The Certificate of Insurance must identify the **Department of Natural Resources and Environmental Control, Compliance and Permitting Section** as the certificate holder.)

- (a). Are you for-hire in interstate commerce? ☐ Yes ☒ No (For-Hire means you are in the business of transporting, for compensation or payment, wastes generated by a company other than your own.)
- (b). Do you transport in the State of Delaware Only (Intrastate)? ☐ Yes ☒ No
- (c). Do you transport Interstate? ☒ Yes ☐ No

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

	FOR-HIRE INTERSTATE	ALL OTHERS
Residential Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input checked="" type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Industrial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Dry Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Ash	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Infectious Waste	\$1,000,000.00 + MCS-90 <input type="checkbox"/>	\$750,000.00 + MCS-90 <input type="checkbox"/>
Non-Hazardous Petroleum	\$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 that 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 Yes ☒

## 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 Yes ☒



### 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

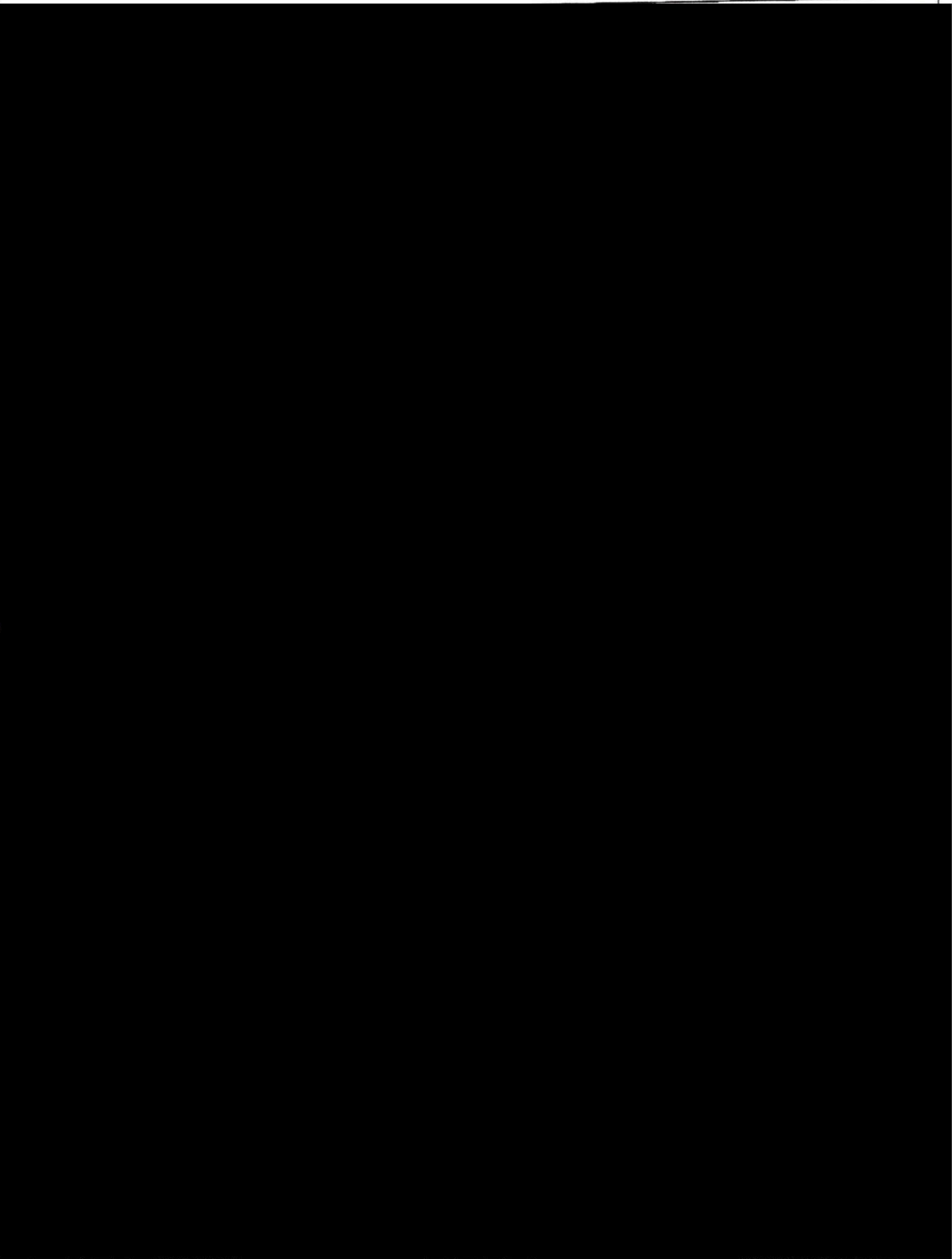
### 16. Certification

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.

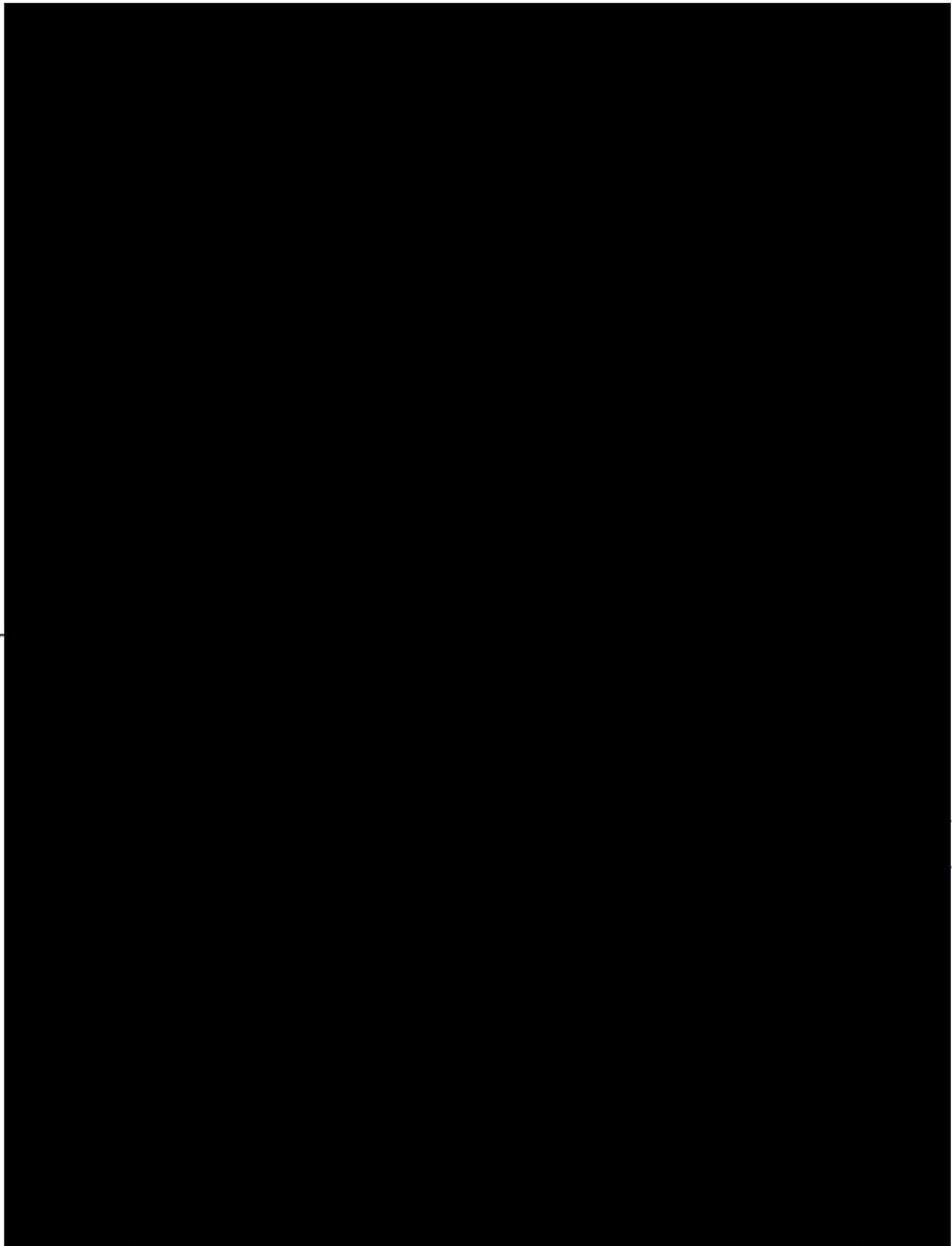
\*\*Signature  Date 09-15-2025 \_\_\_\_\_

