

RECEIPT

DATE

12/15/25

No.

635816

RECEIVED FROM

John L. Ammons, Inc.

\$

350.00

Three hundred fifty and ⁰⁰/₁₀₀

DOLLARS

☐ FOR RENT☒ FOR

DE-SW-1476

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY
ORDER☐ CREDIT
CARD

FROM

23557

TO

BY

M.M.



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

RECEIVED

DEC 15 2025

DNREC - WHS

SOLID WASTE TRANSPORTER PERMIT APPLICATION

Language Preference: English

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

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

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

1. Type of Permit

- ☐ New – **SCRAP TIRES ONLY** Submit a check or money order, payable to the "State of Delaware," in the amount of \$75.00.
- ☐ New – **ALL OTHERS** Submit a check or money order, payable to the "State of Delaware" in the amount of \$350.00.
- ☒ Renewal: Permit # DE-SW- 1476 Expiration Date 3/31/26

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 John L Ammons Inc

Location Address:	Mailing Address:
4800 Old Easton Rd	Po Box 25
Danboro PA 18916	Danboro PA 18916

Contact: John W Ammons

Title: President

Business Phone: 215-348-3070

Fax: 215-348-9094

E-mail: jlammonsinc@aol.com

24 hr Emergency Contact Phone: 215-348-3070

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: Harrisburg

State: PA

Date: 1979

☐ Municipality

☐ Public institution

☐ Limited Liability Corporation (LLC) State: _____

☐ Other: (must specify) _____

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

☒ Attachment _____

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

☐ Attachment _____

☒ No parent company



Bulk Sand, Stone
Salt, Etc.

JOHN L AMMONS INC

4800 Old Easton Road
PO Box 25
Danboro, PA 18916
(215) 348-3070
Fax (215) 348-9049



DEP Certified Water
Bulk Water Haulers

Owners:

John W Ammons
PO Box 25
Danboro, PA 18916
President

[REDACTED]
50% Owner

David E Ammons

[REDACTED]
Vice-President

[REDACTED]
50% Owner

5. **Company locations in Delaware**

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

- ☐ Attachment _____
☒ No Delaware locations

6. **Company Affiliates**

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

- ☐ Attachment _____
☒ No affiliates

7. **Type of Waste to be Transported**

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

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

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

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

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

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

8. Treatment, Storage, and Disposal Facilities

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

9. Other Transporter Permits

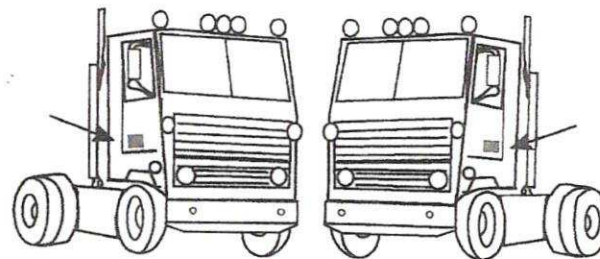
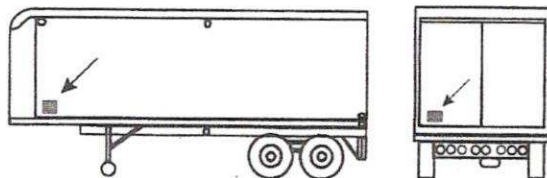
- (a). Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)
- ☒ Attachment _____
 - ☐ Not applicable-No transporter permit required for these solid waste types in our home state.
- (b). List solid waste transporter permits held in other states.
- ☐ Attachment _____
 - ☒ No transporter permits in other states
- (c). Indicate your Federal DOT number and Motor Carrier number:
- DOT# 0538727 MC# 563151
- ☐ 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

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.

