

RECEIPT

DATE

1/12/26

No.

635847

RECEIVED FROM

Material Delivery Service

\$ 350.00

Three hundred fifty and 00 - DOLLARS FOR RENT FOR

ACCOUNT	
PAYMENT	
BAL. DUE	

 CASH CHECK MONEY ORDER CREDIT

CARD

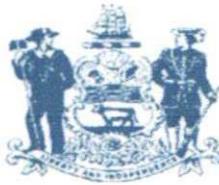
FROM

1435

TO

BY

M.M.



RECEIVED

JAN 12 2026

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- 2101 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 Material Delivery Service

Location Address:	Mailing Address:
702 Fox ct	
Atco NJ 08004	

Contact: Chris Jackson Title: OWNER

Business Phone: 609-929-0291 Fax: _____

E-mail: MDSmaterialDeliveryService@outlook.com

24 hr Emergency Contact Phone: 609-929-0291

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: N.J
 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 1

(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 2
 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 3
 No transporter permits in other states

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

DOT# 3658711 MC# 1682853

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 checked="" 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 4

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 5

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 Chris Jackson Date 1/6/24
Print Name Chris Jackson Title Owner

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



New Jersey Department of Environmental Protection
Vehicle Registration Unit
9 Ewing Street, Mail Code 09-01, PO Box 420
Trenton, NJ 08625-0420
(609) 292-7081 LRU@dep.nj.gov

Attachment 2

LICENSED SOLID WASTE
NJDEP Registered Transporter:

J&D TRUCKING INC
3526 NW BLVD,
VINELAND, NJ 08360

NJDEP Transporter Vehicle Registration Card

Expiration Date: **06/30/2027**
Decal Number: **SWL-27-020862**
Vin ID#: **1NKZXPTX2HJ133285** NJ
License Plate #: **AZ815E**
Vehicle Type: **Single Unit Vehicle**
Vehicle leased?: **Y**
If Yes, lessor's name:
MATERIAL DELIVERY SERVICE LLC
NJDEP Registered Transporter:
J&D TRUCKING INC
NJDEP #: **20936**

This card must be carried in the cab of the vehicle at all times.
This registration card & decal are valid for use only by the listed registrant.
Leased equipment can only be used to transport waste by the listed registrant.



New Jersey Department of Environmental Protection
Vehicle Registration Unit
9 Ewing Street, Mail Code 09-01, PO Box 420
Trenton, NJ 08625-0420
(609) 292-7081 LRU@dep.nj.gov

LICENSED SOLID WASTE
NJDEP Registered Transporter:

J&D TRUCKING INC
3526 NW BLVD,
VINELAND, NJ 08360

NJDEP Transporter Vehicle Registration Card

Expiration Date: **06/30/2027**
Decal Number: **SWL-27-020859**
Vin ID#: **1M2AX07C8HM032775** NJ
License Plate #: **AZ818E**
Vehicle Type: **Single Unit Vehicle**
Vehicle leased?: **Y**
If Yes, lessor's name:
MATERIAL DELIVERY SERVICE LLC
NJDEP Registered Transporter:
J&D TRUCKING INC
NJDEP #: **20936**

This card must be carried in the cab of the vehicle at all times.
This registration card & decal are valid for use only by the listed registrant.
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Trenton, NJ 08625-0420
(609) 292-7081 LRU@dep.nj.gov

LICENSED SOLID WASTE
NJDEP Registered Transporter:

J&D TRUCKING INC
3526 NW BLVD,
VINELAND, NJ 08360

NJDEP Transporter Vehicle Registration Card

Expiration Date: **06/30/2027**
Decal Number: **SWL-27-020860**
Vin ID#: **3BKDX4TX1MF442098** NJ
License Plate #: **AZ817E**
Vehicle Type: **Single Unit Vehicle**
Vehicle leased?: **Y**
If Yes, lessor's name:
MATERIAL DELIVERY SERVICE LLC
NJDEP Registered Transporter:
J&D TRUCKING INC
NJDEP #: **20936**

This card must be carried in the cab of the vehicle at all times.
This registration card & decal are valid for use only by the listed registrant.
Leased equipment can only be used to transport waste by the listed registrant.



