

RECEIPT

DATE

10/1/25

No.

743664

RECEIVED FROM

JG Environmental LLC

\$

350.00

Three hundred fifty and 00/100

DOLLARS

☐ FOR RENT☒ FOR

DE-SW-1554

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY
ORDER☐ CREDIT
CARD

FROM

128918

TO

BY

AG



RECEIVED

OCT 01 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

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- 1554 Expiration Date 9/30/2023

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 JG Environmental, LLC

Location Address:	Mailing Address:
202 Greenfield Rd.	202 Greenfield Rd.
Lancaster, PA 17601	Lancaster, PA 17601

Contact: Jennifer Kline Title: Fleet Coordinator

Business Phone: 717-945-5080 ext.08 Fax: 717-715-0564

E-mail: jkline@shamrockenviro.com

24 hr Emergency Contact Phone [REDACTED]

4. Company Ownership Information

(a). Please indicate the company type:

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

City: _____ State: _____ Date: _____
☐ Municipality
☐ Public institution
☒ Limited Liability Corporation (LLC) State: PA
☐ Other: (must specify) _____

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

☒ Attachment #1 _____

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

☒ Attachment #1 _____
☐ 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) #2

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 #3 WH11592
 - ☐ Not applicable-No transporter permit required for these solid waste types in our home state.

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

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

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

DOT# 2270286 MC# 037205

- ☐ 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

Attachment #4

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

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

11. Spill Control and Safety

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

✓ Spill Control Plan: Attachment #5

12. Driver Training

IN SUMMARY OR OUTLINE FORM, describe the procedures that your company takes to ensure that all company drivers are safe and competent drivers. Small owner-operators may describe their years of experience and driving record in lieu of a formal program.

- (a). Include requirements for special licenses (e.g. CDL, including any special endorsements), any special training received, including dates training was received (e.g. asbestos training), and any ongoing company programs. (e.g. weekly safety meetings or annual refresher courses);
- (b). Include your company procedure for periodic checks of the driver's records for moving violations, and your company policy on progressive counseling/discipline based on points;
- (c). Describe how drivers are instructed in the following:
 - (i) Knowledge of proper handling procedures for the type of solid waste being transported.
 - (ii) Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)
 - (iii) Familiarity with the conditions of the solid waste transporter's permit.

✓ Driver Training, attachment #6

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

Attachment #7

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

9/30/2025

Print Name

Shawn P. Berger Gerald Berger

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

Attachment 1
Solid Waste Transporter Permit Application
JG Environmental, LLC

Officer of JG Environmental, LLC - 4. (b)

Name	Title	Work Address	Ownership %
Julia Arambula	President	18500 N. Allied Way, Phoenix, AZ 85054	0
Calvin Boyd	Treasurer	18500 N. Allied Way, Phoenix, AZ 85054	0
Lawrence Focazio	Vice President, Tax	18500 N. Allied Way, Phoenix, AZ 85054	0
Ashley Kasarjian	Vice President, Assistant Secretary	18500 N. Allied Way, Phoenix, AZ 85054	0
Gretchen Lowery	Vice President	3 Edgewater Dr., Norwood, MA 02062	0
John Nickerson	Vice President, Assistant Secretary	18500 N. Allied Way, Phoenix, AZ 85054	0
Adrienne Wilhoit	Vice President, Assistant Secretary	18500 N. Allied Way, Phoenix, AZ 85054	0

Parent Company of JG Environmental, LLC - 4. (c)

Name	Title	Work Address	Ownership %
Shamrock Environmental Corporation	Owner	18500 N. Allied Way, Phoenix, AZ 85054	100

Approved Disposal Locations and Permits
Attachment #2

Covanta Environmental Solutions

Contact Name: Ken Wilson
Address: 190 Shellyland Rd.
Manheim, PA 17545
Phone #: 717-653-8882
Permit#: N/A
Expiration: N/A

Delcora

Contact Name: Sue Foley
Address: 3201 W. Front St.
Chester, PA 19016
Phone #: 610-876-5523
Permit#: 041923
Expiration: 10/31/2025

Greater Hazelton JSA

Contact Name: Gene Zynel
Address: 500 Oscar Thomas Drive
West Hazleton, PA 18202
Phone #: 570-454-0851 ext.401
Permit#: 4000296
Expiration: N/A

Modern Landfill (Republic Services)

Contact Name: Heather Dushanko
Address: 440 Mt. Pisgah Rd.
York, PA 17406
Phone #: 717-246-2686
Account#: 333402
Expiration: N/A

LASA

Contact Name: Sarah Yando
Address: 4160 Blue Rock Rd.
Washington Boro, PA 17582
Phone #: 717-344-5829
Permit#:
Expiration: 6/27/2026

Manheim Borough

Contact Name: Adam Spangler
Address: 18 East Manheim St.
Manheim, PA 17545
Phone #: 717-892-8633
Permit#:
Expiration: 12/31/2025

Derry Township

Contact Name: Doug Soliday dsoliday@dtma.com
Address: 670 Clearwater Rd
Hershey, PA 17033
Phone #: 717-566-3237 ext.310
Permit#: HWDP# 131
Expiration: 1/15/2026

LCSWMA - Frey Farm Landfill

Contact Name: Jeff Musser
Address: 3049 River Road.
Manor Township, PA 17603
Phone #: 717-666-8012
Permit#: 17644
Expiration: ongoing

Milton Regional Sewer Authority

Contact Name: Josh Pipetti
Address: 5585 State Route 405
PO Box 433
Milton, PA 17847
Phone #: 570-742-3424
Permit#: 2022-15
Expiration: 12/31/2027