Print Name Ashlen M Samuel \_\_\_\_\_ Title President \_\_\_\_\_

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









# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/26/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Regional Insurance Associates, Inc 1113A Washington Crossing Blvd  Washington Crossing PA 18977	<b>CONTACT NAME:</b> Jessica L. Elwell <b>PHONE (A/C, No, Ext):</b> (215) 321-1900 <b>E-MAIL ADDRESS:</b> jelwell@regionalinsurance.net <b>FAX (A/C, No):</b> (215) 321-1700																					
<b>INSURED</b> AMS Waste Disposal Inc [REDACTED] PA 19026	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Acuity Insurance</td><td>14184</td></tr><tr><td>INSURER B:</td><td>Clear Spring American Insurance Company</td><td>11219</td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Acuity Insurance	14184	INSURER B:	Clear Spring American Insurance Company	11219	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER E:																						
INSURER F:																						

**COVERAGES****CERTIFICATE NUMBER:** 24-25**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			ZT4830	11/20/2024	11/20/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE AGGREGATE
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y	N/A	WCA22371301	11/20/2024	11/20/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT

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

**CERTIFICATE HOLDER****CANCELLATION**

Dept of Natural Resources & Environmental Solid Hazardous Waste  
Compliance and Permitting Sect  
89 Kings Highway  
Dover DE 19901

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

AUTHORIZED REPRESENTATIVE

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POLICY NUMBER: ZT4830

CA-7100(8-17)

**ENDORSEMENT FOR MOTOR CARRIER POLICIES OF INSURANCE FOR  
PUBLIC LIABILITY UNDER SECTIONS 29 AND 30 OF THE MOTOR CARRIER  
ACT OF 1980 (MCS-90)**

Issued to

AMS WASTE DISPOSAL INC  
804 ROBERTS AVE  
DREXEL HILL PA 19026

Dated at SHEBOYGAN, WISCONSIN on NOVEMBER 11, 2024

Amending Policy No. ZT4830 Effective Date NOVEMBER 20, 2024

Name of Insurance Company ACUITY, A MUTUAL INSURANCE COMPANY

Countersigned by



VP - Commercial Insurance

This insurance is primary and the company shall not be liable for amounts in excess of \$750,000 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: 920-458-9131.

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, D.C.).

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**DEFINITIONS AS USED IN THIS ENDORSEMENT**

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**Accident** includes continuous or repeated exposure to conditions 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 any one accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

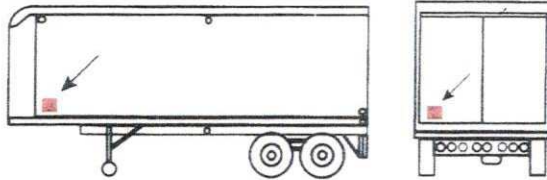
THE SCHEDULE OF LIMITS SHOWN BELOW DOES NOT PROVIDE COVERAGE. The limits shown in the schedule are for information purposes only.

#### **SCHEDULE OF LIMITS - PUBLIC LIABILITY**

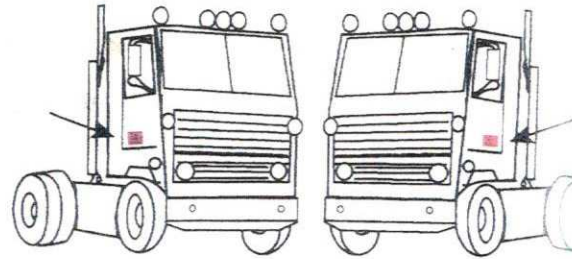
<b>Type of Carriage</b>	<b>Commodity Transported</b>	<b>Minimum Insurance</b>
(1) For-hire (In interstate or foreign commerce, with a gross vehicle weight rating of 10,000 or more pounds).	Property (nonhazardous)	\$750,000
(2) For-hire and Private (In interstate, foreign or intrastate commerce, with a gross vehicle weight rating of 10,000 or more pounds).	Hazardous substances, as defined in 49 CFR 171.8, 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 49 CFR 173.403.	\$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 10,000 or more pounds).	Oil listed in 49 CFR 172.101; hazardous waste, hazardous materials, and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101, 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 10,000 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 1, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403.	\$5,000,000

# Waste Trailers

Apply stickers to a clean, dry surface. It may take 24 hours for adhesive to reach full tack. Do not remove stickers once they are applied.



# Trucks and Truck Tractors



Each qualified waste vehicle is issued two (2) stickers. Place the stickers on the vehicle as shown in the diagram.

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## COMMONWEALTH OF PENNSYLVANIA Waste Transportation Safety Program Written Authorization

9597254821

Phone No. (215) 334-0130

VIN# 1HTWCAAN62J046482  
WH19597  
Expires Nov 2025

AMS WASTE DISPOSAL, INC.  
ASHLEN SAMUEL  
804 ROBERTS AVE  
DREXEL HILL, PA 19026-4420

ZFV-6251-PA

THIS WRITTEN AUTHORIZATION MUST BE KEPT WITH THE WASTE TRANSPORTATION VEHICLE AT ALL TIMES.

If lost or damaged contact DEP immediately at 717-783-9258. A replacement fee is required.

Duplication or Photocopies of this original documentation are not valid.

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

**CAUTION! REMOVE STICKERS CAREFULLY.**

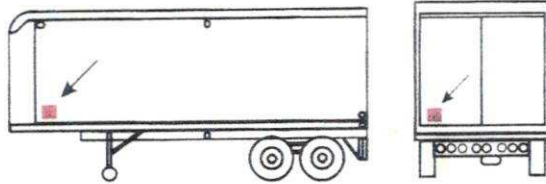
Applied stickers take 24 hours to reach full tack

### APPLICATION INSTRUCTIONS

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

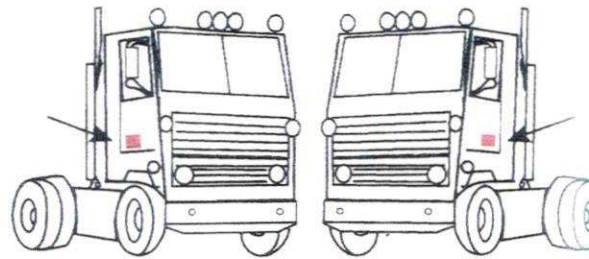
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# Trucks and Truck Tractors



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## COMMONWEALTH OF PENNSYLVANIA Waste Transportation Safety Program Written Authorization

9597258691

Phone No. (215) 334-0130

AMS WASTE DISPOSAL, INC.  
ASHLEN SAMUEL  
804 ROBERTS AVE  
DREXEL HILL, PA 19026-4420

*Handwritten signature*

VIN# 1HTWYATT53J067869  
WH19597  
Expires Nov 2025

*Handwritten: AG56465-PA*

THIS WRITTEN AUTHORIZATION MUST BE KEPT WITH THE  
WASTE TRANSPORTATION VEHICLE AT ALL TIMES.  
If lost or damaged contact DEP immediately at 717-783-9258.  
A replacement fee is required.  
Duplication or Photocopies of this original documentation  
are not valid.

