

RECEIPT

DATE

1/2/26

No.

635840

RECEIVED FROM

Cardenas Enterprise LLC

\$

1550.00

One thousand five hundred fifty and ⁰⁰/₁₀₀

DOLLARS

☐ FOR RENT☒ FOR

DE-SW-1948

ACCOUNT		
PAYMENT		
BAL. DUE		

☐ CASH☒ CHECK☐ MONEY
ORDER☐ CREDIT
CARD

FROM

0025

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

RECEIVED
JAN 02 2026
DNREC - WHS

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- 1948 Expiration Date march 31 2026

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 Cardenas Enterprise LLC

Location Address:	Mailing Address:
<u>864 cherry street</u>	<u>864 cherry street</u>
<u>Norristown - PA 19401</u>	<u>Norristown, PA 19401</u>

Contact: Gregorio Cardenas Title: owner

Business Phone: 484 362-3000 Fax: _____

E-mail: Cardenas.enterprise@aol.com

24 hr Emergency Contact Phone: 484 362 3000

4. Company Ownership Information

(a). Please indicate the company type:

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

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

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

☐ Attachment one owner 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 _____
☒ 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# 3252348 MC# 1023785

☐ N/A If N/A, please provide an explanation, on the following page, as to why you are not required to have a DOT or MC number.

10. Proof of Financial Responsibility

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

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

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

	FOR-HIRE INTERSTATE	ALL OTHERS
Residential Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input checked="" type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Industrial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Dry Waste	\$750,000.00 + MCS-90 <input checked="" 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 checked="" 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 ✓

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 Gregorio Cardenas Date 12-20-2025

Print Name Gregorio Cardenas Title owner

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

page 5. Question 12

14 years truck driving experience.
Good, Clean driving record.

Mazza Recycling
Corporate Headquarters
3230 Shatto Road
Tinton Falls, NJ 07753

Liberty transfer station
3107 S. 61st St.
Philadelphia, PA 19153
215-724-2244

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). Safety glasses

(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) Standard Pre-trip Inspection for Vehicle
- 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: Christopher Bergacs Phone: 908-692-8085

(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:

PA DEP 717-787-4343

(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.

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]

MV-106(4-14)

IRP CAB CARD

The vehicle described below has been proportionally registered in Pennsylvania and the following jurisdictions at the weights not exceeding those indicated as shown below:

CARDENAS ENTERPRISE LLC
864 CHERRY ST
NORRISTOWN, PA 19401-3926

LICENSE PLATE: **AG86271** VALIDATION DATE: **06/01/2025** EXPIRES: **05/31/2026**

ACCOUNT NO: 00080316		FLEET NO: 1	SUPP NO: 0	USDOT NO: 003252348	ISSUE DATE: 05/05/2025	EQUIPMENT NO: 13A			
YEAR: 2007	MAKE: INTER	VIN: 1HSHXahr07J456597		UNLADEN WEIGHT: 17,000 LBS	GROSS VEH WT 0 LBS	GROSS COMB WT: 80,000 LBS			
REGISTRANT NAME: CARDENAS ENTERPRISE LLC STREET ADDRESS: 864 CHERRY ST CITY, STATE, ZIP: NORRISTOWN, PA 19401-3926					TYPE: TR	AXLES: 3	SEATS: 0	FUEL: D	WGT CLASS: 25
OWNER: CARDENAS ENTERPRISE LLC					TITLE NO: 72973027		O. CODE: PVT		

JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT
PA	80,000	AL	80,000	AR	80,000	AZ	80,000	CA	80,000	CO	80,000	CT	80,000
DC	80,000	DE	80,000	FL	80,000	GA	80,000	IA	80,000	ID	80,000	IL	80,000
IN	80,000	KS	80,000	KY	80,000	LA	80,000	MA	80,000	MD	80,000	ME	80,000
MI	80,000	MN	80,000	MO	80,000	MS	80,000	MT	80,000	NC	80,000	ND	80,000
NE	80,000	NH	80,000	NJ	80,000	NM	80,000	NV	80,000	NY	80,000	OH	80,000
OK	80,000	OR	80,000	RI	80,000	SC	80,000	SD	80,000	TN	80,000	TX	80,000
UT	80,000	VA	80,000	VT	80,000	WA	80,000	WI	80,000	WV	80,000	WY	80,000
AB	36,287	BC	36,287	MB	36,287	NB	36,287	NL	36,287	NS	36,287	ON	36,287
PE	36,287	QC	5 AXL	SK	36,287	**	****	**	****	**	****	**	****

It is the registrant's responsibility to ensure that the information listed on the IRP cab card is correct.