VLS

Contact Name: Craig Buccilla
Address: 1076 Old Manheim Pike
Lancaster, PA 17601
Phone #: 717-875-0961
Permit#: N/A
Expiration: N/A

LCSWMA - Harrisburg Pike Transfer Station

Contact Name: Mike Groff
Address: 1299 Harrisburg Pike
PO Box 4425
Lancaster, PA 17604
Phone #: 717-397-9968
Permit#: 17644
Expiration: ongoing

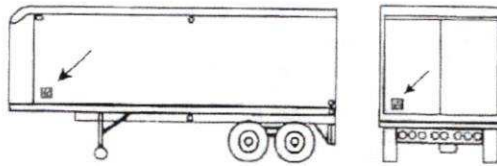
Borough of Pottstown

Contact Name: Brent Wagner
Address: 1269 Industrial Hwy.
Pottstown, PA 19464
Phone #: 610-970-6540
Permit#: 061614 (All JG trucks)
Expiration: 8/31/2029

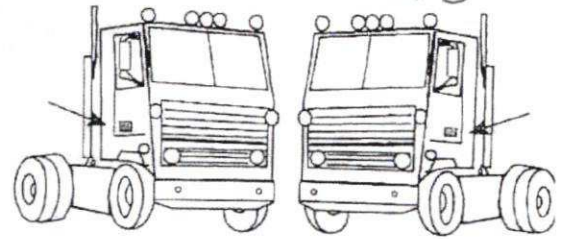
Attachment

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

1592268931

Phone No. (717) 945-5080

VIN# 1NPTX4EX3JD350893
WH11592
Expires Jun 2026

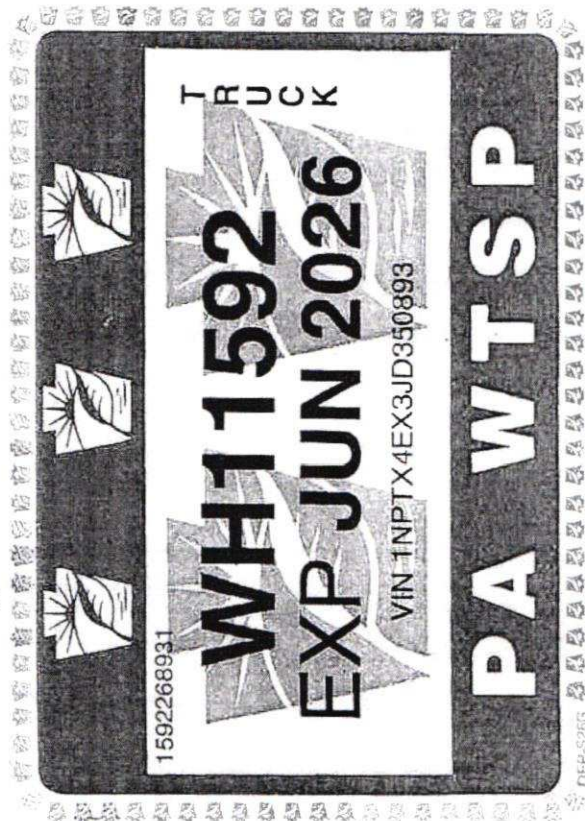
JG ENVIRONMENTAL, LLC
JENNIFER KLINE
202 GREENFIELD RD
LANCASTER, PA 17601-5817

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.





CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

Attachment #4
DATE (MM/DD/YYYY)
06/30/2025

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

PRODUCER

CANNON COCHRAN MANAGEMENT SERVICES, INC.
17015 NORTH SCOTTSDALE ROAD
SCOTTSDALE, AZ 85255

CONTACT NAME:

PHONE (A/C No.Ext): FAX (A/C No.Ext):

E-MAIL ADDRESS: certifi@ccmsi.com

INSURED

REPUBLIC SERVICES, INC.
18500 N. ALLIED WAY
PHOENIX, AZ 85054

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: ACE American Insurance Co.		22667
INSURER B: Indemnity Insurance Co. of North America		43575
INSURER C: Illinois Union Insurance Company		27960
INSURER D: ACE Property and Casualty Insurance Co.		20699
INSURER E:		
INSURER F:		

COVERAGES**CERTIFICATE NUMBER: 2627767****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.

NSR 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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			HDO G48981793	06/30/2025	06/30/2026	EACH OCCURRENCE \$ 10,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 10,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 10,000,000 GENERAL AGGREGATE \$ 30,000,000 PRODUCTS -COMP/OP AGG \$ 20,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ISA H1137119A	06/30/2025	06/30/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 10,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			XEU G46782148 009	06/30/2025	06/30/2026	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
B A A A C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <input checked="" type="checkbox"/> Contractor's Pollution Liability:	Y/N <input checked="" type="checkbox"/> N	N/A	WLR C72793894 - AOS WLR C72793882 - OR SCF C72793900 - WI WCU C72793912 - OH XS TNS C72627490 - TX NS/XS	06/30/2025 06/30/2025 06/30/2025 06/30/2025 06/30/2025	06/30/2026 06/30/2026 06/30/2026 06/30/2026 06/30/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 3,000,000 E.L. DISEASE -EA EMPLOYEE \$ 3,000,000 E.L. DISEASE -POLICY LIMIT \$ 3,000,000
				See page 2 for details	06/30/2025	06/30/2026	

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

Division Number: 6487 - Named Insured Includes: Cycle Chem, Inc.
Division Number: 6702 - Named Insured Includes: Clean Venture Inc.
Division Number: 6462 - Named Insured Includes: ACV Environmental Services, Inc.