49



COMMONWEALTH OF PENNSYLVANIA

Waste Transportation Safety Program

Written Authorization

4956270731

Phone No. (215)-348-3070

VIN# 1NPXGGGG80D334073
WH14956
Expires Jan 2027

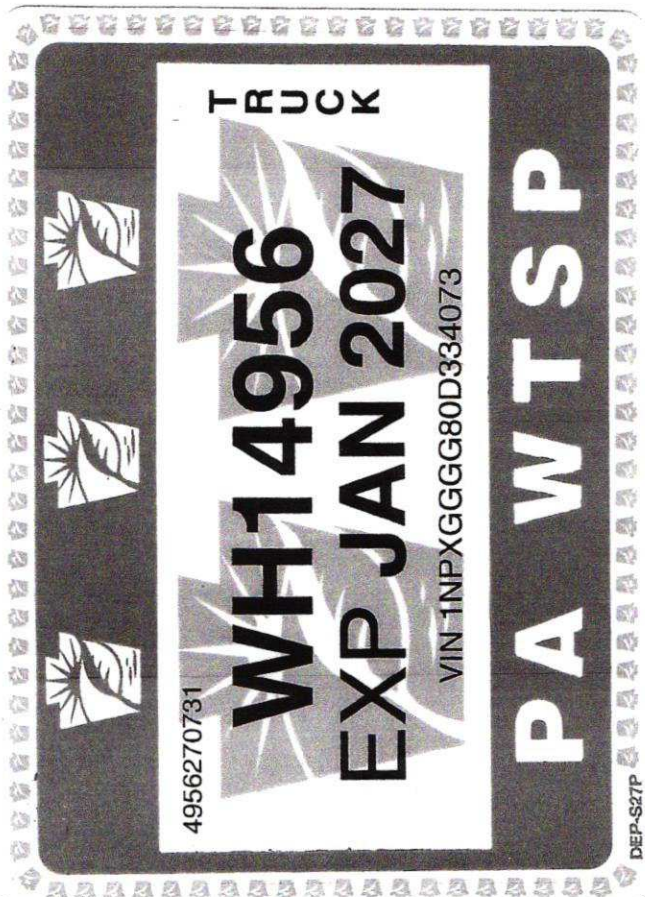
JOHN L. AMMONS, INC.
JOHN AMMONS
PO BOX 25
DANBORO, PA 18916-0025

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.



- (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 checked="" 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.

- 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 _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/24/2025

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 Arthur J. Gallagher Risk Management Services, LLC 300 Fellowship Road., Suite 200 Mt. Laurel NJ 08054	CONTACT NAME: Susan Campbell		
	PHONE (A/C, No, Ext):	FAX (A/C, No):	
INSURED John L Ammons, Inc. 4800 Old Easton Road PO Box 25 Danboro PA 18916	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Utica Mutual Insurance Company		25976
	INSURER B : Graphic Arts Mutual Insurance Company		25984
	INSURER C : Republic-Franklin Insurance Company		12475
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER: 386198726

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <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 OTHER:			CPP5477402	10/1/2025	10/1/2026	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			5477399	10/1/2025	10/1/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A			5477403	10/1/2025	10/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	<input type="checkbox"/> INLAND MARINE			CPP5477402	10/1/2025	10/1/2026	CARGO SCHEDULED EQUIPMENT	\$25,000 \$95,000

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

** Evidence of Commercial Insurance **

CERTIFICATE HOLDER**CANCELLATION**DNREC-SHWMS
89 KINGS HIGHWAY
DOVER DE 19901

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

AUTHORIZED REPRESENTATIVE

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Please note, the expiration date as stated on this form relates to the process for renewing the Information Collection Request for this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not expire. For questions, please contact the Office of Registration, Financial Responsibility Filings Division.

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0008. Public reporting for this collection of information is estimated to be approximately 2 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.



United States Department of Transportation
Federal Motor Carrier Safety Administration

**Endorsement for Motor Carrier Policies of Insurance for Public Liability
under Sections 29 and 30 of the Motor Carrier Act of 1980**

FORM MCS-90

Issued to JOHN L AMMONS INC of PA 538727
(Motor Carrier name) (Motor Carrier state or province) (USDOT Number)
 Dated at 12:01am on this 17 day of September, 2025
 Amending Policy No 5477399 Effective Date 10-01-2025
 Name of Insurance Company Graphic Arts Mutual Insurance Company

Countersigned by Sharon C Peck
(authorized company representative)

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

- ☒ This insurance is primary and the company shall not be liable for amounts in excess of \$ 750000 for each accident.
- ☐ This insurance is excess and the company shall not be liable for amounts in excess of \$ _____ for each accident in excess of the underlying limit of \$ _____ for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: (866) 860-1914

Cancellation of this endorsement may be effected by the company or the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the FMCSA's registration requirements under 49 U.S.C. 13901, by providing thirty (30) days notice to the FMCSA (said 30 days notice to commence from the date the notice is received by the FMCSA at its office in Washington, D.C.).

Filings must be transmitted online via the Internet at <https://www.fmcsa.dot.gov/registration>.

(continued on next page)

DEFINITIONS AS USED IN THIS ENDORSEMENT

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

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

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

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

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

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

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

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

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

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

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

(continued on next page)

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

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



Bulk Sand , Stone
Salt, Etc.

JOHN L AMMONS INC

4800 Old Easton Road
PO Box 25
Danboro, PA 18916
(215) 348-3070
Fax (215) 348-9049



DEP Certified Water
Bulk Water Haulers

December 2, 2025

Unit #41 Plate AG53215

Unit #42 Plate AF42534

SPILL CONTROL PLAN FOR SOLID WASTE HAULING

Safety Equipment Carried in Truck

Shovel

Hard Hat

Safety Vest & Glasses

Gloves

Flashlight

First Aid Kit

All loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the disposal facility.

