

# RECEIPT

DATE

9/23/25

No.

743647

RECEIVED FROM

C &amp; H Disposal Services

\$

175.00

One hundred seventy five and 00/100

DOLLARS

☐ FOR RENT☒ FOR

DE-SW-07660

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY  
ORDER☐ CREDIT  
CARD

FROM

44368

TO

BY

AG



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

89 KINGS HIGHWAY  
DOVER, DELAWARE 19901

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

**SOLID WASTE TRANSPORTER PERMIT APPLICATION**

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- 0766 Expiration Date 12/31/24

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 C+H Disposal Service, Inc.

Location Address:	Mailing Address:
<u>47 Priors Lane</u>	<u>SAME</u>
<u>Elmer, NJ 08318</u>	

Contact: Geri Cheeseman Title: Owner

Business Phone: 856-358-3457 Fax: 856-358-3813

E-mail: gcheeseman@chdisposal.com

24 hr Emergency Contact Phone: 

**4. Company Ownership Information**

(a). Please indicate the company type:

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

City: Elmer State: NJ Date: 8/10/81  
☐ Municipality  
☐ Public institution  
☐ Limited Liability Corporation (LLC) State: \_\_\_\_\_  
☒ Other: (must specify) S Corporation

(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 James E Cheeseman, Pres 25%  
David E Hitchner, VP 50%  
Geraldine Cheeseman, Treas 25%

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

☐ Attachment \_\_\_\_\_  
☒ No parent company

**5. Company locations in Delaware**

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

47 Arrows Lane  
Elmer, NJ 08318

- ☐ 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) \_\_\_\_\_
- ☒ NO Solid Waste

**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 SW 1525 DEP - 7903
- ☐ 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# 912049 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 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 checked="" type="checkbox"/>

#### 11. Spill Control and Safety

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

Spill Control Plan: Attachment ✓

#### 12. Driver Training

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

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

Driver Training, attachment ✓

### 13. Vehicle Identification

On the form provided with this application, list **MAKE, MODEL, YEAR, SERIAL NUMBER, LICENSE PLATE NUMBER, STATE OF REGISTRATION, MANUFACTURER'S GVWR and OWNERSHIP** of all vehicles used for the transportation of solid waste. You must list both motorized and container units. (If you maintain a list of company vehicles in a computer database you may submit a print out of the vehicles provided it contains the information requested herein.)

**NOTE: You must notify CAPS in writing of any changes to information contained within this application, such as additions or deletions of vehicles, in accordance with conditions of the issued permit.**

☒ Vehicle List Attached

### 14. Vehicle Operator Information

Is a list of all vehicle operators attached? ☒ Yes

What tax form do you submit to the IRS for your vehicle operators?

- ☒ Form W-2  
☐ Form 1099-Misc  
☐ Other

### 15. Environmental Record

List all criminal citations, arrests, convictions, civil or administrative violations, and civil or administrative enforcement actions, and the disposition(s) thereof for the violation or alleged violation of any environmental statute, regulation, permit, license, approval, or order, regardless of the state in which it occurred. Indicate whether it was a local, state, or federal violation or alleged violation. List all such items for the applicant, and if the applicant is other than an individual, for any employee while employed by the applicant, or any partner, officer, or director of the applicant as an individual or for any former business of such partner, officer, or director. For civil or administrative violations or alleged violations, list all such items for the last five (5) years from the date of the application. Information submitted under this section is subject to verification. **Failure to submit complete and accurate information may lead to permit denial or revocation.**

- ☐ Attachment \_\_\_\_\_  
☒ No violations within the specified time period

### 16. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, upon personal knowledge and information, the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information.

\*\*Signature Gei Cheeseman Date 9/17/25  
Print Name Gei Cheeseman Title 25% owner

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



# **C & H Disposal Service, Inc.**

47 Griers Lane  
Elmer, NJ 08318

Phone: 856-358-3457

Fax: 856-358-3813

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## **List of Safety Equipment**

1. Fire extinguisher, flares
2. Spill Kit— Includes 15" X 17" pads, disposal bags and ties , gloves, plugs, 3" x 4' socks
3. Safety glasses and hard hat
4. First Aid Kit

When any accident happens the driver is instructed to make sure everyone is safe, and call authorities, then call employer.

Driver is to make sure he describes the type of spill ; chemical, oil etc. involved and capacity to the authorities.

In case of spill; many factors determine what needs to be done; in general, if a small spill, the driver needs to contain the spill, with the equipment he has without harming himself until authorities and help arrive.

Driver needs to record the incident for insurance purposes, and obtain information ; contacts for police reports etc.