New Jersey Department of Environmental Protection
Vehicle Registration Unit
9 Ewing Street, Mail Code 09-01, PO Box 420
Trenton, NJ 08625-0420
(609) 292-7081 LRU@dep.nj.gov

LICENSED SOLID WASTE
NJDEP Registered Transporter:

J&D TRUCKING INC
3526 NW BLVD,
VINELAND, NJ 08360

NJDEP Transporter Vehicle Registration Card

Expiration Date: **06/30/2027**
Decal Number: **SWL-27-020858**
Vin ID#: **INKZX4TX0LJ308608** NJ

License Plate #: **AZ819E**

Vehicle Type: **Single Unit Vehicle**

Vehicle leased?: **Y**

If Yes, lessor's name:

MATERIAL DELIVERY SERVICE LLC

NJDEP Registered Transporter:

J&D TRUCKING INC

NJDEP #: **20936**

This card must be carried in the cab of the vehicle at all times.
This registration card & decal are valid for use only by the listed registrant.
Leased equipment can only be used to transport waste by the listed registrant.

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). *pre trip*
 - 2). *post trip*
- (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: *Chris Jackson* Phone: *609-929-0291*
- (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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/11/2025

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 Insurance Agency Management 230 High Street P.O. Box 158 Burlington	CONTACT NAME: Donna Callihan PHONE (A/C, No. Ext.): (609) 953-2282 FAX (A/C, No.): (609) 387-5337 E-MAIL ADDRESS: dcallihan@tclrons.com
	INSURER(S) AFFORDING COVERAGE INSURER A: Obsidian Insurance Company
INSURED Material Delivery Service LLC, DBA: MDS LLC 702 Fox Court Atco	INSURER B: Lloyds of London
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES		CERTIFICATE NUMBER: CL2561156357		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	ADD'L SUBR INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A 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"/> PROJECT <input type="checkbox"/> LOC OTHER:	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	TAPX-CP-000000302-00	06/09/2025	06/09/2026	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ OTHER \$	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist \$ 75,000					
					EACH OCCURRENCE \$ 500,000						
					AGGREGATE \$ 500,000						
					OTHER \$						
					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	N / A	PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/>	E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$		
					B Automobile Physical Damage			BTUM000117-25	06/09/2025	06/09/2026	Comprehensive Ded. \$2500 Collision Ded. \$2500

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

CERTIFICATE HOLDER Delaware department of natural resources 89 Kings Highway Dover Delaware 19901	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE	

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.

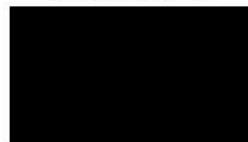
State of Delaware Dept of Natural Recourses & Environmental Control Division of Air & Waste Management

RE: Solid Waste Transporter Application

Attachment 1

List of Owners

Chris Jackson



William Durham



From: Chris Jackson <MDSmaterialdeliveryservice@outlook.com>
Sent: Monday, January 19, 2026 8:24 AM
To: WHStransporters
Subject: Re: Unapproved-Delaware Solid Waste Transporter Permit (Material Delivery Service)
Attachments: attachment 1.pdf

Sent from my iPhone

On Jan 16, 2026, at 8:35 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:

1. **Section 4(b)**- The ownership information that was submitted is missing the ownership percentages. Please update your ownership information and send it back
2. **Section 9(b)**- Do you have any other state solid waste transporter permits? If so, please provide each permit's number.
3. **Section 10**- Please provide an MCS-90 endorsement form.

1. **Section 12**- Please provide driver training or year of driving experience. 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.

4. **Section 14**-You did not provide a list of vehicle operators.