All drivers are instructed to contact the following in the case of an emergency

In the event of Emergency Spill

Call-EDP Transport – Eddie at 215-805-6774

J & J Environmental Spill Service 610-277-4511 or 911

Delaware Emergency Reporting number 302-739-9401 and 800-622-8802

This plan is gone over with every driver during safety meetings

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



Bulk Sand , Stone
Salt, Etc.

JOHN L AMMONS INC

4800 Old Easton Road
PO Box 25
Danboro, PA 18916
(215) 348-3070
Fax (215) 348-9049



DEP Certified Water
Bulk Water Haulers

Harold Beecher

I _____, employee of John L Ammons Inc.,

12/2/25

Attended a safety meeting on _____, with John W Ammons, President.

Have review and understand all proper handling procedures of solid waste
Reviewed Spill control plan for solid waste hauling.

While operating a commercial vehicle:

I agree to wear a seat belt at all times,

I agree to follow all traffic and safety laws

I will not use a hand held cell phone while driving, must use headset or
hands free device provided by John L Ammons Inc.

Harold Beecher

12/2/25

Employee signature

Date

John W. Ammons

12/2/25

John W Ammons, President

Date



Bulk Sand , Stone
Salt, Etc.

JOHN L AMMONS INC

4800 Old Easton Road
PO Box 25
Danboro, PA 18916
(215) 348-3070
Fax (215) 348-9049



DEP Certified Water
Bulk Water Haulers

February 26, 2025

We periodically pull the driver records using the attached form:
Investigation into safety performance history

If we find any points on drivers' records, we hold an emergency safety meeting to address the issues.

We do not hold any other state solid waste permit besides Delaware and Pennsylvania

See attached updated Spill Control Plan for Solid Waste Hauling

If you need anything further please contact me.

Thank you,

Lisa Underdown

INVESTIGATION INTO SAFETY PERFORMANCE HISTORY

§§391.23, 40.25

PROSPECTIVE EMPLOYER:

COMPANY _____
 ADDRESS _____
 CITY/STATE/ZIP _____
 PHONE NO. (____) _____
 AREA _____
 FAX NO. (____) _____
 AREA _____
 E-MAIL _____
 CONTACT _____
 COMPANY OFFICIAL _____

SIGNATURE OF COMPANY OFFICIAL

PREVIOUS EMPLOYER:

COMPANY _____
 ADDRESS _____
 CITY/STATE/ZIP _____
 PHONE NO. (____) _____
 AREA _____
 FAX NO. (____) _____
 AREA _____
 E-MAIL _____
 CONTACT _____

SOCIAL SECURITY NO. _____ - _____ - _____

DRIVER'S NAME

has made application to our company for a position as a Commercial Motor Vehicle driver. We must obtain the following information from you under §§391.23 (d) and (e). You are required to reply within 30 days under §391.23 (g). Your reply will be held in strict confidence. We may report your failure to answer this investigation under §386.12.

The above named driver has given written consent as noted below.

SAFETY PERFORMANCE HISTORY

- Above named driver was employed as _____ from ____/____/____ - ____/____/____
- Reason for leaving employment: _____ discharged _____ laid off _____ resigned.
- He/she operated the following types of equipment: _____
- List all accidents (as defined in §390.5) the above named driver was involved in during the last three years. (use additional sheet if necessary)

Date of Accident	Location	No. of Injuries	No. of Fatalities	No. of Tow-aways	Was Hazmat Released?

- List any other accidents (not defined in §390.5) the above named driver was involved in during the last three years (optional)

Date of Accident	Location	Describe Accident

- Did the above named driver violate any prohibition under §382 subpart B in the last three years? YES _____ NO _____
- Did the driver violate any U.S. DOT agency drug and alcohol testing regulations? YES _____ NO _____
- Did the driver have an alcohol test with a result of 0.04 or higher? YES _____ NO _____
- Did the driver have any verified positive drug tests? YES _____ NO _____
- Did the driver refuse to be tested (including verified adulterated or substituted drug test results)? YES _____ NO _____
- Did the driver fail to undertake or complete an SAP's recommendation regarding rehabilitation or treatment following a positive drug or alcohol test? YES _____ NO _____ DON'T KNOW _____
 Please provide documentation of the driver's successful completion of U.S. DOT return-to-duty requirements.
- Do you have previous employment drug and alcohol testing verification from U.S. DOT regulated employers prior to the driver working for you? YES _____ NO _____ Please provide documentation
- Additional comments on the above named driver's safety performance history _____
- Check here if there is no safety performance history information on the above named driver _____

I certify the information provided on the safety performance history is accurate and true.