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

**CAUTION! REMOVE STICKERS CAREFULLY.**

Applied stickers take 24 hours to reach full tack

### APPLICATION INSTRUCTIONS

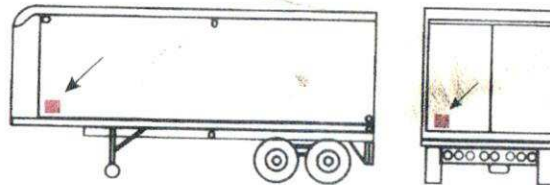
1. Clean Surface To Which Sticker Will be Applied of Dirt, Grease or Oily Substances.
2. Remove Sticker From Carrier Sheet.
3. Position Sticker, Then Press Firmly Until Tightly Affixed To Surface.



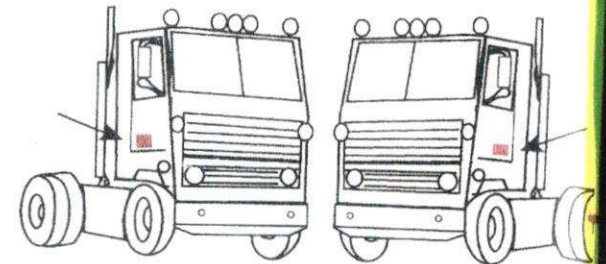


Apply stickers to a clean, dry surface. It may take 24 hours for adhesive to reach full tack. Do not remove stickers once they are applied.

Waste Trailers



Trucks and Truck Tractors



Each qualified waste vehicle is issued two (2) stickers. Place the stickers on the vehicle as shown in the diagram.

172

THIS DOCUMENT INCLUDES PRINTED WATERMARK ON REVERSE. HOLD AT ANGLE TO VIEW.



**COMMONWEALTH OF PENNSYLVANIA**  
**Waste Transportation Safety Program**  
**Written Authorization**

9597253021

Phone No. (215) 334-0130

VIN# 1XKDDDB9X6SR644302

WH19597

Expires Nov 2025

AMS WASTE DISPOSAL, INC.  
ASHLEN SAMUEL  
804 ROBERTS AVE  
DREXEL HILL, PA 19026-4420

YES

AC56464-PA

THIS WRITTEN AUTHORIZATION MUST BE KEPT WITH THE  
WASTE TRANSPORTATION VEHICLE AT ALL TIMES.

If lost or damaged contact DEP immediately at 717-783-9258.

A replacement fee is required.

Duplication or Photocopies of this original documentation  
are not valid.

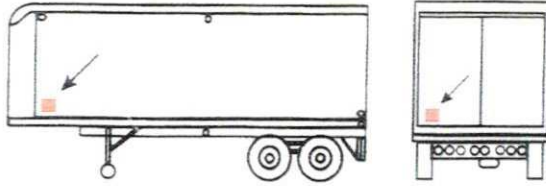
DOCUMENT SECURITY BACKGROUND IS PRINTED IN BLUE INK ON WHITE PAPER & INCLUDES PINK THERMO-INK KEYSTONE AT RIGHT

**CAUTION! REMOVE STICKERS CAREFULLY.**

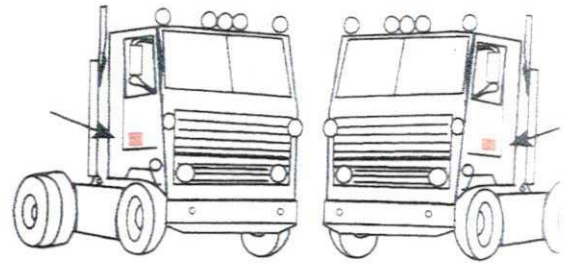


# Waste Trailers

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# Trucks and Truck Tractors



Each qualified waste vehicle is issued two (2) stickers. Place the stickers on the vehicle as shown in the diagram.