CERTIFICATE HOLDER

Delaware Department of Natural Resources (DNREC)
Div. Air & Waste Mgmt.
89 Kings Hwy SW
DOVER, DE 19901
United States

CANCELLATION

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

JG Environmental

responsible safe solutions

Spill Control Plan

1. Spill control and safety equipment carried in each vehicle:
 - A. Reflectors and or flares, triangles
 - B. Fire extinguisher
 - C. First aid kit
 - D. Heavy-duty gloves, hard hat, safety glasses
 - E. Flashlight
 - F. Spill pads, mats, and granular absorbent materials
 - G. Spare site glass
 - H. 5-gallon bucket
2. All load 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:
 - A. Verify that all safety equipment is in truck
 - B. Confirm that all valves are closed and caps are on all fittings
 - C. Check all hazard signals, headlights, tire pressure, coolant and oil levels.
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, Jim Guerin, at (717) 468-2615. Driver will then assess the spill, take measures to contain waste and begin the cleanup process.
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 800-662-8802
Maryland: 911, 410-974-2389
New Jersey: 911, 877-237-8411
Pennsylvania: 911, 717-651-2001
6. JG Environmental will provide clean up services for the spill. Additional equipment with technicians will be dispatched to assist if needed. We also have Elk Environmental, 1420 Clarion Street Reading, PA 19601 on call at 610-372-4760 to provide additional cleanup services as necessary.
7. This plan will be carried in all vehicles along with the permit.



LOC #:

ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY		NAMED INSURED	
POLICY NUMBER See First Page		REPUBLIC SERVICES, INC. 18500 N. ALLIED WAY PHOENIX, AZ 85054	
CARRIER See First Page	NAIC CODE	EFFECTIVE DATE:	
ADDITIONAL REMARKS		CERTIFICATE NUMBER: 2627767	

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

The following provisions apply when required by written contract. As used below, the term certificate holder also includes any person or organization that the insured has become obligated to include as a result of an executed contract or agreement.

GENERAL LIABILITY:

Certificate holder is Additional Insured including on-going and completed operations when required by written contract.

Coverage is primary and non-contributory when required by written contract.

Waiver of Subrogation in favor of the certificate holder is included when required by written contract.

Medical Payment coverage is available under the General Liability policy only when required by written agreement and limited to the amount required in the agreement or the maximum sublimit found within the General Liability policy, whichever is less.

AUTO LIABILITY:

Certificate holder is Additional Insured when required by written contract.

Coverage is primary and non-contributory when required by written contract.

Waiver of Subrogation in favor of the certificate holder is included when required by written contract.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY:

Waiver of Subrogation in favor of the certificate holder is included when required by written contract where allowed by state law.

Stop gap coverage for ND, WA and WY is covered under policy no. WLR C72793894 and stop gap coverage for OH is covered under policy no. WCU C72793912 as noted on page 1 of this certificate.

TEXAS EXCESS INDEMNITY AND EMPLOYERS LIABILITY:

Insured is a registered non-subscriber to the Texas Workers Compensation Act. Insured has filed an approved Indemnity Plan with the Texas Department of Insurance which offers an alternative in benefits to employees rather than the traditional Workers Compensation Insurance in Texas. The excess policy (TNS C72627490) shown on this certificate provides excess Indemnity and Employers Liability coverage for the approved Indemnity Plan.

Contractual Liability is included in the General Liability and Automobile Liability coverage forms. The General Liability and Automobile Liability policies do not contain endorsements excluding Contractual Liability.

Separation of Insured (Cross Liability) coverage is provided to the Additional Insured, when required by written contract, per the Conditions of the Commercial General Liability Coverage form and the Automobile Liability Coverage form.

Umbrella/Excess Liability provides additional limits over the underlying General Liability, Automobile Liability and Employer's Liability policies shown on this certificate.

Contractor's Pollution Liability Details of Cover:

Steadfast Insurance Company (Zurich) (NAIC # 26387) - Policy No. PEC 0792830-02 - \$25MM - 06/30/25 - 06/30/26

Applicable to the Contractor's Pollution Liability Coverage Parts Only:

\$25,000,000 - Damage Limit for Each Occurrence, Claim or Pollution Condition

\$25,000,000 - Claims Expense Limit for Each Claim

\$25,000,000 - General Aggregate Limit

\$25,000,000 - Claims Expense Aggregate Limit

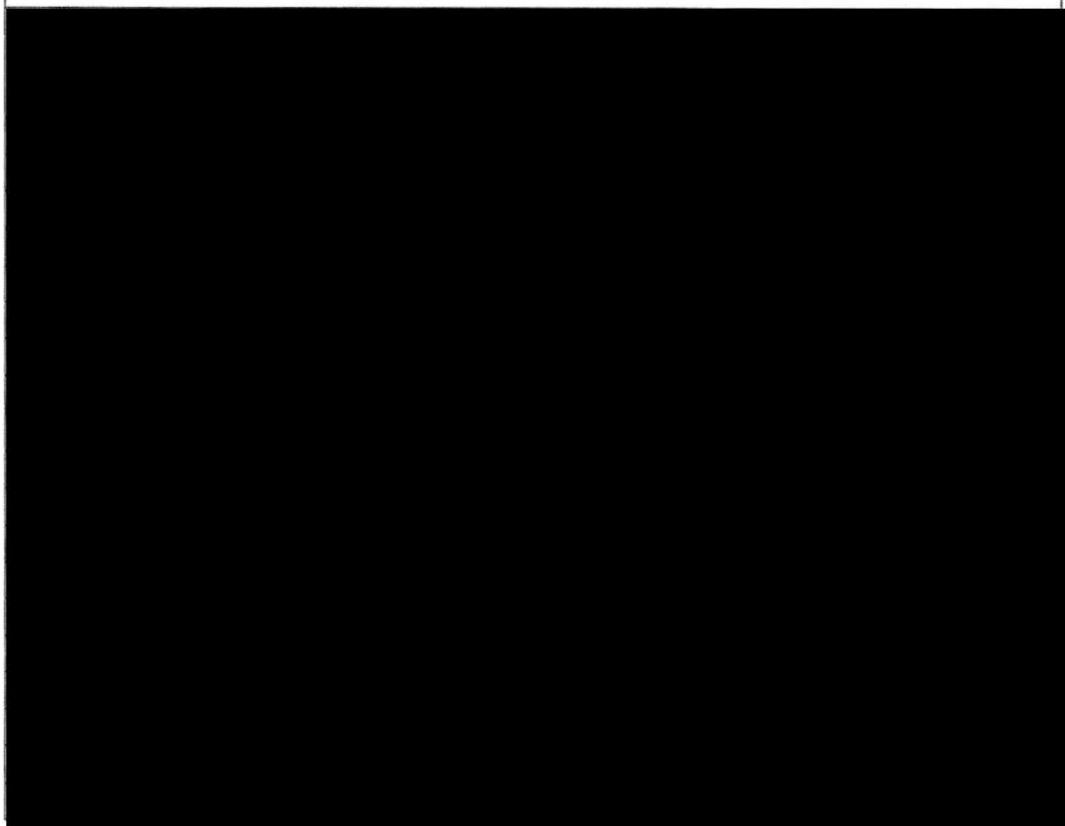
Applicable to Professional Liability Coverage Parts Only:

\$25,000,000 - Damage Limit for Each Claim or Wrongful Act

\$25,000,000 - Claims Expense Limit for Each Claim

\$25,000,000 - General Aggregate Limit

Vehicle Operators and Certificates
Attachment #6



Vehicle List : Permit DE-SW-1554
Attachment #7

Truck #	Make	Model	Year	VIN	Plate No.	State	GVWR	Registered Owner	
609	Peterbilt	Tractor	379	2007	1XP5DB9X17D736081	AH37123	PA	80,000	JG Environmental, LLC
618	Peterbilt	Tractor	367	2018	1XPTD49X8JD412944	AG65975	PA	80,000	JG Environmental, LLC
621	Peterbilt	Tractor	367	2017	1XPTD49X3HD412943	AG68904	PA	80,000	JG Environmental, LLC
629	Peterbilt	Tractor	367	2020	1XPTD49X3LD615629	AG88175	PA	80,000	JG Environmental, LLC
632	Peterbilt	Tractor	367	2016	2XPTD49XXGM271278	AG77326	PA	80,000	JG Environmental, LLC
633	Peterbilt	Tractor	567	2016	1XPCDP9X5GD322435	AH17170	PA	80,000	JG Environmental, LLC
634	Peterbilt	Tractor	567	2016	1XPCDP9X9GD322437	AH17171	PA	80,000	JG Environmental, LLC
649	KENWORTH	TRACTOR	T880	2016	1XKZD49XXGJ109612	AH37114	PA	80,000	JG Environmental, LLC
714	Peterbilt	Straight Truck	367	2016	2NPXT4EX5GM271289	AG44255	PA	73,280	JG Environmental, LLC
813	Peterbilt	Straight Truck	367	2015	1NPTL40X7FD228032	AH21851	PA	73,280	JG Environmental, LLC
828	Peterbilt	Straight Truck	367	2019	1NPXT4EXXKD479831	AG82625	PA	73,280	JG Environmental, LLC
832	Peterbilt	Straight Truck	367	2020	2NPXT4EX6LM685935	AH08137	PA	73,280	JG Environmental, LLC
844	PETERBILT	STRAIGHT TRUCK	567	2023	1NPCX4EX7PD859233	AH27150	PA	73,280	JG Environmental, LLC
912	Peterbilt	Straight Truck	367	2015	1NPTL40X0FD266783	AG40668	PA	73,280	JG Environmental, LLC
915	Peterbilt	Straight Truck	367	2017	1NPTL40X2HD350820	AG51613	PA	73,280	JG Environmental, LLC
922	Peterbilt	Straight Truck	348	2019	2NP3LJ0X5KM484320	AG74447	PA	73,280	JG Environmental, LLC
925	Peterbilt	Straight Truck	567	2021	1NPCL40X8LD623977	AH09069	PA	73,280	JG Environmental, LLC
930	KENWORTH	STRAIGHT TRUCK	T880	2018	1NKZL70X7JJ205216	AH27831	PA	66,000	JG Environmental, LLC
935	PETERBILT	STRAIGHT TRUCK	567	2023	1NPCL40X7PD808382	AH35853	PA	73,280	JG Environmental, LLC
T601	Hyundai	48' Van Trailer		2008	3H3V482C18T190117	PT788H4	PA	65,000	JG Environmental, LLC
T602	Hyundai	48' Van Trailer		2008	3H3V482C88T190101	PT788H5	PA	65,000	JG Environmental, LLC
T603	Stoughton	53' Van Trailer		2005	1DW1A53295S791310	PT755L7	PA	65,000	JG Environmental, LLC
T604	Stoughton	53' Van Trailer		1999	1DW1A5324XS310690	PT398M0	PA	68,000	JG Environmental, LLC
T605	Wabash	53' Van Trailer		2007	1JJV532W57L058387	PT756L9	PA	68,000	JG Environmental, LLC
T606	Wabash	53' Van Trailer		2007	1JJV532W77L058407	PT756L8	PA	68,000	JG Environmental, LLC

Davis, DaQuan (DNREC)

From: Jennifer Kline <jenk@jgenvironmental.net>
Sent: Thursday, October 2, 2025 8:00 AM
To: WHStranporters
Subject: RE: [EXTERNAL]RE: JG Environmental SW Transport renewal.
Attachments: 2025 MCS-90 - JG Environmental.pdf

Attached MCS-90.