The apportioned cab card must be carried in the vehicle to which it is issued and must be presented on demand, for inspection by law enforcement officers.

I/We hereby acknowledge this day that I/We have received notice of provisions of Section 3709 of the Vehicle Code.

Safety USDOT Number: 003252348

SIGNATURE
MOTOR CARRIER RESPONSIBLE FOR SAFETY
CARDENAS ENTERPRISE LLC
864 CHERRY ST
NORRISTOWN, PA 19401-3926



PENNSYLVANIA'S LITTERING LAW - Section 3709 of the Vehicle Code provides for a fine of up to \$300 for dropping, throwing or depositing, upon any highway, or upon any other public or private property without the consent of the owner thereof or into or on the waters of this Commonwealth from a vehicle, any waste paper, sweepings, ashes, household waste, glass, metal, refuse or rubbish or any dangerous or detrimental substance, or permitting any of the preceding without immediately removing such items or causing their removal.
For any violation of Section 3709, I may be subject to a fine of up to \$300 upon conviction, including any violation resulting from the conduct of any other persons operating, in possession of or present within this vehicle with my permission, if I do not with reasonable certainty identify the driver of the vehicle at the time the violation occurred.

Detach Here

1 OF 1

Detach Here

COMMONWEALTH OF PENNSYLVANIA REGISTRATION CREDENTIAL

EXPIRY: PERMANENT

VALID: 06/04/24

PLATE: FT877NR
TITLE: 71507750002 CA
VIN: 1EMWY30638N32475
YR/MAKE: 2003 EAST
TYPE: TRL
WID: 24122 0061 000824-001

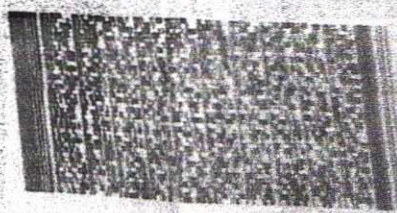
REG. GROSS WT: 75200

UNLADEN WEIGHT: 14000

Greg C
SIGNATURE

I hereby acknowledge that I have received
notice of the provisions of Section 5001 of the Vehicle
Code

057005
CARDENAS ENTERPRISES
LLC
864 CHERRY ST
MORRISTOWN PA 19401



PENNSYLVANIA FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

NAIC NUMBER 37923 COMPANY ☒ COMMERCIAL ☐ PERSONAL
GEICO Marine Insurance Company
POLICY NUMBER 9300179728-00 EFFECTIVE DATE 07-15-2025 NOT VALID MORE THAN ONE (1)
YEAR MAKE/MODEL 2007 INTERNATIONAL RF027 VEHICLE IDENTIFICATION NUMBER
1HSHXAH07J456597
AGENCY/ COMPANY ISSUING CARD
VALOR INDEPENDENT GROUP LIMITED
111 N 4TH ST
EASTON, PA 18042
(800) 419-0849
INSURED
CARDENAS ENTERPRISE LLC
864 CHERRY ST,
NORRISTOWN, PA 19401

SEE IMPORTANT NOTICE ON REVERSE SIDE

PENNSYLVANIA FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

NAIC NUMBER 37923 COMPANY ☒ COMMERCIAL ☐ PERSONAL
GEICO Marine Insurance Company
POLICY NUMBER 9300179728-00 EFFECTIVE DATE 07-15-2025 NOT VALID MORE THAN ONE (1)
YEAR MAKE/MODEL 2003 East Bulk Commodity Trailer VEHICLE IDENTIFICATION NUMBER
1E1V1Y3863BH32475
AGENCY/ COMPANY ISSUING CARD
VALOR INDEPENDENT GROUP LIMITED
111 N 4TH ST
EASTON, PA 18042
(800) 419-0849
INSURED
CARDENAS ENTERPRISE LLC
864 CHERRY ST,
NORRISTOWN, PA 19401

