

RECEIPTDATE IV/18/25

No.

743699

RECEIVED FROM

S+S Painting LLC

\$

350.00Three hundred fifty and ⁰⁰/₁₀₀ DOLLARS FOR RENT FORNew DE-SW-2173

| | |
|----------|--|
| ACCOUNT | |
| PAYMENT | |
| BAL. DUE | |

- CASH
- CHECK
- MONEY ORDER
- CREDIT CARD

FROM

160

TO

M.M.

BY

IMPORTANT NOTICE

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

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

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

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

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

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

We appreciate your cooperation in this matter.



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DNREC - WHS

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

89 KINGS HIGHWAY
DOVER, DELAWARE 19901

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

SOLID WASTE TRANSPORTER PERMIT APPLICATION

Language Preference:

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

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

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

1. Type of Permit

New – **SCRAP TIRES ONLY** Submit a check or money order, payable to the "State of Delaware," in the amount of \$75.00.

New – **ALL OTHERS** Submit a check or money order, payable to the "State of Delaware" in the amount of \$350.00.

Renewal: Permit # DE-SW- _____ Expiration Date _____

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

SCRAP TIRES ONLY

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

ALL OTHERS

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

2. Release to Public

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

3. Company Information

Company Name S&S Painting LLC

| Location Address: | Mailing Address: |
|------------------------|------------------|
| <u>58 Sammon Drive</u> | |
| <u>Clayton DE</u> | <u>Same</u> |
| <u>19938</u> | |

Contact: James Sayers Jr. Title: Owner

Business Phone: 302-766-2476 Fax: ✓

E-mail: Sim.SS Home Improvements@gmail.com

24 hr Emergency Contact Phone: 302-766-2476

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: Clayton State: DE Date: 2018

- Municipality
- Public institution
- Limited Liability Corporation (LLC) State: _____
- Other: (must specify) _____

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

Attachment James Sayers 100%

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

Attachment _____
 No parent company

5. Company locations in Delaware

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

Attachment 58 Sammon Drive . Clayton DE 19930
 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) House Hold Junk
 Ash: municipal incinerator
 coal ash
 other (must specify)
 Infectious waste
 Non-hazardous petroleum-hydrocarbon contaminated soils
 Asbestos-containing waste
 Scrap Tires

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

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

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

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

8. Treatment, Storage, and Disposal Facilities

(a). Do you cross state lines with the waste? Yes No

(b). Identify in an attachment ***all*** solid waste Treatment, Storage, Disposal Facilities, Reclamation Facilities and Transfer Stations to which the waste will be transported.

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

9. Other Transporter Permits

(a). Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)

Attachment N/A
 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# _____ 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 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.

- (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 _____

13. Vehicle Identification

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

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

Vehicle List Attached

14. Vehicle Operator Information

Is a list of all vehicle operators attached? Yes

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

- Form W-2
- Form 1099-Misc
- Other

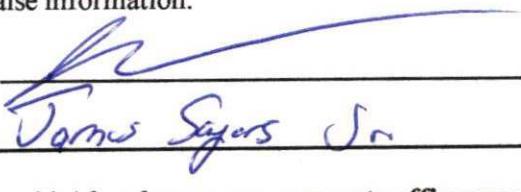
15. Environmental Record

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

- Attachment _____
- No violations within the specified time period

16. Certification

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

**Signature  Date 11/7/25
Print Name James Sayers Jr. Title Owner

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

VEHICLE INFORMATION - See Item 13 of the application.

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

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 tarpred to prevent accidental discharge of the waste during transport to the disposal facility.

(3) The driver will perform the following pre-trip inspections:

- 1). *Check Load*
- 2). *Check Trailer + Truck*

(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: *Jim Sayres Jr.* Phone: *302-766-2476*

(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.

