

RECEIPT

DATE

2/2/26

No.

635853

RECEIVED FROM

G. J. Scott

\$

350.00

Three hundred fifty and ⁰⁰/₁₀₀

DOLLARS

☐ FOR RENT☒ FOR

New DE-SW-2185

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY
ORDER☐ CREDIT
CARD

FROM

2153

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

FEB 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- _____ Expiration Date _____

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

SCRAP TIRES ONLY

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

ALL OTHERS

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

2. Release to Public

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

3. Company Information

Company Name G.J. Scott, L.L.C.

Location Address:	Mailing Address:
<u>24 Innsbruck Drive</u>	<u>24 Innsbruck Drive</u>
<u>Erial, NJ 08081</u>	<u>Erial, NJ 08081</u>

Contact: Gary Scott Title: Managing Member

Business Phone: 609-381-9891 Fax: _____

E-mail: gjstrucking@hotmail.com

24 hr Emergency Contact Phone: 609-381-9891

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: NJ
☐ 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

G.J. Scott, LLC Members

Name: Gary J. Scott

Title: Managing Member

Mailing Address: 24 Innsbruck Drive, Erial, NJ 08081



% of Ownership: 99

Name: Lizabeth G. Scott

Title: Member

Mailing Address: 24 Innsbruck Drive, Erial, NJ 08081

Date of Birth



% of Ownership: 1

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) FILL DIRT
☐ 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# 480096 MC# 863440

- ☐ 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

**This Certificate is
Non-Transferable**



State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Division of Solid & Hazardous Waste

401 E. State Street

P.O. Box 420, Mail Code 401-02C

Trenton, New Jersey 08625

Tel: (609) 984-4250

Fax: (609) 777-1951

www.state.nj.us/dep/dshw

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

CATHERINE R. McCABE
Commissioner

CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

HEREBY ISSUED TO: G.J. SCOTT, L.L.C.

STREET ADDRESS

24 INNSBRUCK DRIVE

ERIAL, NEW JERSEY 08081

MAILING ADDRESS

24 INNSBRUCK DRIVE

ERIAL, NEW JERSEY 08081

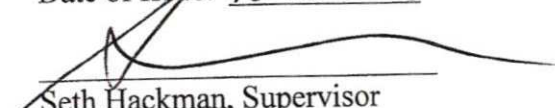
SW NUMBER: SW3414

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

The authority granted shall not exceed that requested in Docket No. **CF2018-042**

IT IS MADE A CONDITION OF THIS CERTIFICATE THAT THE HOLDER SHALL OPERATE
IN COMPLIANCE WITH THE AUTHORITY HEREIN GRANTED UNDER THE PROVISIONS
OF N.J.S.A. 48:13A-1 ET SEQ. AND N.J.S.A. 13:1E-1 ET SEQ. FAILURE TO DO SO SHALL
CONSTITUTE SUFFICIENT GROUNDS FOR SUSPENSION OR REVOCATION PURSUANT
TO N.J.S.A. 48:13A-9 ET SEQ.

Date of Issue: 10-16-2018


Seth Hackman, Supervisor
Bureau of Planning & Licensing

G. J. Scott, LLC List of Solid Waste Transporter Permits

A901 License # 005399 SW3414



GJSCOTT-01

CMCAULIFFE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/16/2026

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 License # 8041621 Rue Insurance 3812 Quakerbridge Road Hamilton, NJ 08619		CONTACT NAME: Catherine McAuliffe PHONE (A/C, No, Ext): (609) 586-3900 236 FAX (A/C, No): E-MAIL ADDRESS: cmcauliffe@rueinsurance.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Star Insurance Company	
		INSURER B: New Jersey Manufacturers Ins.	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSURED

G. J. Scott, L.L.C. / G J Construction, LLC
24 Innsbruck Drive
Erial, NJ 08081

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL 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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: LTD JOBSITE POL			CP0272360	7/1/2025	7/1/2026	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
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			CA0272360	7/1/2025	7/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UM0272360	7/1/2025	7/1/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	1056986	7/1/2025	7/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER

Dept of Natural Resources & Environmental Control
Compliance and Permitting Section
89 Kings Highway
Dover, DE 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

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

	FOR-HIRE INTERSTATE	ALL OTHERS
Residential Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Industrial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Dry Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Ash	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Infectious Waste	\$1,000,000.00 + MCS-90 <input type="checkbox"/>	\$750,000.00 + MCS-90 <input type="checkbox"/>
Non-Hazardous Petroleum Contaminated Soils	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Asbestos	\$1,000,000.00 + MCS-90 <input type="checkbox"/> (For Hire & Private)	\$350,000.00 <input type="checkbox"/>
Scrap Tires Only	\$350,000.00 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>

11. Spill Control and Safety

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

Spill Control Plan: Attachment ✓

12. Driver Training

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

- 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 ✓

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). See Spill Control Plan (attached) for additional equipment

(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). LOAD INSPECTION
- 2). TARP - MUD LOCKS ON TAILGATE

(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: GARY SWIT Phone: 609-381-9891

(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.