SEE IMPORTANT NOTICE ON REVERSE SIDE

128609855 00000043 00000013/00000084 00003781/00004446

128609855 00000043 00000013/00000084 00003781/00004446

4004019300179728370300003781



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/15/2025

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 John JT Tsiouvaras Insurance Agency LLC 308 E State St Coopersburg PA 18036		CONTACT NAME: John JT Tsiouvaras PHONE (A/C, No, Ext): 484-895-9000 E-MAIL ADDRESS: jtsiouvaras@valoragent.com FAX (A/C, No): 484-727-9000	
INSURED CARDENAS ENTERPRISE LLC 864 CHERRY ST NORRISTOWN PA 19401		INSURER(S) AFFORDING COVERAGE INSURER A: Geico Marine Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 37923	

COVERAGES**CERTIFICATE NUMBER:** 4632**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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	X		9300179728	07/15/2025	01/15/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ Limit/Ded 1,000

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

Subject to terms and conditions of the policy.

CANCELLATION

CERTIFICATE HOLDER	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 <i>Laura J Marcheski</i>

Specific Actions to be taken at spill scene are:

- A. **Containment** - The critical problem is to prevent the escape of any spilled liquid or solid into the ground or into a storm or sanitary sewer. A barrier must be erected immediately to prevent escape of spilled materials/waste liquids, using whatever material is at hand, even a dirt curb to prevent spreading of the spill. Containment of solids will be dependent on wind and weather conditions. Use all spill kit material as needed. Simultaneously, the source of the spill or leak must be located and controlled (drum plugged or taped) or placed in an over-pack.

The possibility of evacuation should be considered in the event of a major spill that could cause serious injury to human life or where a continuing exposure could be harmful to health. Major concerns involve ignitable wastes that may catch fire and possibly explode or generate toxic fumes. If fire threatens or actually occurs, personnel should be evacuated a distance of at least a half mile as recommended by the Emergency Response Guidebook. If no fire threatens, and no container(s) have ruptured, a distance of 50 to 100 feet should suffice.

If shipping description is known (refer to manifest) find the name in your Emergency Response Guidebook in the blue pages and turn to the corresponding guide number (orange top page - last 1/5 of book). If the shipping description is known check the placard on the vehicle for a "UN" or "NA" number, look up the number in the Yellow Pages and refer to the corresponding guide number, or contact the generator of the waste for safety data.

- B. With containment effected and the spillage source controlled, clean-up is the next step. If the spill is contained on an impervious paved surface, material should be absorbed onto a compatible material (e.g. sand diatomaceous earth). Any of a number of commercial absorbent inert materials may be used, but make sure they are compatible with the waste and will not cause a reaction. If the spillage has reached earth, all contaminated dirt should be collected into drums or bags for disposal at an EPA approved site.

If any spilled waste has reached the ground, the contaminated soil will be removed. The extent of contamination will be determined by sampling the spill area.

A qualified lab will analyze the sample. Sampling Techniques, chain-of custody requirements and analytical methods will follow approved procedures such as those outlined in SW-846. Any soil exhibiting contamination above the local background level will be removed to an appropriate permitted disposal site.

In addition to contaminated adsorbents, dirt or the like as noted above, damaged containers also present a disposal problem; special "recovery drums" will be used for containing damaged 55 gal. drums. Disposal will be at an approved site.

IV. Follow-up Procedures: Two steps remain once the immediate emergency aspects of a spill have been taken care of:

- A. **Decontamination** - A truck or trailer exposed to a spill or leak will be decontaminated at the site in order to prevent any further release to the extent that it can be transported (or move under its own power) to an authorized facility capable of further decontamination if necessary.
- B. Equipment will be decontaminated in the following manner: Each item used will be placed in an open head container and thoroughly rinsed with a compatible solvent or cleaning compound. The residue or wash water will then be drained into a tight head container, sealed, and disposed of in accordance with Federal and State Regulations at an authorized disposal site.
- C. **Clothing** - Contaminated clothing will be placed with the clean up residue and disposed of in accordance with Federal and State Regulations at an authorized disposal site. If clothing is reusable, then it will be decontaminated properly and the residue added to the other waste.
- D. **Notification** - The Department of Transportation, Director of Hazardous Materials Registration, Material and Transportation Bureau, Washington, DC 20590 will be notified, in writing, of the occurrence and nature of the incident and a copy will be submitted to the Alabama Department of Environmental Management, 1751 Cong. W.L. Dickinson Drive, Montgomery, Alabama 36130.