STATE FARM FIRE AND CASUALTY COMPANY
A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

Po Box 2915
Bloomington IL 61702-2915

Named Insured

M-21-9ECE-FAA6 F E

S & S PAINTING LLC
58 SAMMON DR
CLAYTON DE 19938-3298

DECLARATIONS

| | | |
|---|----------------|-----------------|
| Policy Number | 98-BR-P039-0 | |
| Replaces Number | 98-BR-N368-5 | |
| Policy Period | Effective Date | Expiration Date |
| 1 Year | DEC 8 2024 | DEC 8 2025 |
| The policy period begins and ends at 12:01 am standard time at the premises location. | | |

Agent and Mailing Address
GARDINER INS AND FIN SVCS INC
1352 MARROWS RD STE 105
NEWARK DE 19711-5476

PHONE: (302) 286-7130

Artisan And Service Contractor Policy

Automatic Renewal - If the policy period is shown as 12 months, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Entity: Limited Liability Company

Total Estimated
Premium \$ 979.00
Audit Period: Annual

Discounts Applied:
Years in Business
Protective Devices

Prepared
SEP 25 2024
CMP-4000

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DECLARATIONS (CONTINUED)

Artisan And Service Contractor Policy for S & S PAINTING LLC
Policy Number 98-BR-P039-0

SECTION I - PROPERTY SCHEDULE

| Location Number | Location of Described Premises | Limit of Insurance* Coverage A - Buildings | Limit of Insurance* Coverage B - Business Personal Property | Seasonal Increase-Business Personal Property |
|-----------------|---------------------------------------|---|--|--|
| 001 | 58 SAMMON DR CLAYTON DE 19938-3298 | No Coverage | \$ 1,200 | 25% |

* As of the effective date of this policy, the Limit of Insurance as shown includes any increase in the limit due to Inflation Coverage.

SECTION I - INFLATION COVERAGE INDEX(ES)

Cov A - Inflation Coverage Index: N/A
Cov B - Consumer Price Index: 314.8

SECTION I - DEDUCTIBLES

Basic Deductible \$500

Special Deductibles:

Equipment Breakdown \$500

Other deductibles may apply - refer to policy.

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DECLARATIONS (CONTINUED)

Artisan And Service Contractor Policy for S & S PAINTING LLC
 Policy Number 98-BR-P039-0

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH DESCRIBED PREMISES

The coverages and corresponding limits shown below apply separately to each described premises shown in these Declarations, unless indicated by "See Schedule." If a coverage does not have a corresponding limit shown below, but has "Included" indicated, please refer to that policy provision for an explanation of that coverage.

| COVERAGE | LIMIT OF INSURANCE |
|---|---------------------|
| Accounts Receivable | |
| On Premises | \$10,000 |
| Off Premises | \$5,000 |
| Arson Reward | \$5,000 |
| Collapse | Included |
| Damage To Non-Owned Buildings From Theft, Burglary Or Robbery | Coverage B Limit |
| Debris Removal | 25% of covered loss |
| Equipment Breakdown | Included |
| Fire Department Service Charge | \$2,500 |
| Fire Extinguisher Systems Recharge Expense | \$5,000 |
| Forgery Or Alteration | \$10,000 |
| Glass Expenses | Included |
| Increased Cost Of Construction And Demolition Costs (applies only when buildings are insured on a replacement cost basis) | 10% |
| Money Orders And Counterfeit Money | \$1,000 |
| Newly Acquired Business Personal Property (applies only if this policy provides Coverage B - Business Personal Property) | \$100,000 |
| Newly Acquired Or Constructed Buildings (applies only if this policy provides Coverage A - Buildings) | \$250,000 |
| Ordinance Or Law - Equipment Coverage | Included |
| Outdoor Property | \$5,000 |

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DECLARATIONS (CONTINUED)

Artisan And Service Contractor Policy for S & S PAINTING LLC
Policy Number 98-BR-P039-0

| | |
|--|----------|
| Personal Effects (applies only to those premises provided Coverage B - Business Personal Property) | \$2,500 |
| Personal Property Off Premises | \$15,000 |
| Pollutant Clean Up And Removal | \$10,000 |
| Preservation Of Property | 30 Days |
| Property Of Others (applies only to those premises provided Coverage B - Business Personal Property) | \$2,500 |
| Signs | \$2,500 |
| Valuable Papers And Records | |
| On Premises | \$10,000 |
| Off Premises | \$5,000 |
| Water Damage, Other Liquids, Powder Or Molten Material Damage | Included |

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - PER POLICY

The coverages and corresponding limits shown below are the most we will pay regardless of the number of described premises shown in these Declarations.

| COVERAGE | LIMIT OF INSURANCE |
|----------------------------------|-----------------------------------|
| Loss Of Income And Extra Expense | Actual Loss Sustained - 12 Months |

SECTION II - DEDUCTIBLES

Business Liability - Property Damage \$500
Other deductibles may apply - refer to policy.