PREVIOUS EMPLOYER'S SIGNATURE

DATE

Under §391.23(i) and (j), the above named driver has the right to request a correction or make a rebuttal to your response.
 Contact in the event of a correction or rebuttal _____

DRIVER'S WRITTEN CONSENT

I am authorizing you to release any and all information regarding my employment and safety performance history while I was employed by your company. Under §391.23(l), I cannot bring an action or proceeding for defamation, invasion of privacy, or interference with a contract against you based on furnishing true and accurate information. You are hereby authorized to give the information requested to the person named above.

DRIVER'S SIGNATURE

DATE

PROSPECTIVE EMPLOYER USE ONLY

Date of attempt/contact: ____/____/____

Information sent via: _____ Personal interview _____ Telephone interview _____ Email _____ Fax _____ Mail

Information obtained via: _____ Personal interview _____ Telephone interview _____ Email _____ Fax _____ Mail

_____ Corrected information / driver rebuttal attached

_____ Good faith effort was made to contact the previous employer; it failed to respond to our request.

_____ Previous employer was not knowledgeable of the failure to undertake or complete an SAP's recommendation regarding rehabilitation or treatment following a positive drug or alcohol test. Information from the driver regarding his/her return-to-duty and follow-up program

DRIVER MEDICAL CARD AND CDL LICENCE EXPERATIONS

Driver Name	Medical Card Exp	CDL Experation	TWIC Card
John Ammons	8/19/2026	2/11/2029	2/27/2020
Dave Ammons	1/5/2026	4/19/2028	2/27/2020
James Ammons	6/13/2027	10/19/2027	11/17/2030
Michael Matonis	2/16/2026	3/20/2026	1/26/2028
Harold Beecher	10/11/2027	9/18/2026	7/9/2030
Jerry McCallister	1/27/2027	1/12/2026	4/27/2028
Joe Tarlini	7/26/2027	11/18/2029	3/8/2026

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 John W. Ammas Date 12-10-25
Print Name John W. Ammas Title Pres

****A legal owner or corporate officer must sign 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 tarped to prevent accidental discharge of the waste during transport to the disposal facility.
- (3) The driver will perform the following pre-trip inspections:
 - 1).
 - 2).
- (4) If there is an accident or other emergency which causes a portion of the load to be spilled, the driver, if uninjured, will contact the following designated company coordinator:
Name: _____ Phone: _____
- (5) The designated coordinator will contact the state and municipal authorities where the accident occurred. If the accident or spill has the potential to cause environmental damage, (either due to the nature of the waste, location of the accident, or additional factors such as leaking oil, gasoline, or hydraulic fluid) the person contacted will notify the state emergency response team, by calling one of the following numbers:
Delaware: 911, (302) 739-9401 or 1-800-662-8802 (*Other numbers may be listed as follows, however, the listed Delaware numbers **must** be included in the spill control plan.*)
Maryland:
New Jersey:
- (6) The designated coordinator will contract for clean-up services with another company. (*This is optional, however, if another company is to be contracted, please append a list of cleanup companies by either region or state.*)
- (7) This plan will be carried in all vehicles, along with the permit.

Davis, DaQuan (DNREC)

From: John L Ammons Inc <jlammonsinc@aol.com>
Sent: Wednesday, December 24, 2025 8:08 AM
To: WHStranporters
Subject: Re: Delaware Solid Waste Transporter Permit Application
Attachments: Vehical List.pdf

Morning,

See attached vehicle list.
Sorry missed it on the application.

Have a Merry Christmas and Happy New Year.

Thank you,
Lisa
John L Ammons Inc
PO Box 25
Danboro PA 18916
215-348-3070
215-348-9049Fax

On Thursday, December 18, 2025 at 09:18:48 AM EST, WHStranporters <whstranporters@delaware.gov> wrote:

Hello,

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

- **Section 13-** You did not submit a vehicle list. On the form provided with this application, you are required to list the **MAKE, MODEL, YEAR, VEHICLE IDENTIFICATION NUMBER (VIN), LICENSE PLATE NUMBER, STATE OF REGISTRATION, manufacturer's Gross vehicle weight rating (GVWR), and OWNERSHIP** of all vehicles used for the transportation of waste.

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

Thank you,

DaQuan Davis



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

☎ 302-739-9403

✉ WHStranporters@delaware.gov

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 dnrec.delaware.gov



MAKE-MODEL-YEAR	TYPE	VIN#	LICENSE #-STATE	GVWR
PETERBILT-389-2015	DUMP	1NPXGGG80D334073	AG53215 - PA	73280
PETERBILT-567-2017	DUMP	1NPCXPEX1HD435288	AF42534 - PA	73280

All trucks owned by: John L Ammons Inc