Jennifer Kline
Fleet Compliance Coordinator
JG Environmental, LLC
717-945-5080 ext. 08
717-715-0564 fax
610-207-6422 cell

jgenvironmental



From: Jennifer Kline
Sent: Wednesday, October 1, 2025 3:37 PM
To: 'WHStranporters' <WHStranporters@delaware.gov>
Subject: RE: [EXTERNAL]RE: JG Environmental SW Transport renewal.

Revised Solid Waste application.

MCS-90 will over as soon as I receive from the broker.
Thank you.

Jennifer Kline
Fleet Compliance Coordinator
JG Environmental, LLC
717-945-5080 ext. 08
717-715-0564 fax
610-207-6422 cell



Sustainability in Action

From: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> **On Behalf Of** WHStranporters
Sent: Wednesday, October 1, 2025 8:44 AM
To: Jennifer Kline <jenk@jgenvironmental.net>
Subject: [EXTERNAL]RE: JG Environmental SW Transport renewal.

CAUTION: The e-mail below is from an external source. Please exercise caution before opening attachments, clicking links, or following guidance.

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 10-** Please provide an MCS-90 endorsement form.
- **Section 12-** Please provide driver training. Requirements include:
 - (a). Special licenses (e.g. CDL, including any special endorsements), any special training received, including dates training was received (e.g. asbestos training), and any ongoing company programs. (e.g. weekly safety meetings or annual refresher courses);
 - (b). Include your company procedure for periodic checks of the driver's records for moving violations, and your company policy on progressive counseling/discipline based on points.
 - (c). Describe how drivers are instructed in the following:
 - (i) Knowledge of proper handling procedures for the type of solid waste being transported.

(ii) Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)

(iii) Familiarity with the conditions of the solid waste transporter's permit.

- **Section 16-** Please have an officer sign and date the application.

Please provide the information requested above via e-mail today.

Thank you,

DaQuan Davis



DaQuan L. Davis

Environmental Scientist

**Division of Waste and Hazardous
Substances**

☎ 302-739-9403

✉ WHStranporters@delaware.gov

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 dnrec.delaware.gov



From: Jennifer Kline <jenk@jgenvironmental.net>

Sent: Tuesday, September 30, 2025 3:24 PM

To: WHStranporters <WHStranporters@delaware.gov>

Subject: RE: JG Environmental SW Transport renewal.

Please see the attached regarding the purchase of JG Environmental and Shamrock Environmental, with Republic Services

Jennifer Kline
Fleet Compliance Coordinator
JG Environmental, LLC
717-945-5080 ext. 08
717-715-0564 fax
610-207-6422 cell



Sustainability in Action

From: Jennifer Kline
Sent: Tuesday, September 30, 2025 2:42 PM
To: 'whstransporters@delaware.gov' <whstransporters@delaware.gov>
Subject: JG Environmental SW Transport renewal.

Attached is JG renewal application. The check will be there tomorrow am. Tracking number 884800828126.

I wanted to get this in before the end of the day. If you any questions, please let me know.

Thank you,
Jennifer Kline
Fleet Compliance Coordinator
JG Environmental, LLC
717-945-5080 ext. 08
717-715-0564 fax
610-207-6422 cell



Sustainability in Action

From: scans@shamrockenviro.com <scans@shamrockenviro.com>

Sent: Tuesday, September 30, 2025 1:58 PM

To: Jennifer Kline <jenk@jgenvironmental.net>

Subject: Scanned Document - Operations



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

89 KINGS HIGHWAY
DOVER, DELAWARE 19901

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

SOLID WASTE TRANSPORTER PERMIT APPLICATION

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

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

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

1. Type of Permit

- ☐ New – **SCRAP TIRES ONLY** Submit a check or money order, payable to the "State of Delaware," in the amount of \$75.00.
- ☐ New – **ALL OTHERS** Submit a check or money order, payable to the "State of Delaware" in the amount of \$350.00.
- ☒ Renewal: Permit # DE-SW- 1554 Expiration Date 9/30/2023

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 JG Environmental, LLC

Location Address:	Mailing Address:
202 Greenfield Rd.	202 Greenfield Rd.
Lancaster, PA 17601	Lancaster, PA 17601

Contact: Jennifer Kline Title: Fleet Coordinator

Business Phone: 717-945-5080 ext.08 Fax: 717-715-0564

E-mail: jkline@shamrockenviro.com

24 hr Emergency Contact Phone: [REDACTED]

4. Company Ownership Information

(a). Please indicate the company type:

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

City: _____ State: _____ Date: _____
☐ Municipality
☐ Public institution
☒ Limited Liability Corporation (LLC) State: PA
☐ Other: (must specify) _____

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

☒ Attachment #1 _____

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

☒ Attachment #1 _____
☐ 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) #2 _____

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 #3 WH11592
- ☐ Not applicable-No transporter permit required for these solid waste types in our home state.

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

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

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

DOT# 2270286 _____ MC# 037205 _____

- ☐ 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

Attachment #4

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

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

11. Spill Control and Safety

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

✓ Spill Control Plan: Attachment #5

12. Driver Training

IN SUMMARY OR OUTLINE FORM, describe the procedures that your company takes to ensure that all company drivers are safe and competent drivers. Small owner-operators may describe their years of experience and driving record in lieu of a formal program.

- (a). Include requirements for special licenses (e.g. CDL, including any special endorsements), any special training received, including dates training was received (e.g. asbestos training), and any ongoing company programs. (e.g. weekly safety meetings or annual refresher courses);
- (b). Include your company procedure for periodic checks of the driver's records for moving violations, and your company policy on progressive counseling/discipline based on points;
- (c). Describe how drivers are instructed in the following:
 - (i) Knowledge of proper handling procedures for the type of solid waste being transported.
 - (ii) Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)
 - (iii) Familiarity with the conditions of the solid waste transporter's permit.