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DECLARATIONS (CONTINUED)

Artisan And Service Contractor Policy for S & S PAINTING LLC
 Policy Number 98-BR-P039-0

SECTION II - LIABILITY

| COVERAGE | LIMIT OF INSURANCE |
|--|--------------------|
| Coverage L - Business Liability | \$1,000,000 |
| Coverage M - Medical Expenses (Any One Person) | \$5,000 |
| Damage To Premises Rented To You | \$100,000 |
| AGGREGATE LIMITS | LIMIT OF INSURANCE |
| Products/Completed Operations Aggregate | \$2,000,000 |
| General Aggregate | \$2,000,000 |

Each paid claim for Liability Coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II - Liability in the Coverage Form and any attached endorsements.

Your policy consists of these Declarations, the BUSINESSOWNERS COVERAGE FORM shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

FORMS AND ENDORSEMENTS

| | |
|------------|---------------------------------|
| CMP-4100 | Businessowners Coverage Form |
| CMP-4561.5 | *Policy Endorsement |
| CMP-4532 | *Exclusion Cyber Incident |
| FE-6999.3 | *Terrorism Insurance Cov Notice |
| FE-1401 | *Exclusion Cyber Incident |
| CMP-4600 | Artisan and Service Contractor |
| CMP-4208.2 | Amendatory Endorsement |
| FE-3650 | Actual Cash Value Endorsement |
| CMP-4705.2 | Loss of Income & Extra Expnse |
| FD-6007 | Inland Marine Attach Dec |
| | NOTICE: INFORMATION CONCERNING |
| | CHANGES IN YOUR POLICY |
| | LANGUAGE IS INCLUDED. PLEASE |

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DECLARATIONS (CONTINUED)

Artisan And Service Contractor Policy for S & S PAINTING LLC
 Policy Number 98-BR-P039-0

CALL YOUR AGENT IF YOU HAVE
 ANY QUESTIONS.
 * New Form Attached

SCHEDULE OF OPERATIONS

| Description of Operations | Stat Class | Premium Base * / Estimated Exposure | Section II Estimated Premium |
|---|------------|--|---------------------------------|
| CARPENTRY - CONSTRUCTION OF RESIDENTIAL PROPERTY NOT EXCEEDING THREE STORIES IN HEIGHT - INCLUDING CONSTRUCTION OF PRIVATE GARAGES IN CONNECTION WITH SUCH RESIDENTIAL PROPERTY | 202 | P. 29000 | \$ 709.00 |

*PREMIUM BASES
 P. PER \$1000 PAYROLL
 I. PER \$1000 TOTAL COST

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DECLARATIONS (CONTINUED)

Artisan And Service Contractor Policy for S & S PAINTING LLC
Policy Number 98-BR-P039-0

This policy is issued by the State Farm Fire and Casualty Company.

Participating Policy

You are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company's Articles of Incorporation, as amended.

In Witness Whereof, the State Farm Fire and Casualty Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.

Lynne M. Youell
Secretary

John Farney
President

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SEP 25 2024
CMP-4000
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Davis, DaQuan (DNREC)

From: Jim Sayers <jim.sshomeimprovements@gmail.com>
Sent: Monday, December 15, 2025 10:26 AM
To: WHStransporters
Subject: Re: Delaware Solid Waste Transporter Permit Application

Ownership 100%
James Sayers Jr
[REDACTED]

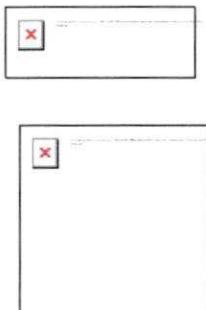
Owner / Operations manager / driver

No I do not have any solid waste permits.

I am the only driver for this company. 12-14 are not for me to participate.

15 - I have no violations.

I will send over a copy of my certificate of insurance soon



Jim Sayers
S&S Painting & Home Improvements
Jim.SSHomeImprovements@gmail.com
M 302.766.2476

Leave us a review on [Google](#)!

On Mon, Dec 15, 2025 at 10:15 AM WHStransporters <WHStransporters@delaware.gov> wrote:

Hello,

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

- **Section 4(b)**- The ownership information that was submitted is missing the dates of birth, ownership percentages, titles, and the owner's mailing address.
- **Section 9(b)**- Do you have any other state solid waste transporter permits? If so, please provide each permit's number.
- **Section 9(c)**- Please provide a DOT#.
- **Section 10**- You did not submit a certificate of insurance. Please provide this form and ensure you have the correct amount of automobile liability insurance, and add the Department of

Natural Resources and Environmental Control address in the Certificate Holder section. The address is 89 Kings Highway, Dover, DE 19901.