## COMMONWEALTH OF PENNSYLVANIA Waste Transportation Safety Program Written Authorization

8058264271

Phone No. (215)-334-0130

AMS CONTRACTING, LLC  
ASHLEN SAMUEL  
804 ROBERTS AVE  
DREXEL HILL, PA 19026-4420

VIN# 1NPAXUEX8VN431427  
WH18058  
Expires Jul 2026

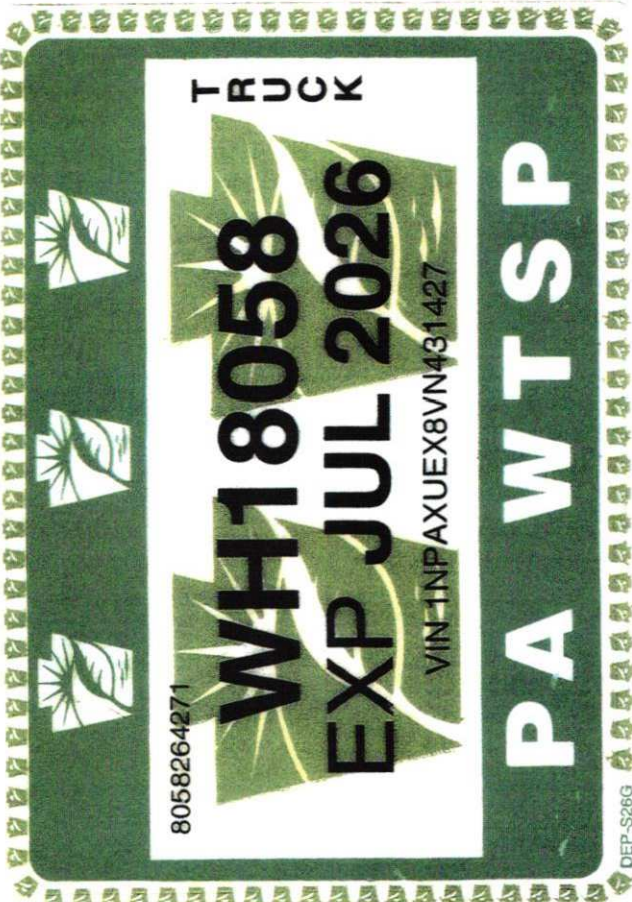
AG 77B13

THIS WRITTEN AUTHORIZATION MUST BE KEPT WITH THE WASTE TRANSPORTATION VEHICLE AT ALL TIMES.  
If lost or damaged contact DEP immediately at 717-783-9258. A replacement fee is required.  
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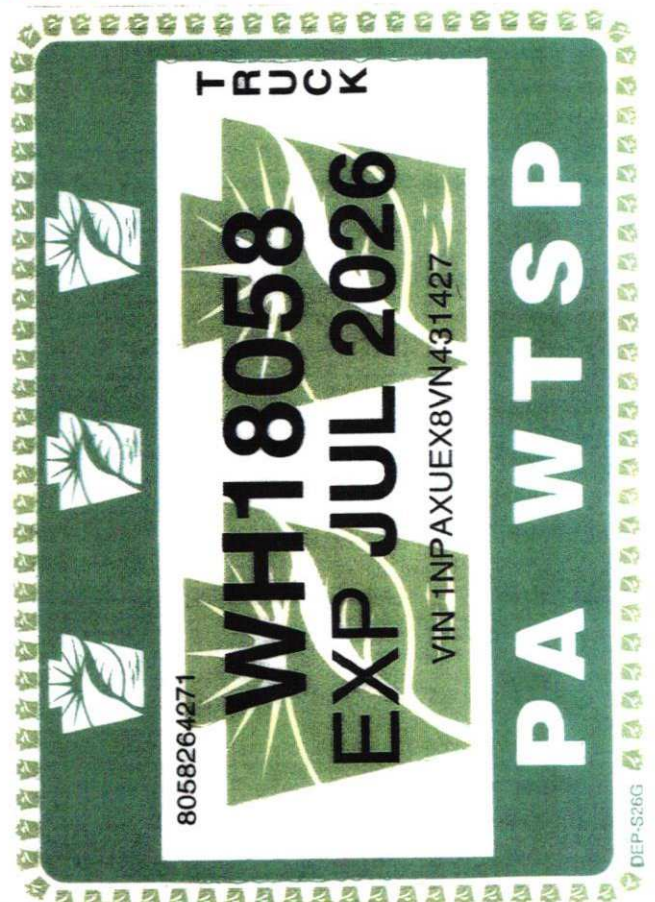
DOCUMENT SECURITY BACKGROUND IS PRINTED IN BLUE INK ON WHITE PAPER & INCLUDES PINK THERMO-INK KEYSTONE AT RIGHT

CAUTION! REMOVE STICKERS CAREFULLY.

Applied stickers take 24 hours to reach full tack



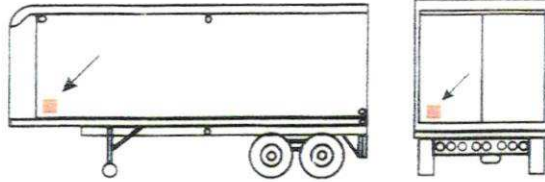
APPLICATION INSTRUCTIONS  
1. Clean Surface to Which Sticker Will be Applied of Dirt, Grease or Oil Substances  
2. Remove Sticker From Carrier Sheet  
3. Position Sticker, Then Press Firmly Until Thoroughly Affixed to Surface



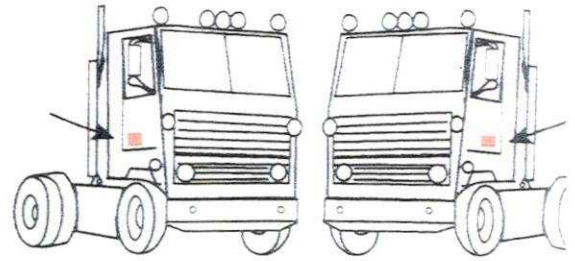


# Waste Trailers

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# Trucks and Truck Tractors



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## COMMONWEALTH OF PENNSYLVANIA Waste Transportation Safety Program Written Authorization

8058261911

Phone No. (215)-334-0130

VIN# 1M2K195C06M034191  
WH18058  
Expires Jul 2026

AMS CONTRACTING, LLC  
ASHLEN SAMUEL  
804 ROBERTS AVE  
DREXEL HILL, PA 19026-4420

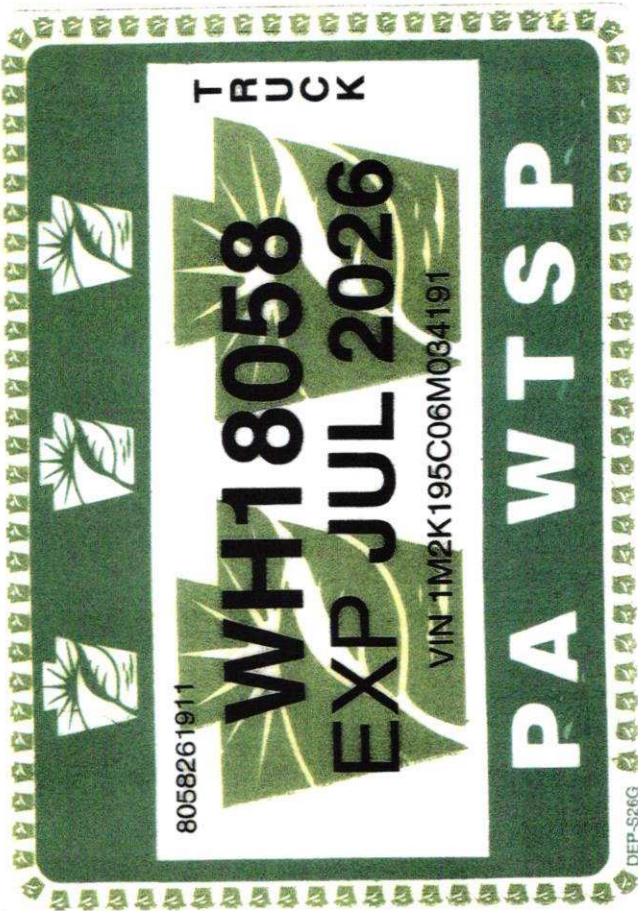
AW-54717

THIS WRITTEN AUTHORIZATION MUST BE KEPT WITH THE WASTE TRANSPORTATION VEHICLE AT ALL TIMES.  
If lost or damaged contact DEP immediately at 717-783-9258.  
A replacement fee is required.  
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DOCUMENT SECURITY BACKGROUND IS PRINTED IN BLUE INK ON WHITE PAPER & INCLUDES PINK THERMO-INK KEYSTONE AT RIGHT

CAUTION! REMOVE STICKERS CAREFULLY.

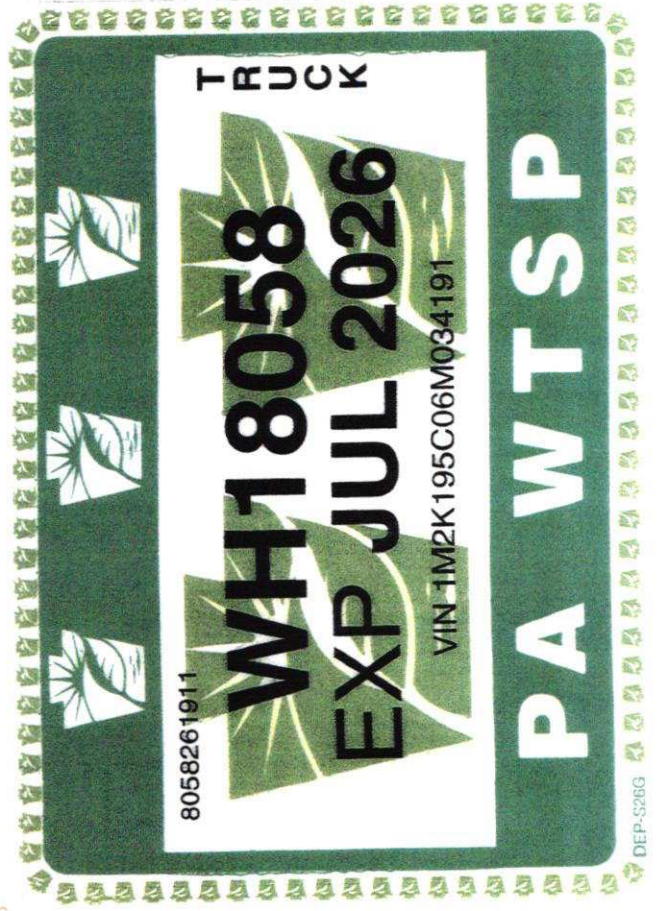
Applied stickers take 24 hours to reach full tack



ADDITIONAL INFORMATION: 1. Clean Surface to Which Sticker Will be Applied of Dirt, Grease or Oily Substances.