Our Office will have the Delaware Emergency Numbers on hand



This Certificate is  
Non-Transferable



James E. McGreevey  
Governor

State of New Jersey  
Department of Environmental Protection

Bradley M. Campbell  
Commissioner

Division of Solid and Hazardous Waste  
Bureau of Solid Waste Regulation  
PO Box 414  
Trenton NJ 08625-0414

CERTIFICATE  
of  
PUBLIC CONVENIENCE AND NECESSITY

HEREBY ISSUED TO: C & H DISPOSAL SERVICE, INC.  
(FORMERLY)  
C & H SEWERAGE SERVICE, INC.  
47 GRIERS LANE  
ELMER, NEW JERSEY 08318

SW NUMBER: SW1525

FOR AUTHORITY TO ENGAGE IN THE BUSINESS OF SOLID WASTE  
COLLECTION AS DEFINED IN N.J.S.A. 13:1E-1 ET SEQ IN AND ABOUT THE  
STATE OF NEW JERSEY

The authority granted shall not exceed that requested in Docket Nos. 8110-920  
and CC200210002  
IT IS MADE A CONDITION OF THIS CERTIFICATE THAT THE HOLDER SHALL  
OPERATE IN COMPLIANCE WITH THE AUTHORITY HEREIN GRANTED  
UNDER THE PROVISIONS OF N.J.S.A. 48:13A-1 ET SEQ. AND N.J.S.A. 13:1E-1 ET  
SEQ. FAILURE TO DO SO SHALL CONSTITUTE SUFFICIENT GROUNDS FOR  
SUSPENSION OR REVOCATION PURSUANT TO N.J.S.A. 48:13A-9 ET SEQ.

NAME CHANGE

Date of Issue: 10/23/2002

Frank Coolick, Assistant Director

Division of Solid & Hazardous Waste

901



Certified mail  
7000167000138832370

James E. McGreevey  
Governor

State of New Jersey  
Department of Environmental Protection

Bradley M. Campbell  
Commissioner

Mr. James E. Cheeseman, President  
C & H Disposal Service, Inc.  
47 Griers Lane  
Elmer, New Jersey 08318

MAY 23 2002

RE: Solid Waste Transporter License  
N.J.S.A. 13: 1E-126 et seq.

Dear Mr. Cheeseman:

The investigative report from the Attorney General required under N.J.S.A. 13:1E-126 et seq. had been received by the Department of Environmental Protection. Based on our review of the aforementioned investigative report, the Department had issued a Solid Waste Transporter License on January 28, 1992 to:

**C & H SEWERAGE SERVICE, INC.**

This letter reflects the information provided on the certificate of amendment to the certificate of incorporation filed with the New Jersey State Treasurer on May 2, 2002, which changes the name of C & H Sewerage Service, Inc. to C & H Disposal Service, Inc.. Therefore, the aforementioned Solid Waste Transporter License is being re-issued in the name of;

**C & H DISPOSAL SERVICE, INC.**

This letter will serve as documentation that a solid waste transporter license has been issued. This license must be renewed annually by filing the Annual License Update form and any other change of information concerning your company or its operation as required by the Department.

You may also be required to obtain a Certificate of Public Convenience and Necessity prior to commencing solid waste business operations. Questions regarding this certificate should be directed to the Bureau of Solid Waste Regulation at (609) 984-2080. Any transportation equipment must be registered prior to commencing operations. Questions regarding equipment registration of the above license should be directed to the Bureau of Hazardous Waste Regulation at (609) 292-7081.

Sincerely,

*Norine Binder*

Norine Binder, Chief  
Bureau of Hazardous Waste Regulation

LC: 02/C&HDisp-nc:lc  
c: Harley Williams  
Mike DeTalvo

## SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

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

## **C & H Disposal Service, Inc.**

47 Griers Lane  
Elmer, NJ 08318

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Phone: 856-358-3457

Fax: 856-358-3813

Our company complies to all DOT safety regulations. Our drivers are CDL Class A or B and well experienced. We do not have a high turnover of drivers. We have drivers celebrating 10 years or more with our company.

Although, they are experienced, we do hold quarterly safety meetings and a driver abstracts are reviewed once per year.

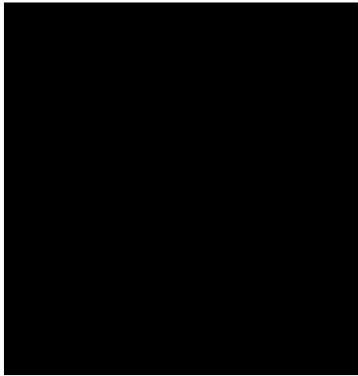
Also, intermediately we stress the importance of safety and securing loads; tie downs on roll offs, if any truck is seen without the tie downs secured when loaded it is an automatic 3 day suspension without pay.