- **Section 12-** Please provide driver training. Requirements include:

(a). Special licenses (e.g. CDL, including any special endorsements), any special training received, including dates training was received (e.g. asbestos training), and any ongoing company programs. (e.g. weekly safety meetings or annual refresher courses);

(b). Include your company procedure for periodic checks of the driver's records for moving violations, and your company policy on progressive counseling/discipline based on points.

(c). Describe how drivers are instructed in the following:

(i) Knowledge of proper handling procedures for the type of solid waste being transported.

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

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

- **Section 14-**You did not provide a list of vehicle operators and their tax form type.

- **Section 15-**Please provide environmental violations.

Please provide the information requested above via e-mail within ten (10) days.

Thank you,

DaQuan Davis



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

302-739-9403

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

89 Kings Hwy SW, Dover, DE 19901

dnrec.delaware.gov





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/15/2025

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 StateFarm  | Jeff Gardiner 1352 Marrows Road Suite 105 Newark | CONTACT NAME: Jeff Gardiner PHONE (A/C, No, Ext): 302-286-7130 E-MAIL: jeff.gardiner.fvl2@statefarm.com | FAX (A/C, No): |
| | | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | | INSURER A: State Farm Mutual Automobile Insurance Company | 25178 |
| INSURED | | INSURER B: | |
| Sayers, James 58 SAMMON DR | | INSURER C: | |
| CLAYTON | | INSURER D: | |
| | | INSURER E: | |
| | | INSURER F: | |

| COVERAGES | | CERTIFICATE NUMBER: | | REVISION NUMBER: | |
|--|--|---------------------|---------|------------------|---|
| INSR LTR | TYPE OF INSURANCE | ADD INSD | SUB WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) |
| | COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR | | | | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG |
| | GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER | | | | \$ \$ \$ \$ \$ \$ \$ \$ |
| A | AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> Hired AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY | N | N | 075 1049-F08-08C | 12/08/2025 06/08/2026 COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) \$ 250,000 BODILY INJURY (Per accident) \$ 500,000 PROPERTY DAMAGE (Per accident) \$ 100,000 \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | | | | EACH OCCURRENCE AGGREGATE \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | N / A | | | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | | | | | |

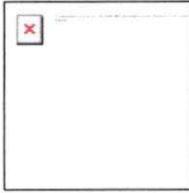
| | | | |
|--|--|--|--|
| CERTIFICATE HOLDER | | CANCELLATION | |
| Natural Resources & Environmental Control 89 Kings Hwy Dover | | <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p><i>Michelle Walter</i></p> | |
| DE 19901 | | This form was system-generated on 12/15/2025 | |

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Davis, DaQuan (DNREC)

From: Jim Sayers <jim.sshomeimprovements@gmail.com>
Sent: Monday, December 15, 2025 10:31 AM
To: WHStransporters
Subject: Re: Delaware Solid Waste Transporter Permit Application

I have sent over a email with the other information. I am now waiting on my insurance company. Send me the declarations page.



Jim Sayers
S&S Painting & Home Improvements

Jim.SSHomeImprovements@gmail.com

M 302.766.2476

Leave us a review on [Google](#)!

On Mon, Dec 15, 2025 at 10:30 AM WHStransporters <WHStransporters@delaware.gov> wrote:

Hello,

Please don't worry about the DOT number; as we discussed, I confirmed you are intrastate. Kindly provide all the other requested information or clarify why you are exempt from a question.

Thank you,



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

302-739-9403

WHTransporters@delaware.gov

[89 Kings Hwy SW, Dover, DE 19901](https://www.google.com/maps/place/89+Kings+Hwy+SW,+Dover,+DE+19901)