2. Remove Sticker From Carrier Sheet.

3. Position Sticker, then Press Firmly Until Highly Adhesive to Surface.

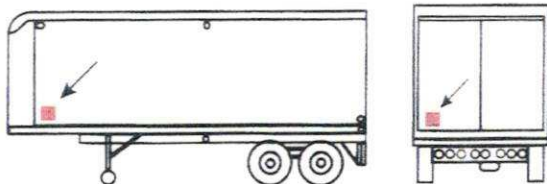


DEP-S26G

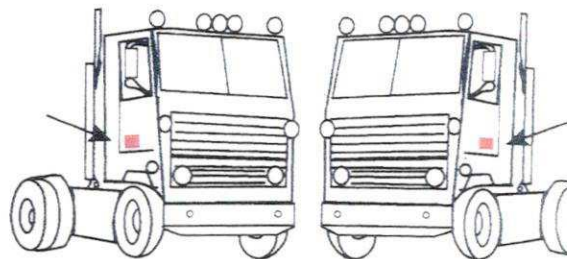


# Waste Trailers

Apply stickers to a clean, dry surface. It may take 24 hours for adhesive to reach full tack. Do not remove stickers once they are applied.



# Trucks and Truck Tractors



Each qualified waste vehicle is issued two (2) stickers. Place the stickers on the vehicle as shown in the diagram.



## COMMONWEALTH OF PENNSYLVANIA Waste Transportation Safety Program Written Authorization

8058264071

Phone No. (215)-334-0130

VIN# 1M2AG11C53M004407  
WH18058  
Expires Jul 2026

AMS CONTRACTING, LLC  
ASHLEN SAMUEL  
804 ROBERTS AVE  
DREXEL HILL, PA 19026-4420

AG-28835

THIS WRITTEN AUTHORIZATION MUST BE KEPT WITH THE  
WASTE TRANSPORTATION VEHICLE AT ALL TIMES.  
If lost or damaged contact DEP immediately at 717-783-9258.  
A replacement fee is required.  
Duplication or Photocopies of this original documentation  
are not valid.

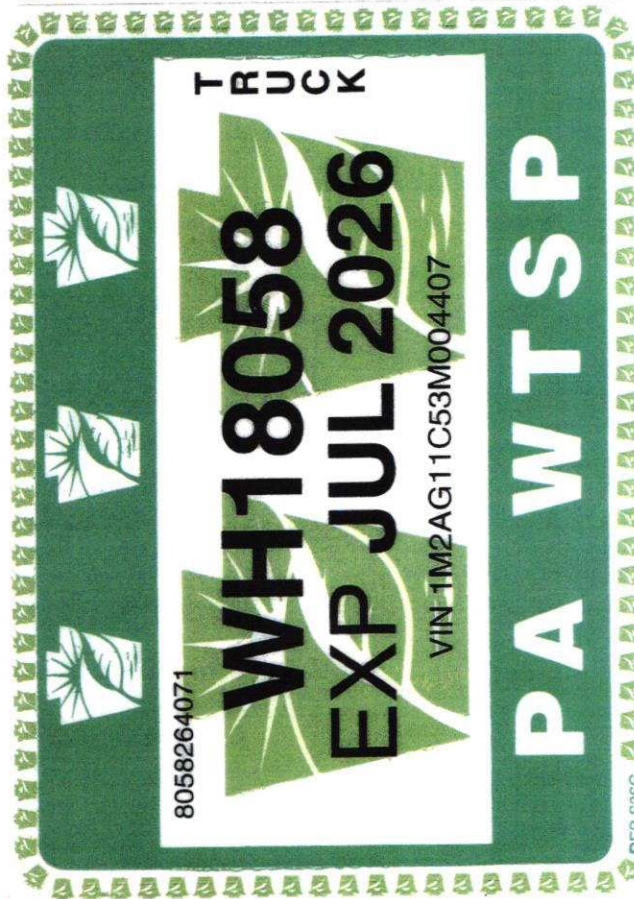
DOCUMENT SECURITY BACKGROUND IS PRINTED IN BLUE INK ON WHITE PAPER & INCLUDES PINK THERMO-INK KEYSTONE AT RIGHT

CAUTION! REMOVE STICKERS CAREFULLY.

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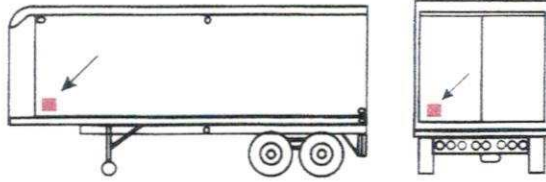
APPLICATION INSTRUCTIONS  
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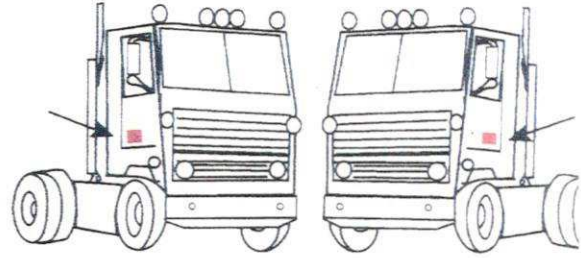


# Waste Trailers

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# Trucks and Truck Tractors



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## COMMONWEALTH OF PENNSYLVANIA Waste Transportation Safety Program Written Authorization