✓ Driver Training, attachment #6

Solid Waste Transporter Application
Page 6 of 6

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

Attachment # 7

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 Gretchen Lowery Date 10/1/2025

Print Name Gretchen Lowery Title Vice President

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

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

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

[illegible]

Attachment 1
Solid Waste Transporter Permit Application
JG Environmental, LLC

Officer of JG Environmental, LLC - 4. (b)

Name	Title	Work Address	Ownership %
Julia Arambula	President	18500 N. Allied Way, Phoenix, AZ 85054	0
Calvin Boyd	Treasurer	18500 N. Allied Way, Phoenix, AZ 85054	0
Lawrence Focazio	Vice President, Tax	18500 N. Allied Way, Phoenix, AZ 85054	0
Ashley Kasarjian	Vice President, Assistant Secretary	18500 N. Allied Way, Phoenix, AZ 85054	0
Gretchen Lowery	Vice President	3 Edgewater Dr., Norwood, MA 02062	0
John Nickerson	Vice President, Assistant Secretary	18500 N. Allied Way, Phoenix, AZ 85054	0
Adrienne Wilhoit	Vice President, Assistant Secretary	18500 N. Allied Way, Phoenix, AZ 85054	0

Parent Company of JG Environmental, LLC - 4. (c)

Name	Title	Work Address	Ownership %
Shamrock Environmental Corporation	Owner	18500 N. Allied Way, Phoenix, AZ 85054	100

Approved Disposal Locations and Permits
Attachment #2

Covanta Environmental Solutions	
Contact Name:	Ken Wilson
Address:	190 Shellyland Rd. Manheim, PA 17545
Phone #:	717-653-8882
Permit#:	N/A
Expiration:	N/A

Delcora	
Contact Name:	Sue Foley
Address:	3201 W. Front St. Chester, PA 19016
Phone #:	610-876-5523
Permit#:	041923
Expiration:	10/31/2025

Greater Hazelton JSA	
Contact Name:	Gene Zynel
Address:	500 Oscar Thomas Drive West Hazleton, PA 18202
Phone #:	570-454-0851 ext.401
Permit#:	4000296
Expiration:	N/A

Modern Landfill (Republic Services)	
Contact Name:	Heather Dushanko
Address:	440 Mt. Pisgah Rd. York, PA 17406
Phone #:	717-246-2686
Account#	333402
Expiration:	N/A

LASA	
Contact Name:	Sarah Yando
Address:	4160 Blue Rock Rd. Washington Boro, PA 17582
Phone #:	717-344-5829
Permit#:	
Expiration:	6/27/2026

Manheim Borough	
Contact Name:	Adam Spangler
Address:	18 East Manheim St. Manheim, PA 17545
Phone #:	717-892-8633
Permit#:	
Expiration:	12/31/2025

Derry Township	
Contact Name:	Doug Soliday dsoliday@dtma.com
Address:	670 Clearwater Rd Hershey, PA 17033
Phone #:	717-566-3237 ext.310
Permit#:	HWD# 131
Expiration:	1/15/2026

LCSWMA - Frey Farm Landfill	
Contact Name:	Jeff Musser
Address:	3049 River Road. Manor Township, PA 17603
Phone #:	717-666-8012
Permit#:	17644
Expiration:	ongoing

Milton Regional Sewer Authority	
Contact Name:	Josh Pipetti
Address:	5585 State Route 405 PO Box 433 Milton, PA 17847
Phone #:	570-742-3424
Permit#:	2022-15
Expiration:	12/31/2027

VLS	
Contact Name:	Craig Buccilla
Address:	1076 Old Manheim Pike Lancaster, PA 17601
Phone #:	717-875-0961
Permit#:	N/A
Expiration:	N/A

LCSWMA - Harrisburg Pike Transfer Station	
Contact Name:	Mike Groff
Address:	1299 Harrisburg Pike PO Box 4425 Lancaster, PA 17604
Phone #:	717-397-9968
Permit#:	17644
Expiration:	ongoing

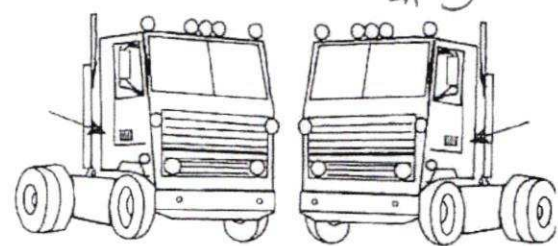
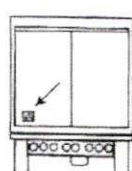
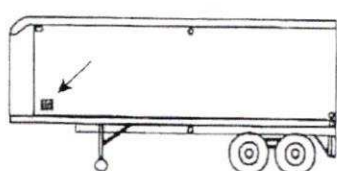
Borough of Pottstown	
Contact Name:	Brent Wagner
Address:	1269 Industrial Hwy. Pottstown, PA 19464
Phone #:	610-970-6540
Permit#:	061614 (All JG trucks)
Expiration:	8/31/2029

Attachment #3

Waste Trailers

Trucks and Truck Tractors

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



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

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COMMONWEALTH OF PENNSYLVANIA
Waste Transportation Safety Program
Written Authorization

1592268931

Phone No. (717) 945-5080

VIN# 1NPTX4EX3JD350893
 WH11592
 Expires Jun 2026

JG ENVIRONMENTAL, LLC
 JENNIFER KLINE
 202 GREENFIELD RD
 LANCASTER, PA 17601-5817

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.





CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

Attachment #4
DATE (MM/DD/YYYY)
06/30/2025

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

PRODUCER CANNON COCHRAN MANAGEMENT SERVICES, INC. 17015 NORTH SCOTTSDALE ROAD SCOTTSDALE, AZ 85255	CONTACT NAME:	
	PHONE (A/C No.Ext): FAX (A/C No.Ext): E-MAIL ADDRESS: certifiicateam@ccmsi.com	
INSURED REPUBLIC SERVICES, INC. 18500 N. ALLIED WAY PHOENIX, AZ 85054	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: ACE American Insurance Co.	22667
	INSURER B: Indemnity Insurance Co. of North America	43575
	INSURER C: Illinois Union Insurance Company	27960
	INSURER D: ACE Property and Casualty Insurance Co.	20699
	INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 2627767

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.

NSR 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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			HDO G48981793	06/30/2025	06/30/2026	EACH OCCURRENCE \$ 10,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 10,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 10,000,000 GENERAL AGGREGATE \$ 30,000,000 PRODUCTS -COMP/OP AGG \$ 20,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ISA H1137119A	06/30/2025	06/30/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 10,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			XEU G46782148 009	06/30/2025	06/30/2026	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
B A A A C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <input checked="" type="checkbox"/> Contractor's Pollution Liability:	Y/N N	N/A	WLR C72793894 - AOS WLR C72793882 - OR SCF C72793900 - WI WCU C72793912 - OH XS TNS C72627490 - TX NS/XS	06/30/2025 06/30/2025 06/30/2025 06/30/2025 06/30/2025	06/30/2026 06/30/2026 06/30/2026 06/30/2026 06/30/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 3,000,000 E.L. DISEASE -EA EMPLOYEE \$ 3,000,000 E.L. DISEASE -POLICY LIMIT \$ 3,000,000
				See page 2 for details	06/30/2025	06/30/2026	

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

Division Number: 6487 - Named Insured Includes: Cycle Chem, Inc.
Division Number: 6702 - Named Insured Includes: Clean Venture Inc.
Division Number: 6462 - Named Insured Includes: ACV Environmental Services, Inc.

CERTIFICATE HOLDER

Delaware Department of Natural Resources (DNREC)
Div. Air & Waste Mgmt.
89 Kings Hwy SW
DOVER, DE 19901
United States

CANCELLATION

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



LOC #:

ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY		NAMED INSURED	
POLICY NUMBER See First Page		REPUBLIC SERVICES, INC. 18500 N. ALLIED WAY PHOENIX, AZ 85054	
CARRIER See First Page	NAIC CODE	EFFECTIVE DATE:	
ADDITIONAL REMARKS		CERTIFICATE NUMBER: 262776	

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

The following provisions apply when required by written contract. As used below, the term certificate holder also includes any person or organization that the insured has become obligated to include as a result of an executed contract or agreement.

GENERAL LIABILITY:

Certificate holder is Additional Insured including on-going and completed operations when required by written contract.
Coverage is primary and non-contributory when required by written contract.
Waiver of Subrogation in favor of the certificate holder is included when required by written contract.

Medical Payment coverage is available under the General Liability policy only when required by written agreement and limited to the amount required in the agreement or the maximum sublimit found within the General Liability policy, whichever is less.

AUTO LIABILITY:

Certificate holder is Additional Insured when required by written contract.
Coverage is primary and non-contributory when required by written contract.
Waiver of Subrogation in favor of the certificate holder is included when required by written contract.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY:

Waiver of Subrogation in favor of the certificate holder is included when required by written contract where allowed by state law.

Stop gap coverage for ND, WA and WY is covered under policy no. WLR C72793894 and stop gap coverage for OH is covered under policy no. WCU C72793912 as noted on page 1 of this certificate.

TEXAS EXCESS INDEMNITY AND EMPLOYERS LIABILITY:

Insured is a registered non-subscriber to the Texas Workers Compensation Act. Insured has filed an approved Indemnity Plan with the Texas Department of Insurance which offers an alternative in benefits to employees rather than the traditional Workers Compensation Insurance in Texas. The excess policy (TNS C72627490) shown on this certificate provides excess Indemnity and Employers Liability coverage for the approved Indemnity Plan.

Contractual Liability is included in the General Liability and Automobile Liability coverage forms. The General Liability and Automobile Liability policies do not contain endorsements excluding Contractual Liability.

Separation of Insured (Cross Liability) coverage is provided to the Additional Insured, when required by written contract, per the Conditions of the Commercial General Liability Coverage form and the Automobile Liability Coverage form.

Umbrella/Excess Liability provides additional limits over the underlying General Liability, Automobile Liability and Employer's Liability policies shown on this certificate.

Contractor's Pollution Liability Details of Cover:

Steadfast Insurance Company (Zurich) (NAIC # 26387) - Policy No. PEC 0792830-02 - \$25MM - 06/30/25 - 06/30/26

Applicable to the Contractor's Pollution Liability Coverage Parts Only:

\$25,000,000 - Damage Limit for Each Occurrence, Claim or Pollution Condition
\$25,000,000 - Claims Expense Limit for Each Claim
\$25,000,000 - General Aggregate Limit
\$25,000,000 - Claims Expense Aggregate Limit

Applicable to Professional Liability Coverage Parts Only:

\$25,000,000 - Damage Limit for Each Claim or Wrongful Act
\$25,000,000 - Claims Expense Limit for Each Claim
\$25,000,000 - General Aggregate Limit