Pre-and post trip inspections of vehicle — very important.

Drivers are aware not only that the safety procedures are for his benefit and safety, but it will also reflect in his Bonus at the end of the year. Excellent performance is rewarded.



Drivers:



Locations of Landfills used:

Salem County Improvement Authority  
285 Welchville Rd  
Alloway, NJ 08001-0890

Cumberland County Improvement Authority  
745 Lebanon Rd  
Millville, NJ 083332

Gloucester County Improvement Authority  
254 County House Rd.  
Clarksboro, NJ 08020

Pollution Control Financing Authority  
9600 River Rd  
Pennsauken, NJ 08110

CMCMUA  
1523 ROUTE 9 NORTH  
CAPE MAY COURT HOUSE, NJ 08210

2001	PETE-ROLLOFF	1NPFLU0X21D563544	113	<b>AY618Y</b>	9557		60,000
2001	PETE ROLL-OFF	1NP5XBTXX1N563110	133	<b>AY617Y</b>	9553		60000
2012	PETE ROLL OFF	1NPWX4EX3CD142738	152	<b>AZ329N</b>	9559		80000
2020	PETE	1NPCX4EX0LD631973	165	<b>AZ203U</b>	9556		80,000
2025	KENWORTH	1NKZX4TX9SJ126758	183	XPNT50	9550		80000
2025	KENWORTH	1NKZX4TX5SJ153620	184	AZ975R			80000

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.

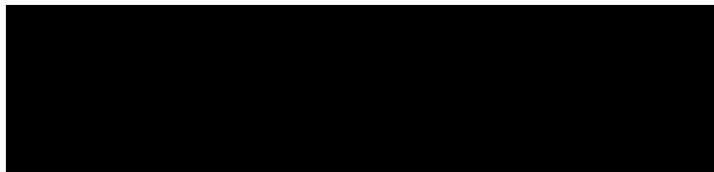
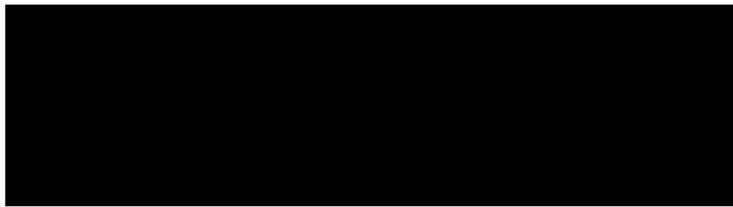
[illegible]

# *C & H Disposal Service, Inc.*

47 Griers Lane  
Elmer, NJ 08318

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## Ownership Disclosure







C&amp;HDISP-01

KSCHARLE

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/17/2025

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 The Martin Company 500 Jessup Rd West Deptford, NJ 08086	CONTACT NAME: <b>Katrina Lewis</b> PHONE (A/C, No, Ext): <b>(856) 845-3636</b> E-MAIL ADDRESS: <b>katrina.lewis@spmartinco.com</b> FAX (A/C, No):														
INSURED  <b>C &amp; H Disposal Service, Inc.</b> <b>47 Griens Lane</b> <b>Elmer, NJ 08318</b>	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : <b>Nautilus Insurance Company</b></td><td><b>17370</b></td></tr><tr><td>INSURER B : <b>Travelers Cas Ins Co of Am</b></td><td><b>19046</b></td></tr><tr><td>INSURER C : <b>ARI Ins Co</b></td><td><b>13900</b></td></tr><tr><td>INSURER D : <b>Scottsdale Insurance</b></td><td><b>41297</b></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : <b>Nautilus Insurance Company</b>	<b>17370</b>	INSURER B : <b>Travelers Cas Ins Co of Am</b>	<b>19046</b>	INSURER C : <b>ARI Ins Co</b>	<b>13900</b>	INSURER D : <b>Scottsdale Insurance</b>	<b>41297</b>	INSURER E :		INSURER F :	
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INSURER E :															
INSURER F :															