8058260571

Phone No. (215)-334-0130

VIN# 2FZXEWB1YAH43057  
WH18058  
Expires Jul 2026

AMS CONTRACTING, LLC  
ASHLEN SAMUEL  
804 ROBERTS AVE  
DREXEL HILL, PA 19026-4420

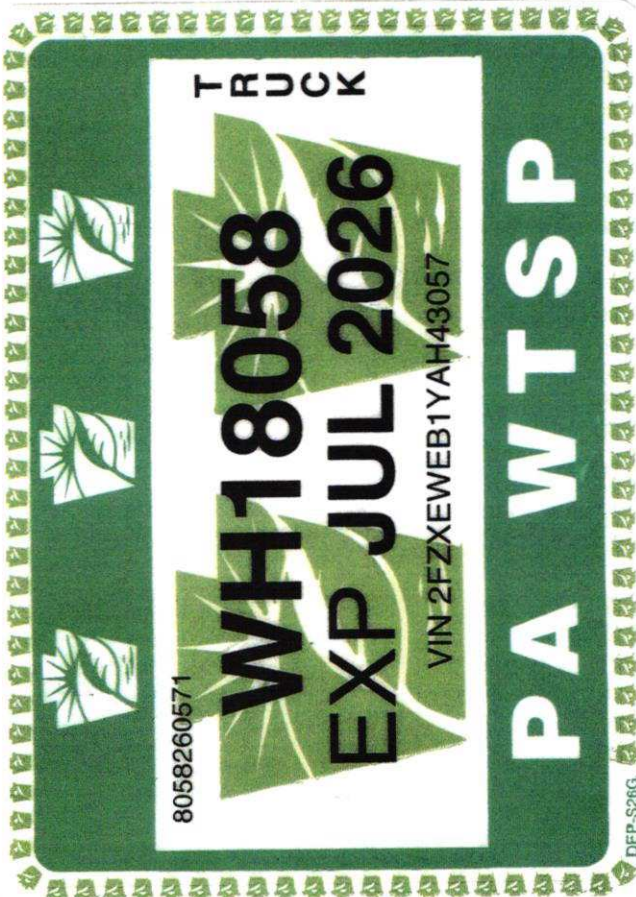
AW-21018

THIS WRITTEN AUTHORIZATION MUST BE KEPT WITH THE WASTE TRANSPORTATION VEHICLE AT ALL TIMES.  
If lost or damaged contact DEP immediately at 717-783-9258.  
A replacement fee is required.  
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DOCUMENT SECURITY BACKGROUND IS PRINTED IN BLUE INK ON WHITE PAPER & INCLUDES PINK THERMO-INK KEYSTONE AT RIGHT

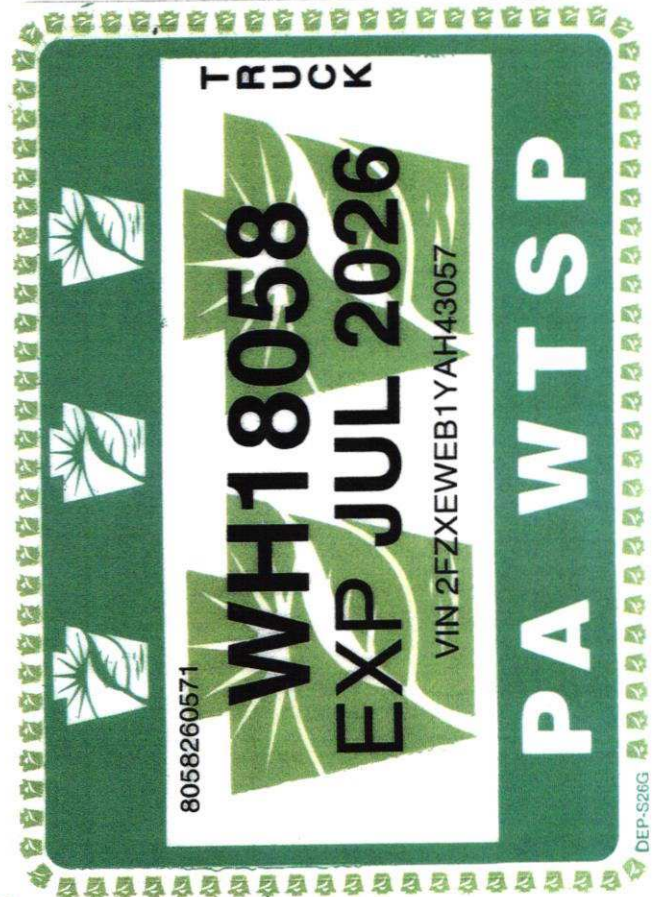
CAUTION! REMOVE STICKERS CAREFULLY.

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### APPLICATION INSTRUCTIONS

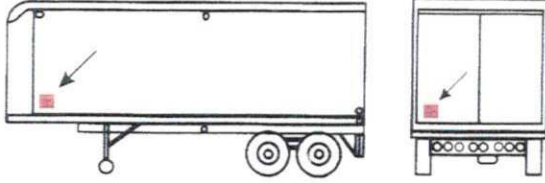
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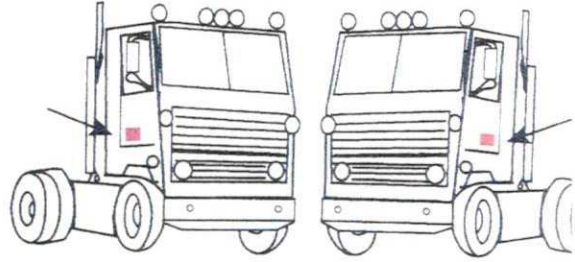


# Waste Trailers

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# Trucks and Truck Tractors



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## COMMONWEALTH OF PENNSYLVANIA Waste Transportation Safety Program Written Authorization

8058261621

Phone No. (215)-334-0130

VIN# 1M2AG11C17M065162  
WH18058  
Expires Jul 2026

AMS CONTRACTING, LLC  
ASHLEN SAMUEL  
804 ROBERTS AVE  
DREXEL HILL, PA 19026-4420

AW54716

THIS WRITTEN AUTHORIZATION MUST BE KEPT WITH THE WASTE TRANSPORTATION VEHICLE AT ALL TIMES.

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

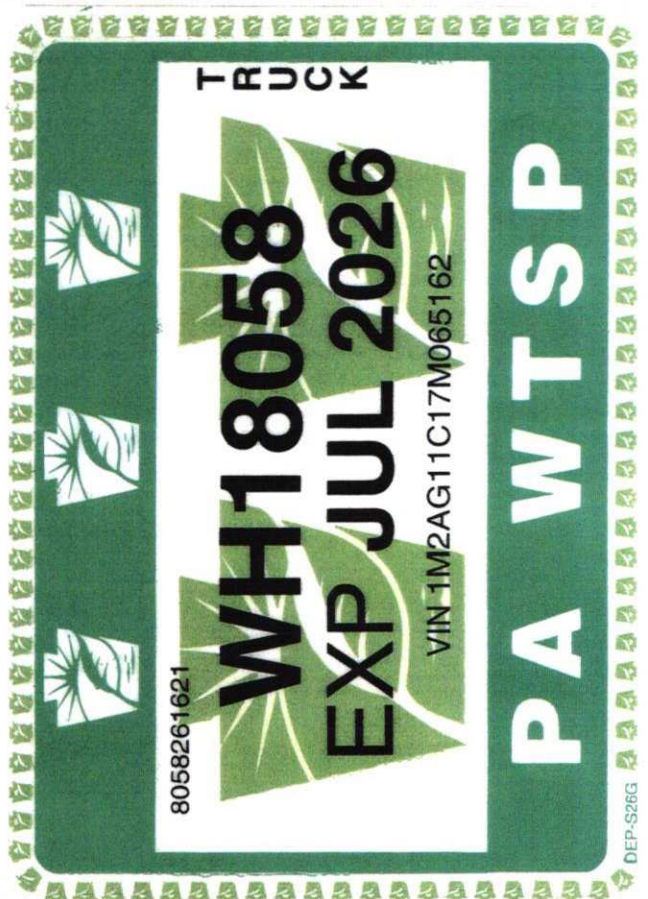
CAUTION! REMOVE STICKERS CAREFULLY.

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### APPLICATION INSTRUCTIONS

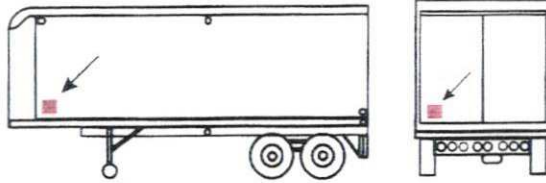
1. Clean Surface To Which Sticker Will be Applied of Dirt, Grease or Oily Substances.
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3. Position Sticker, Then Press Firmly Until Tightly Affixed To Surface.