JG Environmental

responsible safe solutions

Spill Control Plan

1. Spill control and safety equipment carried in each vehicle:
 - A. Reflectors and or flares, triangles
 - B. Fire extinguisher
 - C. First aid kit
 - D. Heavy-duty gloves, hard hat, safety glasses
 - E. Flashlight
 - F. Spill pads, mats, and granular absorbent materials
 - G. Spare site glass
 - H. 5-gallon bucket
2. All load 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:
 - A. Verify that all safety equipment is in truck
 - B. Confirm that all valves are closed and caps are on all fittings
 - C. Check all hazard signals, headlights, tire pressure, coolant and oil levels.
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, Shawn Perry 717-537-8203. Driver will then assess the spill, take measures to contain waste and begin the cleanup process.
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 800-662-8802
Maryland: 911, 410-974-2389
New Jersey: 911, 877-237-8411
Pennsylvania: 911, 717-651-2001
6. JG Environmental will provide clean up services for the spill. Additional equipment with technicians will be dispatched to assist if needed. We also have Elk Environmental, 1420 Clarion Street Reading, PA 19601 on call at 610-372-4760 to provide additional cleanup services as necessary.
7. This plan will be carried in all vehicles along with the permit.

Vehicle Operators and Certificates
Attachment #6



Driver Training:

JG Environmental transports only non-hazardous waste. We hire only experienced drivers with excellent driving records. They are screened through our insurance company and must pass a drug and alcohol test prior to hiring. Drivers are trained using our Employee Guidelines, Safety Manual, PPC, and physical demonstration. They shadow an existing employee until the operations manager and new employee are confident of their understanding of the safety and operation of the equipment. 14 of our employees have Class A Licenses with tanker endorsements and four have a Class B license with tanker endorsements. All have current medical certificates. We utilize GPS & cameras on the equipment that monitor speed and driving habits as well as locations. We request drivers' MVR annually.

We are enrolled in a random drug/alcohol testing program administered by One Source.

Safety Meetings are held monthly. Safety Manual and Spill Control plans are reviewed as well as conditions of our waste haulers permit. Drivers are counseled on defensive driving and following all driving laws and limits posted.

Vehicle List : Permit DE-SW-1554

Attachment #7

Truck #	Make		Model	Year	VIN	Plate No.	State	GVWR		Registered Owner
609	Peterbilt	Tractor	379	2007	1XP5DB9X17D736081	AH37123	PA	80,000		JG Environmental, LLC
618	Peterbilt	Tractor	367	2018	1XPTD49X8JD412944	AG65975	PA	80,000		JG Environmental, LLC
621	Peterbilt	Tractor	367	2017	1XPTD49X3HD412943	AG68904	PA	80,000		JG Environmental, LLC
629	Peterbilt	Tractor	367	2020	1XPTD49X3LD615629	AG88175	PA	80,000		JG Environmental, LLC
632	Peterbilt	Tractor	367	2016	2XPTD49XXGM271278	AG77326	PA	80,000		JG Environmental, LLC
633	Peterbilt	Tractor	567	2016	1XPCDP9X5GD322435	AH17170	PA	80,000		JG Environmental, LLC
634	Peterbilt	Tractor	567	2016	1XPCDP9X9GD322437	AH17171	PA	80,000	DELETE	JG Environmental, LLC
649	KENWORTH	TRACTOR	T880	2016	1XKZD49XXGJ109612	AH37114	PA	80,000		JG Environmental, LLC
714	Peterbilt	Straight Truck	367	2016	2NPXT4EX5GM271289	AG44255	PA	73,280		JG Environmental, LLC
813	Peterbilt	Straight Truck	367	2015	1NP TL40X7FD228032	AH21851	PA	73,280		JG Environmental, LLC
828	Peterbilt	Straight Truck	367	2019	1NP TX4EXXKD479831	AG82625	PA	73,280		JG Environmental, LLC
832	Peterbilt	Straight Truck	367	2020	2NP TX4EX6LM685935	AH08137	PA	73,280		JG Environmental, LLC
844	PETERBILT	STRAIGHT TRUCK	567	2023	1NPCX4EX7PD859233	AH27150	PA	73,280		JG Environmental, LLC
912	Peterbilt	Straight Truck	367	2015	1NP TL40X0FD266783	AG40668	PA	73,280		JG Environmental, LLC
915	Peterbilt	Straight Truck	367	2017	1NP TL40X2HD350820	AG51613	PA	73,280		JG Environmental, LLC
922	Peterbilt	Straight Truck	348	2019	2NP3LJ0X5KM484320	AG74447	PA	73,280		JG Environmental, LLC
925	Peterbilt	Straight Truck	567	2021	1NPCL40X8LD623977	AH09069	PA	73,280		JG Environmental, LLC
930	KENWORTH	STRAIGHT TRUCK	T880	2018	1NKZL70X7JJ205216	AH27831	PA	66,000	DELETE	JG Environmental, LLC
935	PETERBILT	STRAIGHT TRUCK	567	2023	1NPCL40X7PD808382	AH35853	PA	73,280		JG Environmental, LLC
T601	Hyundai	48' Van Trailer		2008	3H3V482C18T190117	PT788H4	PA	65,000	DELETE	JG Environmental, LLC
T602	Hyundai	48' Van Trailer		2008	3H3V482C88T190101	PT788H5	PA	65,000		JG Environmental, LLC
T603	Stoughton	53' Van Trailer		2005	1DW1A53295S791310	PT755L7	PA	65,000	DELETE	JG Environmental, LLC
T604	Stoughton	53' Van Trailer		1999	1DW1A5324XS310690	PT398M0	PA	68,000		JG Environmental, LLC
T605	Wabash	53' Van Trailer		2007	1JJV532W57L058387	PT756L9	PA	68,000		JG Environmental, LLC
T606	Wabash	53' Van Trailer		2007	1JJV532W77L058407	PT756L8	PA	68,000		JG Environmental, LLC