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																					
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER <b>All Operations</b>		ECP2037470-12	4/24/2025	4/24/2026	<table><tr><td>EACH OCCURRENCE</td><td>\$</td><td>1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$</td><td>100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$</td><td>10,000</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$</td><td>1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$</td><td>2,000,000</td></tr><tr><td>PRODUCTS - COM/OP AGG</td><td>\$</td><td>2,000,000</td></tr><tr><td>Pollution Liab.</td><td>\$</td><td>1,000,000</td></tr></table>	EACH OCCURRENCE	\$	1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	MED EXP (Any one person)	\$	10,000	PERSONAL & ADV INJURY	\$	1,000,000	GENERAL AGGREGATE	\$	2,000,000	PRODUCTS - COM/OP AGG	\$	2,000,000	Pollution Liab.	\$	1,000,000
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PRODUCTS - COM/OP AGG	\$	2,000,000																									
Pollution Liab.	\$	1,000,000																									
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		5N838334-BA	4/24/2025	4/24/2026	<table><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td><td>1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td><td></td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td><td></td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td><td></td></tr><tr><td></td><td>\$</td><td></td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	BODILY INJURY (Per person)	\$		BODILY INJURY (Per accident)	\$		PROPERTY DAMAGE (Per accident)	\$			\$							
COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000																									
BODILY INJURY (Per person)	\$																										
BODILY INJURY (Per accident)	\$																										
PROPERTY DAMAGE (Per accident)	\$																										
	\$																										
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$		AN1311617	4/24/2025	4/24/2026	<table><tr><td>EACH OCCURRENCE</td><td>\$</td><td>10,000,000</td></tr><tr><td>AGGREGATE</td><td>\$</td><td>10,000,000</td></tr><tr><td></td><td>\$</td><td></td></tr></table>	EACH OCCURRENCE	\$	10,000,000	AGGREGATE	\$	10,000,000		\$													
EACH OCCURRENCE	\$	10,000,000																									
AGGREGATE	\$	10,000,000																									
	\$																										
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	PWC1208992	5/12/2025	5/12/2026	<table><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td><td>1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td><td>1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td><td>1,000,000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER			E.L. EACH ACCIDENT	\$	1,000,000	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	E.L. DISEASE - POLICY LIMIT	\$	1,000,000									
<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER																											
E.L. EACH ACCIDENT	\$	1,000,000																									
E.L. DISEASE - EA EMPLOYEE	\$	1,000,000																									
E.L. DISEASE - POLICY LIMIT	\$	1,000,000																									
A	<b>Pollution Liab</b>		ECP2037470-12	4/24/2025	4/24/2026	<b>Occurrence</b> \$ 1,000,000																					
D	<b>Bldg 2 \$145,000</b>		CPS7784630	5/4/2024	5/4/2025	<b>Ded</b> 1,000																					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Permit # DE-SW-0766

## CERTIFICATE HOLDER

## CANCELLATION

DE Dept of Natural Resources and Environmental Control  
Compliance and permitting Section  
89 Kings Hwy  
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

*Mary Gmelendos*

**Davis, DaQuan (DNREC)**

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**From:** Geri Cheeseman <gcheeseman@chdisposal.com>  
**Sent:** Tuesday, September 23, 2025 9:36 AM  
**To:** WHStranporters  
**Attachments:** Certificate.pdf

Not sure if this was included in the application.

*Geri Cheeseman*

**Owner, C & H Disposal Service, Inc.**

47 Griers Lane, Elmer, NJ 08318

Mobile: 856-405-5684

## Davis, DaQuan (DNREC)

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**From:** Davis, DaQuan (DNREC) on behalf of WHStranporters  
**Sent:** Monday, October 27, 2025 10:02 AM  
**To:** 'Geri Cheeseman'  
**Subject:** RE: Delaware Solid Waste Transporter Permit Application

**Categories:** Egress Switch: Unprotected

Please provide this information to get your application approved.



### 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)



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**From:** Davis, DaQuan (DNREC) **On Behalf Of** WHStranporters

**Sent:** Tuesday, September 23, 2025 10:30 AM

**To:** 'Geri Cheeseman' <gcheeseman@chdisposal.com>

**Subject:** RE:

Yes, I need to know who owns each vehicle and where it is registered.



## DaQuan L. Davis

Environmental Scientist

### Division of Waste and Hazardous Substances

302-739-9403

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

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**Sent:** Tuesday, September 23, 2025 9:36 AM

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**Subject:**

Not sure if this was included in the application.

*Geri Cheeseman*

**Owner, C & H Disposal Service, Inc.**

47 Griers Lane, Elmer, NJ 08318

Mobile: 856-405-5684



	ROLL OFF TRUCKS					
2001	PETE-ROLLOFF	1NPFLUOX21D563544	113	AU907H	14180	60,000
2001	PETE-ROLLOFF	1NP5XBTXX1N563110	133	AU908H	18965	60000
2016	PETE-ROLLOFF	2NP3LJ0X8GM369024	149	AT718A	14210	60000
2012	PETE ROLL OFF	1NPWX4EX3CD142738	152	AU708Z	14216	80000
2020	PETE	1NPCX4EX0LD631973	165	AW398F	19229	80,000

State of NJ

all owed by 10/1/21