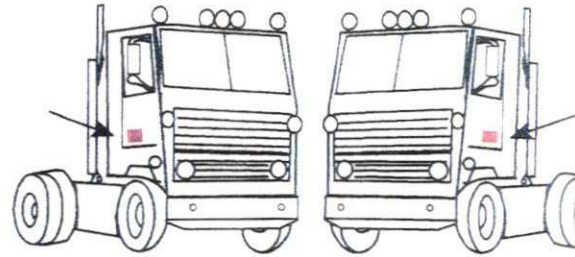
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# Trucks and Truck Tractors



## COMMONWEALTH OF PENNSYLVANIA Waste Transportation Safety Program Written Authorization

8058268981

Phone No. (215)-334-0130

VIN# 1HTWCAZNX5J179898

WH18058

Expires Jul 2026

AMS CONTRACTING, LLC  
ASHLEN SAMUEL  
804 ROBERTS AVE  
DREXEL HILL, PA 19026-4420

ZTV-6244

THIS WRITTEN AUTHORIZATION MUST BE KEPT WITH THE WASTE TRANSPORTATION VEHICLE AT ALL TIMES.

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### APPLICATION INSTRUCTIONS

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3. Position Sticker, Then Press Firmly Until Tightly Affixed To Surface.



**DREXEL HILL, PA 19026  
PHILADELPHIA, Pa 19145**

# **AMS WASTE DISPOSAL**

**Large Enough To Handle, Small Enough To Care**

**OFFICE: 267-718-6676  
FAX: 215-334-3477  
amswastedisposal.com**

\*\*\*\*\*WE DO NOT SUPPLY ON THE JOB TRAINING\*\*\*\*\*

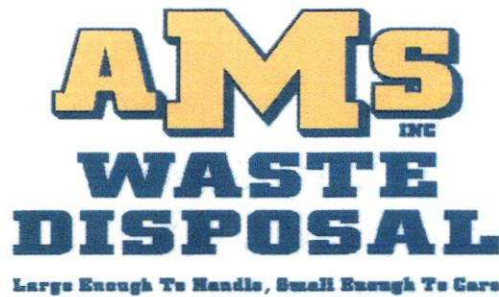
New Driver Qualification:

**ALL APPLICANTS:**

1. Must have current CDL
2. Must have at least 3 years' experience driving with CDL
3. Complete background check
4. Driver's application for employment
5. Inquiry to previous employers – 3 years (49 CFR 391.23(a) (2) & (c))
6. Driving record from state agencies - 3 years (49 CFR 391.23(a) (1) &(b))
7. Driving record from state agencies – Annual (49 CFR 391.25(a) & (c))
8. Annual review of driving record (49 CFR 391.25(b) & (c))
9. Annual driver's certification of violations (49 CFR 391.27)
10. Driver's road test certificate or equivalent
11. Medical examiner's certificate (49 CFR 391.43)
12. Knowledge on how to fill out "Driver's vehicle report"
13. Random drug testing

Our company meets requirements of the U.S. D.O.T. regulations 49 CFR Parts 40, 382, 391, and 395.





## **SPILL CONTROL PLAN FOR SOLID WASTE HAULERS**

### **Spill Control and Safety Equipment in each vehicle:**

- 1) Reflectors
- 2) 2 Flares
- 3) First aid kit
- 4) Heavy – duty gloves
- 5) Hard Hat
- 6) Clear Resistant Goggles
- 7) Small tool kit
- 8) Bungee Cords
- 9) Temporary disposal bags
- 10) Eye and Face wash
- 11) Sorbent pads
- 12) Particulate Respirator
- 13) Instruction and Emergency Response Guidebook

### **Driver Preventive measures**

All loads are to be enclosed, covered, or tarped to prevent any accidental discharged of waste during transport to and from disposal facility.

### **Driver immediate corrective action**

In the unlikely event of an accidental spill occur on public land, all safety precautions will be initiated immediately. The driver will perform the following pre trip inspections:

- 1) Check surrounding area make sure, all are safe
- 2) Check Tires, light,
- 3) Fuel levels
- 4) Operation of Truck

**Company internal communications**

If there is an accident or other emergency which cause a portion of the load to be spilled, the driver, if uninjured, will contact the following designated company coordinator:

Name: Ashlen Samuel

Phone: [REDACTED]

**Company external communications**

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 1800- 662-8802

Maryland: 911, 211

New Jersey: 911,

Philadelphia: 911, 311

**Cleanup and decontamination measures:**

The designated coordinator for cleanup is AMS WASTE DISPOSAL or the company will contacting another company.

**This plan will be carried in all vehicles, along with the permit.**





**804 ROBERTS AVENUE  
DREXEL HILL, PA 19026**

**amswastedisposal.com**

**OFFICE: 267-718-6676  
FAX: 215-334-3477**

## **DRUG FREE WORKPLACE POLICY & PROCEDURE**

AMS WASTE DISPOSAL INC. is dedicated to providing safe and efficient service to our community. Moreover, we are dedicated to providing a safe workplace for our employees.

In order to meet this goal, we hereby endorse the Federal Highway Administration substance abuse regulations. We will provide training, education and other assistance to all employees driving any of our company vehicles. Drug testing, in compliance with DOT regulations, is an integral part of our program. Non-compliance with this policy or violation of the regulations may result in severe disciplinary action including suspension or dismissal.

## **EMPLOYEE ASSISTANCE PROGRAM**

AMS WASTE DISPOSAL INC., has established an Employee Assistance Program (EAP) which includes education and training for drivers, supervisors and company officials about controlled substances and alcohol.

The training program will cover the effects of controlled substance use on personal health, safety and the work environment. Manifestation and behavioral changes that may indicate controlled substance use and abuse will also be addressed. Documentation of these training sessions will be maintained.

## **PROHIBITIONS**

No driver shall report for duty within 4 hours of consuming alcohol

No driver shall use alcohol while on duty

No driver shall be on duty while having alcohol concentration of 0.04 or greater

No driver shall be on duty or operate a commercial motor vehicle while the driver possesses alcohol, unless the alcohol is manifested and transported as part of a shipment

No driver shall use alcohol for eight hours following accident, or until he/she undergoes a post-accident alcohol test, whichever occurs first.

No driver shall use controlled substances, except when pursuant to the instructions of a physician who has advised the employee that such use will not adversely affect the employee's ability to safely operate a commercial motor vehicle.

## **DRUG AND ALCOHOL TESTING PROGRAM**

This policy applies to all those drivers requiring commercial driver's license as defined by the Department of Transportation Title 49 Code of Federal Regulations part 383.5.

### Types of tests

Drug testing for marijuana, cocaine, opiates, amphetamines and PCP will be performed on urine specimens. Alcohol testing will be performed by means of breath testing devices approved by the National Highway Traffic Safety Administration. Testing procedures will comply with Federal Motor Carrier regulations 49 CFR Part 40. Individual tests reports will be maintained in each employee's confidential file.

Six types of drug and alcohol test are required under federal regulations: pre-employment, random, reasonable cause, return to duty, follow-up and post-accident. In addition, testing may be done as part of the periodic physical exam.