Emergency Response Agency Reporting

- A. The Emergency Coordinator or the employee so designated by the EC will call the following State and Federal Agency's, reporting all necessary information needed for each Agency's requirements.

NATIONAL LEVEL

<u>U.S. National Response Center</u>	800-424-9300 (24 hours)
U.S. National Response Center	202-426-2675
Hazardous Materials/Waste Incidents	800-843-0699
U.S. Coast Guard, Mobile, Alabama	205-690-2286
U.S. Coast Guard, Gloucester, NJ	609-456-1370
U.S. Environmental Protection Agency	215-814-9016 (24 hours)
CHEMTREC	800-424-9300

STATE LEVEL - DE

DE Dept. of Natural Resources & Environmental Control	302-739-9401
DE Dept. of Natural Resources & Environmental Control	302-739-9401 (24 hours)
DE Emergency Management Agency	877-729-3362 (Outside PA)
DE Emergency Management Agency	302-659-3362
DE State Police	302-577-3010 or 911
Poison Control Center	800-722-7112
DE Fish Commission	302-739-3440

STATE LEVEL - PA

PA Dept. of Environmental Protection - Conshohocken	610-832-6000
PA Dept. of Environmental Protection - Harrisburg	717-787-4343 (24 hours)
PA Emergency Management Agency	717-651-2001 (Outside PA)
PA Emergency Management Agency	800-424-7362 (In PA - 24 hours)
PA State Police	610-269-5355 or 911
Poison Control Center, Philadelphia, PA	215-386-2100
PA Fish Commission	215-521-0662

LOCAL LEVEL - PA

Chester County Hazmat	610-344-5000
Occupational Health Center	610-738-2450
West Goshen Police Department	610-696-7400 or 911

LOCAL LEVEL - DE

New Castle County Hazmat	800-662-8802
Occupational Health Center	302-733-1950
New Castle County Police Department	302-573-2800 or 911

- B. Emergency Reporting to Permitted States.

Delaware	302-739-9401 or 911
Delaware	800-662-8802 (In-State Only, 24 hours)
Pennsylvania	717-787-4343 (24 hours)

CONTINGENCY PLAN

Purpose: In the event of a waste spill or leakage while in transit, action to be taken to protect health and prevent environmental damage.

Emergency Action

- A. Remain with vehicle and wear all protective and survival to stay away and upwind from the spill area, pointing out to them the danger involved.
- B. Attempt to contain spill. If possible, use shovels to make earthen dikes to contain or control spill from spreading, preventing leakage to storm drains or waterways.
- C. Notify Police or Fire Department of the spill giving them all information available:
 - 1) Your exact location.
 - 2) Unit numbers on vehicles involved.
 - 3) Name and classification of material spilled.
 - 4) Severity of Spill (amount).
 - 5) Any immediate dangers to life or environment.
 - 6) Action taken by yourself to reduce danger.
 - 7) Weather conditions at spill site (rain - wind).
- D. Upon Arrival of the first responders - give all necessary information to officer in charge and ask him to relieve you so you can make emergency calls.
 - 1) Call and report the following information:
 - (a) Name of person reporting the incident.
 - (b) Phone number where you can be reached.
 - (c) Date, Time, and location of the incident.
 - (d) Extent of injuries, if any.
 - (e) Mode of transportation and type of transport vehicle.
 - (f) Classification, name and quantity of hazardous materials/wastes involved, if such is available.
 - (g) Type of incident and nature of hazardous material/waste involvement and whether a continuing danger exist at the scene.
 - (h) The name and EPA identification number of the generator.
 - (i) Product shipping name, hazard class and Identification number, and packing group of each waste involved.
 - (j) Estimated quantity of material spilled.
 - (k) If possible, the extent of contamination to land, water or air.
 - (l) Also give shipping name, hazard class, and Identification number of any other material carried on unit.
 - 2) Contact Chem-Trec at 1-800-424-9300, if additional assistance is needed.
 - 3) Return to spill site to assist emergency personnel as needed.