dnrec.delaware.gov



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

Sent: Monday, December 15, 2025 10:16 AM

To: jim.sshomeimprovements@gmail.com

Subject: Delaware Solid Waste Transporter Permit Application

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 4(b)**- The ownership information that was submitted is missing the dates of birth, ownership percentages, titles, and the owner's mailing address.
- **Section 9(b)**- Do you have any other state solid waste transporter permits? If so, please provide each permit's number.
- **Section 9(c)**- Please provide a DOT#.
- **Section 10**-You did not submit a certificate of insurance. Please provide this form and ensure you have the correct amount of automobile liability insurance, and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section. The address is 89 Kings Highway, Dover, DE 19901.
- **Section 12**- Please provide driver training. Requirements include:
 - (a). Special licenses (e.g. CDL, including any special endorsements), any special training received, including dates training was received (e.g. asbestos training), and any ongoing company programs. (e.g. weekly safety meetings or annual refresher courses);
 - (b). Include your company procedure for periodic checks of the driver's records for moving violations, and your company policy on progressive counseling/discipline based on points.
 - (c). Describe how drivers are instructed in the following:
 - (i) Knowledge of proper handling procedures for the type of solid waste being transported.
 - (ii) Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)
 - (iii) Familiarity with the conditions of the solid waste transporter's permit.
- **Section 14**-You did not provide a list of vehicle operators and their tax form type.
- **Section 15**-Please provide environmental violations.

Please provide the information requested above via e-mail within ten (10) days.

Thank you,

DaQuan Davis



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous
Substances

302-739-9403

 WHTransporters@delaware.gov

 89 Kings Hwy SW, Dover, DE 19901

 dnrec.delaware.gov



Davis, DaQuan (DNREC)

From: Davis, DaQuan (DNREC) on behalf of WHStransporters
Sent: Monday, December 15, 2025 10:08 AM
To: simisshomeimprovements@gmail.com
Subject: RE: Delaware Solid Waste Transporter Permit Application

Categories: Egress Switch: Unprotected

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 4(b)**- The ownership information that was submitted is missing the dates of birth, ownership percentages, titles, and the owner's mailing address.
- **Section 9(b)**- Do you have any other state solid waste transporter permits? If so, please provide each permit's number.
- **Section 9(c)**- Please provide a DOT#.
- **Section 10**-You did not submit a certificate of insurance. Please provide this form and ensure you have the correct amount of automobile liability insurance, and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section. The address is 89 Kings Highway, Dover, DE 19901.
- **Section 12**- Please provide driver training. Requirements include:
 - (a). Special licenses (e.g. CDL, including any special endorsements), any special training received, including dates training was received (e.g. asbestos training), and any ongoing company programs. (e.g. weekly safety meetings or annual refresher courses);
 - (b). Include your company procedure for periodic checks of the driver's records for moving violations, and your company policy on progressive counseling/discipline based on points.
 - (c). Describe how drivers are instructed in the following:
 - (i) Knowledge of proper handling procedures for the type of solid waste being transported.
 - (ii) Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)
 - (iii) Familiarity with the conditions of the solid waste transporter's permit.
- **Section 14**-You did not provide a list of vehicle operators and their tax form type.
- **Section 15**-Please provide environmental violations.

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

Thank you,

DaQuan Davis



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous
Substances

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



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

Sent: Wednesday, November 19, 2025 4:11 PM

To: 'simisshomeimprovements@gmail.com' <simisshomeimprovements@gmail.com>

Subject: Delaware Solid Waste Transporter Permit Application

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 4(b)**- The ownership information that was submitted is missing the dates of birth, ownership percentages, titles, and the owner's mailing address.
- **Section 9(b)**- Do you have any other state solid waste transporter permits? If so, please provide each permit's number.
- **Section 9(c)**- Please provide a DOT#.
- **Section 10**- You did not submit a certificate of insurance. Please provide this form and ensure you have the correct amount of automobile liability insurance, and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section. The address is 89 Kings Highway, Dover, DE 19901.
- **Section 12**- Please provide driver training. Requirements include:

(a). Special licenses (e.g. CDL, including any special endorsements), any special training received, including dates training was received (e.g. asbestos training), and any ongoing company programs. (e.g. weekly safety meetings or annual refresher courses);

(b). Include your company procedure for periodic checks of the driver's records for moving violations, and your company policy on progressive counseling/discipline based on points.

(c). Describe how drivers are instructed in the following:

- (i) Knowledge of proper handling procedures for the type of solid waste being transported.
- (ii) Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)
- (iii) Familiarity with the conditions of the solid waste transporter's permit.

- **Section 14**-You did not provide a list of vehicle operators and their tax form type.
- **Section 15**-Please provide environmental violations.

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

Thank you,

DaQuan Davis



DaQuan L. Davis
Environmental Scientist
Division of Waste and Hazardous
Substances

- 📞 302-739-9403
- ✉ WHTransporters@delaware.gov
- 📍 89 Kings Hwy SW, Dover, DE 19901
- 🌐 dnrec.delaware.gov