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

Thank you,

DaQuan Davis

<image001.png>

DaQuan L. Davis

Environmental Scientist

**Division of Waste and Hazardous
Substances**

<image002.png>

302-739-9403

<image003.png>

WHSTransporters@delaware.gov

<image004.png>

89 Kings Hwy SW, Dover, DE 19901

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dnrec.delaware.gov

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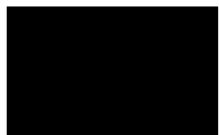
Section 4B

State of Delaware Dept of Natural Recourses & Environmental Control Division of Air & Waste Management

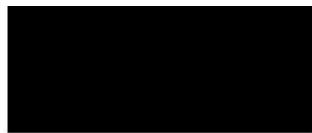
RE: Solid Waste Transporter Application

Attachment 1

List of Owners Chris Jackson



William Durham



List of Stockholders Christopher Jackson 50%

William Durham 50%

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT
**MUNICIPAL & RESIDUAL WASTE TRANSPORTER
AUTHORIZATION APPLICATION**

PART A - GENERAL APPLICATION INFORMATION**APPLICATION TYPE:** Renewal**APPLICANT INFORMATION**

WH Number: WH24490

Employer ID#: 86-3352670

US DOT #: 3658711

Applicant Name:

MATERIAL DELIVERY SVC LLC

Legal Name:

Business Street Address:

US

Highest Ranking Corporate
Official:

CHRISTOPHER J. JACKSON

Title:

LLC MEMBER

Telephone:

[REDACTED]

Extension:

Fax:

Cell Phone:

Primary Email Address:

[REDACTED]

Additional Email:

Applicant Type Code: Limited Liability Company

PART B - FLEET INFORMATION**CHRISTOPHER JACKSON, 702 FOX CT, ATCO, NJ 08004**

Vehicle Identification Number (VIN)	Gross Vehicle Weight	Vehicle Type	Amount
New 1NKZX4TX0LJ308608	80000	TK	100
New 1NKZX4TX7LJ308573	80000	TK	100
New 3BKDX4TX1MF442098	80000	TK	100

PART C - INSURANCE INFORMATION

Insurance Company Name	Self Insured	Policy No.	Effective Date	Expire Date
PRIME PROPERTY	N	PC24060698	06/09/2024	06/09/2025

PART E1 - COMPLIANCE HISTORY - PERMITS & LICENSE ACTIONS**MATERIAL DELIVERY SVC LLC, ATCO, NJ**

I have NOT had permits or licenses for environmental activities that have been Denied, Suspended or Revoked by any state or federal agency in the past five (5) years.

PART E2 - COMPLIANCE HISTORY - ENFORCEMENT ACTIONS**MATERIAL DELIVERY SVC LLC, ATCO, NJ**

I have NOT had any environmental enforcement actions against me in the past five (5) years.

PART E3 - COMPLIANCE HISTORY - ENVIRONMENTAL CRIMES

Section 10

FORM MCS-90

OMB No.: 2126-0008 Expiration: 06/30/2027

For FMCSA Use Date Received: 06/06/2025

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 Material Delivery Service LLC MCS-90 of 702 Fox Court, Atco, NJ 08004

(Motor Carrier name)

(Motor Carrier state or province)

(USDOT Number)

Dated at Savannah, GA on this 12 day of June 2025

Amending Policy Number: TAPX-CP-000000302-00 Effective Date: Monday, June 9, 2025

Name of Insurance Company: Obsidian Specialty Insurance Company

Countersigned by:

[Signature] *[Signature]*
(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.
 underlying limit of \$ 750,000 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: 800-684-5428

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 <https://www.fmcsa.dot.gov/registration>.

(continued on next page)

SCHEDULE OF LIMITS - PUBLIC LIABILITY

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.

SECTION 12

ALL DRIVER HOLD CDL CLASS B LICENSE

DRIVER ABSTRACTS ARE RAN ON A YEARLY BASIS

REGISTERED WITH CLEARING HOUSE

DRIVERS ARE REQUIRED YEARLY TO READ SPILL PLAN AND COMPANY PROCEDURES.