COMMONWEALTH OF PENNSYLVANIA
Waste Transportation Safety Program
Written Authorization

1108265972

Phone No. (484)-362-3000

VIN# 1HSHXAHR07J456597

WH21108

Expires Oct 2026

CARDENAS ENTERPRISE, LLC
GREGORIO CARDENAS
864 CHERRY ST
NORRISTOWN, PA 19401-3926

**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

Davis, DaQuan (DNREC)

From: Gregorio Cardenas <cardenasenterprise@outlook.com>
Sent: Saturday, January 10, 2026 11:52 AM
To: WHStransporters
Subject: Re: Delaware Solid Waste Transporter Permit Application

Sending it now

Get [Outlook for iOS](#)

From: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> on behalf of WHStransporters <WHStransporters@delaware.gov>
Sent: Wednesday, January 7, 2026 9:50:30 AM
To: Gregorio Cardenas <cardenasenterprise@outlook.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 10:** Provide an updated Certificate of Insurance and add the **Department of Natural Resources and Environmental Control, 89 Kings Highway SW, Dover, DE 19901** as the Certificate Holder.
- **Section 10:** Please provide an MCS-90 endorsement form. The MCS-90 endorsement form policy number must match your automotive liability insurance policy number on your certificate of insurance.

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
✉ WHStransporters@delaware.gov
📍 89 Kings Hwy SW, Dover, DE 19901

 dnrec.delaware.gov



Davis, DaQuan (DNREC)

From: Gregorio Cardenas <cardenasenterprise@outlook.com>
Sent: Saturday, January 10, 2026 11:59 AM
To: WHStranporters
Subject: Mcs90
Attachments: 9300179728 - Geico Proof for MCS-90 Filing - Aug 2025.pdf

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Davis, DaQuan (DNREC)

From: Gregorio Cardenas <cardenasenterprise@outlook.com>
Sent: Saturday, January 10, 2026 12:00 PM
To: WHStranporters
Subject: Certificate of insurance
Attachments: Cardenas Enterprise LLC - Certificate of Insurance - Jan 2026.pdf

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/15/2026

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 John JT Tsiouvaras Insurance Agency LLC 308 E State St Coopersburg PA 18036	CONTACT NAME: John JT Tsiouvaras PHONE (A/C, No, Ext): 484-895-9000 E-MAIL ADDRESS: jtsiouvaras@valoragent.com FAX (A/C, No): 484-727-9000
INSURED CARDENAS ENTERPRISE LLC 864 CHERRY ST NORRISTOWN PA 19401	INSURER(S) AFFORDING COVERAGE INSURER A: Geico Marine Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 37923

COVERAGES**CERTIFICATE NUMBER:** 4632**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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	X	9300179728	01/15/2026	07/15/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	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"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
						Limit/Ded 1,000

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

Subject to terms and conditions of the policy.

CANCELLATION

CERTIFICATE HOLDER Department of Natural Resources and Environmental Control 89 Kinds Highway SW 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 <i>Laura J Marcheski</i>
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Form FMCSA Use

Date Received: _____

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 and Safety Information, Registration, Licensing, and Insurance 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 CARDENAS ENTERPRISE LLC of Pennsylvania
(Motor Carrier name) (Motor Carrier state or province)

Dated at 02:33 PM on this 29th day of August, 2025

Amending Policy Number: 9300179728-00 Effective Date: 08-30-2025

Name of Insurance Company: GEICO Marine Insurance Company

Countersigned by: _____

(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 \$ \$750,000 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: _____.

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, DC).

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

(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.

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

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

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

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

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

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

The limits of the company's liability for the amounts prescribed in this endorsement apply separately to each accident and any payment under the policy because of 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 a 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.