G. J. Scott, L.L.C.

Spill Control Plan

1. Purpose

To prevent, control, and respond effectively to spills of fuel, hydraulic fluid, lubricants, or transported materials from dump trucks, minimizing environmental impact, safety hazards, and operational downtime.

2. Scope

Applies to all company-owned or operated dump trucks during loading, transport, unloading, and maintenance activities.

3. Spill Prevention Measures

- **Pre-Trip Inspections:**

- Check hydraulic lines, fuel tanks, and hoses for leaks or wear.
- Ensure tailgates and tarps are secure to prevent material loss.

- **Safe Loading Practices:**

- Avoid overfilling to prevent spillage during transit.
- Use designated loading areas with spill containment features.

- **Maintenance:**

- Perform regular servicing to prevent mechanical failures that could cause leaks.
- Replace worn seals, hoses, and fittings promptly.

G. J. Scott, L.L.C.

Spill Control Plan

4. Spill Response Procedures

If a spill occurs:

1. Stop the Source

- Shut off the engine if safe.
- Close valves or plug leaks using spill kit materials.

2. Contain the Spill

- Deploy absorbent pads, booms, or sand to prevent spread.
- Block storm drains with spill socks or barriers.

3. Notify

- Inform the company owner immediately: Gary Scott 609-381-9891. The company owner will contact environmental authorities if required by law: Republic Services. The company owner will contact external communication: Delaware Reporting Numbers: 1-800-662-8802 and 302-739-9401

4. Clean Up

- Environmental Clean Up will be handled by the company that the owner contacted.
- Use absorbents for liquids; sweep and collect solid materials.
- Dispose of contaminated materials in approved containers.

5. Report & Document

- Complete an incident report with details of cause, response, and corrective actions.

G. J. Scott, L.L.C.

Spill Control Plan

5. Spill Kit Requirements

Each dump truck must carry:

- Absorbent pads and socks
- Shovel and broom
- Heavy-duty disposal bags
- Nitrile gloves and safety goggles
- Drain covers or mats

6. Training

- All drivers will receive annual spill prevention and response training.
- Refresher drills every 6 months.

7. Recordkeeping

- Maintain inspection logs, spill reports, and training records for at least 3 years.

If you'd like, I can also create a **quick one-page laminated "Spill Response Card"** for drivers to keep in their trucks so they can act fast without flipping through a manual. That would make this plan more field-friendly.

Do you want me to prepare that quick-reference version?

G. J. Scott, L.L.C.
Driver Training Summary

G. J. Scott, L.L.C. has been in business since 1979. All drivers have a CDL, Class A & B and a minimum of five years experience.

All drivers receive the following training:

Preventative Measures: Address hazards like struck-by, tip-over, and falls. Conduct inspections before and during shifts to identify potential hazards.

Load Management: Ensure loads are balanced and evenly distributed to prevent tipping. Avoid overloading and always dump on stable, level ground.

Driving Techniques: Use mirrors to monitor surroundings and adjust them before starting. Maintain safe speed and avoid sudden braking. Stay inside cab while dumping.

Site Layout: Organize the dump site to minimize risks. Ensure proper clearance from overhead power lines and other obstructions.

Emergency Preparedness: Know how to react to emergencies, such as brake failures, and be aware of the risks associated with dump truck operations.

Our drivers also receive training provided by our insurance company for Defensive and Safe Driving. The last training session was held on June 10, 2025.

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 Gary J Scott Date 1/21/26
Print Name GARY J SCOTT Title Managing Member

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

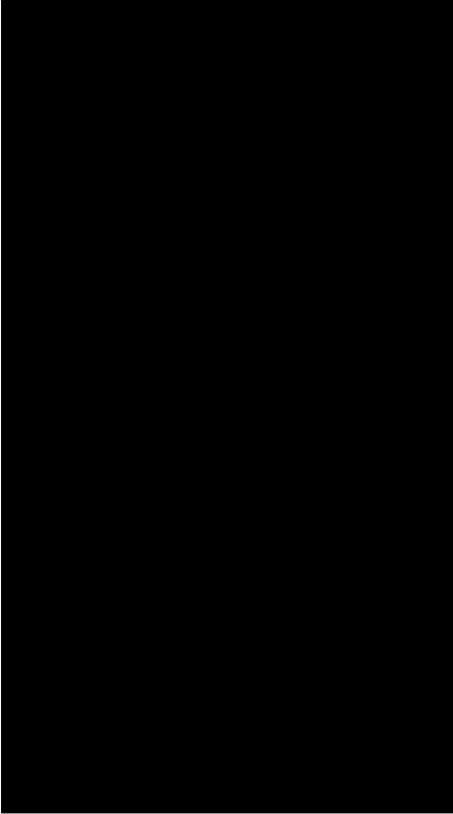
VEHICLE INFORMATION

G.J. SCOTT, L.L.C..