1. All applicants for employment will submit to drug testing only.
2. Throughout the year, drivers are subject to unannounced testing on a random basis. The total number of random drug tests will equal or exceed 50% of the average number of commercial motor vehicle employee positions for which testing is required. The minimum alcohol-testing rate will be 10%. Since drivers are chosen at random throughout the year, each individual driver may not be tested or may be tested once, twice or more in a given year.
3. A driver shall submit to testing, upon reasonable cause, when requested to do so by their supervisor. A supervisor must **directly observe** conduct, triggering the testing. The supervisor making this determination must have received training in the identification of behavior indicative of use of a controlled substance. Documentation of the employee's conduct shall be prepared and signed by the witness within 24 hours.
4. If a driver who violates this policy is allowed to return to duty, an observed test will be conducted prior to the performance of a safety-sensitive function. In addition, the employee will be subject to unannounced observed follow-up testing. The frequency of such tests will be prescribed by a substance abuse professional and will consist of a minimum of 6 tests in the first 12 months following the employee's return to duty.
5. The driver will test for alcohol and drugs as soon as possible after an accident, if the employee receives a citation for a moving traffic violation related to the accident or there is a fatality. The alcohol test should be performed within 2 hours of the accident. If not tested within 2 hours, the employee may be tested for alcohol up to 8 hours following the accident. The drug test will be performed within 32 hours of the accident.

### Procedures for drug tests

Drug testing is done by means of urine collection and analysis. The specimen will be collected by a trained personnel in accordance with DOT regulations. The specimen is divided into 2 separate containers (the primary sample and the split sample) and sealed in a tamper-evident container and shipped to a SAMHSA-certified lab for testing. Laboratory test results are reported to the medical review officer (MRO). Before reporting a positive test to the employer, the MRO will attempt to contact the employee to discuss the test results. If the MRO is unable to contact the employee directly, the MRO will contact the employer's Drug Program Administrator who will contact the employee. If no legitimate explanation for the positive test is found, the MRO will report the test as positive. If there is a valid explanation for the positive test other than illegal drug use, the MRO will report the test as negative. A test showing the presence of medication, which the employee has used in accordance with a valid prescription, will be considered a negative test. In the event of



a positive drug test, the employee has the right to request that the split sample be sent to a different certified lab for testing. This request must be made within 72 hours of the time the employee was informed of the results by the MRO. The cost of the split performed will be at the driver's expense.

### **Procedures for alcohol tests**

Certified breath alcohol technicians will perform these tests using evidential breath testing devices. If the test shows a result less than 0.02, the test is considered negative. If the alcohol concentration is 0.02 or greater, a confirmation test will be performed fifteen minutes after the initial test and the results of this test determine what actions will be taken.

## **CONSEQUENCES OF A POSITIVE TEST**

1. Applicants for employment who test positive for drugs will not be hired.
2. Any driver who tests positive for alcohol at a level of 0.04 or higher or who tests positive for drugs will be removed from service, placed on unpaid leave of absence and be referred to a substance abuse professional (SAP). The SAP will determine what treatment the driver needs in resolving the problem.
3. If a driver tests positive for alcohol and the result is between 0.02 and 0.04, the driver must be removed from driving or performing safety-sensitive duties for 24 hours. The driver must undergo an alcohol test with a negative result before returning to duty. No other action will be taken against the driver based solely on test results showing an alcohol concentration less than 0.04.

## **CONSEQUENCES OF REFUSING A DRUG OR ALCOHOL TEST**

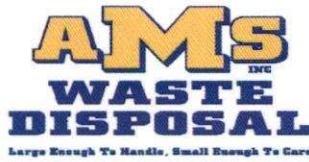
The consequences of refusing a test are the same as testing positive.

## **REHABILITATION**

In order to be eligible to return to duty after a positive drug test or alcohol level of 0.04 or higher, a driver must complete the course of rehabilitation prescribed by the substance abuse professional and undergo a return-to-duty test with a negative result. After returning to work, the driver must continue in an after-care program and be subject to follow-up testing. If any follow-up test is verified positive for drugs or alcohol (0.04 higher), the driver's employment will be terminated.

The costs of evaluation, rehabilitation and return-to-duty test are the responsibility of the driver. The company will pay for follow-up tests. Furthermore, the company does not guarantee that a driver will be re-hired after completing rehabilitation.





804 Roberts Avenue Drexel Hill, PA 19026

Office: 215-334-0130

Fax: 215-334-3477

Ashlen@amswastedisposal.com

**Company Ownership Information:**

CEO & President: Ashlen M Samuel

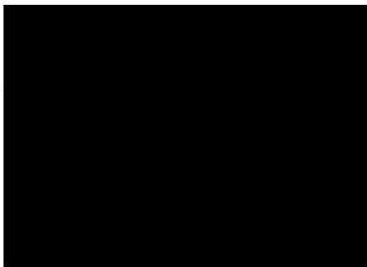
Ownership: 100%

Mailing Address:

**Disposal Facilities:**

1. Covanta Delaware Valley  
10 Highland Ave  
Chester, PA 19013
2. Cherry Island Landfill  
1706 E 12<sup>th</sup> St  
Wilmington, DE 19809

**List OF AMS Driver's:**



Sincerely Yours,

Ashlen M. Samuel

President /CEO AMS WASTE DISPOSAL INC.



804 Roberts Avenue Drexel Hill, PA 19026

Office: 215-334-0130

Fax: 215-334-3477

Ashlen@amswastedisposal.com

Make/Model	Type	VIN Number	License Plate	GVWR
2002 International	Rear Packer	1HTWCAAN62J04682	PA ZFV-6251	54,000
2003 International	Dump Truck	1HTWYATT53J067869	PA AG-56465	73,280
1995 Kenworth	Dump Truck	1XKDDDB9X6SR644302	PA AG-56464	73,280
1997 Peterbilt	Dump Truck	1HPAXUEXVN431427	PA AG-77813	73,280
2006 Mack	Dump Truck	1M2K195C06M034191	PA AH-54717	66,000
1995 Kenworth	Dump Trump	1M2AG11C53M004407	PA AG-28835	73,280
2000 Sterling	Roll Off	2FZXEWEB1YAH43057	PA AH-21018	73,280
2007 Mack	Dump Truck	1M2AG11C17M065162	PA AH-54716	73,280
2005 International	Rear Truck	1HTWCAZNX5J179898	PA ZFV-6244	52,000

Sincerely Yours,

Ashlen M. Samuel

President /CEO AMS WASTE DISPOSAL INC.

**Davis, DaQuan (DNREC)**

---

**From:** Ashlen Samuel <ashlensamuel@gmail.com>  
**Sent:** Friday, October 3, 2025 4:17 PM  
**To:** WHStranporters  
**Subject:** Re: Delaware Solid Waste Transporter Permit Application

Do you need me to transfer our vehicle list to the actual form?

**Ashlen Samuel**, Owner/Operator

**AMS Waste Disposal**

267-718-6676

[www.amswastedisposal.com](http://www.amswastedisposal.com)



On Fri, Oct 3, 2025 at 4:14 PM Ashlen Samuel <ashlensamuel@gmail.com> wrote:  
Hi DaQuan

All of our vehicles are owned by our company AMS

**Ashlen Samuel**, Owner/Operator

**AMS Waste Disposal**

267-718-6676

[www.amswastedisposal.com](http://www.amswastedisposal.com)



On Fri, Oct 3, 2025 at 3:34 PM WHStranporters <WHStranporters@delaware.gov> wrote:

Hello,



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 13-** You did not submit a complete vehicle list. On the form provided with this application, you are required to list the **OWNERSHIP** of all vehicles used for the transportation of waste.

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

Thank you,

DaQuan Davis



**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)