Section 12

VEHICLE MAINTENANCE AND INSPECTIONS

Pre-Trip & Post-Trip Inspections

Each driver, prior to departure, is to complete a Pre-Trip inspection report. Pre-Trip inspection forms and a driver's checklist are completed daily and maintained in MDS files.

Maintenance Schedule

Below is a tentative schedule for preventive vehicle maintenance. In the event that there may arise a problem between scheduled maintenance, the DRIVER is instructed to contact the yard as soon as possible to have the problem corrected.

Pickup Trucks: Given complete service every 30 days.

Tractors: Given an inspection daily, a complete service, including changing of filters every 30 days. They are also given a grease and lube job every two weeks along with a brake check daily.

Trailers: Given an inspection daily, a grease and lube job every two weeks along with a brake check daily.

All repair bills are kept on file for each vehicle at J & D's office. Any other repairs are made from Pre-Trip and Post-Trip reports and daily checklists as required.

Driver's Checklist of Tractor-Trailer Equipment

Tractor and trailer:

- Apply parking brake, start engine and observe the following:
 - Oil Pressure (light or gauge)
 - Air Pressure of Vacuum (gauge)
 - Low Air or Vacuum Warning Devices
 - Instrument Panel (telltale lights, etc.)
 - Horn
 - Windshield Wipers and Washer
 - Heater/Defroster
 - Mirrors
 - Steering Wheel (excess play)
 - Trailer Brakes
 - Fire Extinguisher and Warning Devices
- Check all tires for inflation and to ensure that they are in good condition. Also inspect lug nuts to ensure tightness.
- Check all lights, signals, flashers, and reflectors to ensure that they are in working order.
- Check that the required emergency response equipment is in place.
- On combinations, check all hoses and couplers, electrical connectors, coupling devices (e.g fifth wheel, tow bars, etc.), safety chains.

- For hazardous material/waste/substance shipments, check all placards, and ensure that the correct shipping papers are located within the vehicle.

ROUTINE DECONTAMINATION PROCEDURES

All equipment shall be tested and maintained as necessary to ensure it's proper operation for use in time of an emergency. After an emergency, all equipment shall be decontaminated, cleaned, and made suitable for use during future emergency situations.

The decontamination procedures usually occur at the transporter's site location or at the destination facility. Decontamination is usually performed through the use of steam cleaning equipment. Decontamination will be performed whenever consecutive shipments of materials which are incompatible are transported, or whenever it becomes a hazard to the vehicle, driver, or the general public.

Once the load of hazardous waste has been transported and unloaded at an authorized disposal facility, the following decontamination procedures shall be followed prior to departing the facility:

- A. Tanks, portable tanks, roll-off containers or other authorized containers designed for reuse in transportation of a hazardous waste shall be cleaned of all residue of the of the previous load before leaving the disposal facility.
- B. The residuals and rinseate from the decontamination process of emergency equipment or vehicles will be collected and disposed of in accordance with State and Federal Regulations.
- C. In case the transport vehicle must travel on public highways before decontamination, the placards (if required) shall remain in place and a copy of the manifest describing the wastes must remain in the vehicle.

EMPLOYEE TRAINING PROGRAM (FOR EMERGENCIES)

The company's EMERGENCY RESPONSE COORDINATORS will monitor the in-house training and instruction of personnel with regard to the various emergency/contingency planning issues. Currently, outside driver training programs, consistent with DOT requirements, are supplemented by periodic meetings conducted by the company covering such topics as:

1. The proper use of equipment;
2. General maintenance of this equipment;
3. Inspection and reporting procedures;
4. Contingency plan implementation;
5. Knowledge of materials to be transported;
6. The proper use of safety and personal protective equipment;
7. Spill prevention practices and procedures;
8. Spill response procedures;
9. The health and safety hazards associated with handling hazardous materials;
10. Compliance with all applicable regulations pertaining to hazardous waste facilities and transportation.

Section 14

DRIVERS	DOB	STATE	LICENSE NUMBER
[REDACTED]		NJ	[REDACTED]
[REDACTED]		NJ	[REDACTED]