MAKE - MODEL- YEAR	TYPE	VIN #	LICENSE PLATE	MFGR'S GVWR	OWNERSHIP	Truck #
Mack - GU7 - 2016	Dump Truck	1M2AX07C8GM030846	AS672T - NJ	80000	Owned	14
Mack - GU713 - 2017	Dump Truck	1M2AX07C7HM035036	AT639K - NJ	80000	Owned	16
Mack - GU713 - 2017	Dump Truck	1M2AX07C5HM035035	AT640K - NJ	80000	Owned	17
Mack - GU713 - 2018	Dump Truck	1M2AX09C0JM037665	AT982W - NJ	80000	Owned	20
Mack - GR64FR - 2019	Dump Truck	1M2GR4GC0KM003161	AU934S - NJ	80000	Owned	22
Mack - GR64F - 2020	Dump Truck	1M2GR3GC0LM011983	AW814H - NJ	80000	Owned	24
Mack - GR64F - 2021	Dump Truck	1M2GR4GC9MM021368	AW879P - NJ	80000	Owned	25
Mack - GR64F - 2022	Dump Truck	1M2GRC4GC8NM025302	AX710A - NJ	80000	Owned	28
Mack - GR64F - 2023	Dump Truck	1M2GR4GC7PM033989	AY441H - NJ	80000	Owned	32
Mack - GR64F - 2025	Dump Truck	1M2GR4GC6SM048167	AZ246R - NJ	80000	Owned	34
Mack - GR64F - 2026	Dump Truck	1M2GR4GC6TM055007	F114AA - NJ	80000	Owned	35

GJ SCOTT, L.L.C.

CDL DRIVERS



Davis, DaQuan (DNREC)

From: Carrie Savvas <carriegjscott@gmail.com>
Sent: Friday, February 6, 2026 12:13 PM
To: WHStranporters
Cc: Gary Scott
Subject: Re: Delaware Solid Waste Transporter Permit
Attachments: Insurance MCS-90.pdf

Follow Up Flag: Follow up
Flag Status: Completed

Good morning, DaQuan,

Gary forwarded your email to me.

For Section 7(a), we only need to be permitted for soils.

For Section 10, I've attached insurance information for the MCS-90.

Please let me know if you have any questions or need any additional information.

Thank you so much for your help! Have a great weekend!

Carrie Savvas
GJ Scott, LLC
O. 856.784.6406
F. 856.344.2316

On Tue, Feb 3, 2026 at 4:43 PM Gary Scott <gjstrucking@hotmail.com> wrote:
Ok Thank you You'll have it tomorrow morning
Sent from my iPhone

On Feb 3, 2026, at 4:41 PM, Gary Scott <gjstrucking@hotmail.com> wrote:

Sent from my iPhone

Begin forwarded message:

From: WHStranporters <WHStranporters@delaware.gov>
Date: February 3, 2026 at 4:02:38 PM EST
To: GJSTRUCKING@hotmail.com
Subject: Delaware Solid Waste Transporter Permit

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 7(a)**- You checked that G.J. Scott will be disposing of waste at Clean New Castle Castle (CENC), but they only take soils, and your application has dry waste. Do you want to be permitted for just soils?
- **Section 10**- Please provide an MCS-90 endorsement form with the auto policy number CA0272360.

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>

WHStranporters@delaware.gov

<image004.png>

89 Kings Hwy SW, Dover, DE 19901

<image005.png>
dnrec.delaware.gov

<image006.png>

<image007.png>

<image008.png>

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES

Policy Change
Number 2

POLICY NUMBER CA 0272360	POLICY CHANGES EFFECTIVE 02/05/2026	COMPANY STAR INSURANCE COMPANY - ASIC
NAMED INSURED G. J. Scott, LLC, G.J. Construction, LLC 24 Innsbruck Drive Erial, NJ 08081		AUTHORIZED REPRESENTATIVE Rue Insurance 3812 Quakerbridge Road Trenton, NJ 08619-1004
COVERAGE PARTS AFFECTED BUSINESS AUTO		
<p style="text-align: center;">CHANGES</p> <p>The policy is amended to include Form MCS-90 (Motor Carrier Policies of Insurance For Public Liability Under Sections 29 and 30 of the Motor Carrier Act of 1980) as per the attached.</p>		

Authorized Representative Signature

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GJSCOTT-01

CMCAULIFFE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/5/2026

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 License # 8041621

Rue Insurance
3812 Quakerbridge Road
Hamilton, NJ 08619

CONTACT NAME: Catherine McAuliffe

PHONE (A/C, No, Ext): (609) 586-3900 236

FAX (A/C, No):

E-MAIL ADDRESS: cmcauliffe@rueinsurance.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Star Insurance Company

18023

INSURER B: New Jersey Manufacturers Ins.

12122

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

G. J. Scott, L.L.C. / G J Construction, LLC
24 Innsbruck Drive
Erial, NJ 08081

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER LTD JOBSITE POL		CP0272360	7/1/2025	7/1/2026	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
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		CA0272360	7/1/2025	7/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		UM0272360	7/1/2025	7/1/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NJ) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	1056986	7/1/2025	7/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER

Dept of Natural Resources & Environmental Control
Compliance and Permitting Section
89 Kings Highway
Dover, DE 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

ACORD 25 (2016/03)

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