

RECEIPT

DATE

2/2/26

No.

635855

RECEIVED FROM

Land-Tech Enterprises, Inc.

\$

350.00

Three hundred fifty and $\frac{00}{100}$

DOLLARS

☐ FOR RENT☒ FOR

New DE-SW-2187

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY
ORDER☐ CREDIT
CARD

FROM

97229

TO

BY

M.M.



1/30/2026

Additional Information for:

Delaware Solid Waste Transporter Permit

Section 1: Please Mail a check fro \$350 payable to the State of Delaware **To Be Mailed**

Section 10: Provide an updated Certificate of Insurance & add Department of
Natural Resources & Environmental Control to certificate holders **See Attached**

Section 13: Are all company vehicle registered in the state of PA? **Yes**

Section 14: List of Vehicle Drivers/Oporators **See Attached**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/28/2026

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
Lechner & Stauffer, Inc.
P.O. Box 26
Pennsburg PA 18073

CONTACT
NAME: Arielle Scheidler
PHONE (A/C, No, Ext): 267-923-3343 FAX (A/C, No): 215-679-4348
E-MAIL ADDRESS: scheidler.a@lechnerstauffer.com

License#: 0727475
LANDTEC-01

INSURED
Land-Tech Enterprises, Inc
PO Box 420
Warrington PA 18976

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Selective Ins. Co of SC	19259
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 750368182

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:		S 2736092	12/31/2025	12/31/2026	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMPIOP AGG \$ 4,000,000 \$
A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY		S 2736092	12/31/2025	12/31/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ RETENTION \$ 0		S 2736092	12/31/2025	12/31/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	☒ 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 N/A	WC 9150839	12/31/2025	12/31/2026	☒ PER STATUTE ☐ 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

Department of Natural Resources & Environmental Control
89 Kings Highway SW
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

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[illegible]



1/30/2026

Additional Information for:

Delaware Solid Waste Transporter Permit

Section 1: Please Mail a check fro \$350 payable to the State of Delaware **To Be Mailed**

Section 10: Provide an updated Certificate of Insurance & add Department of
Natural Resources & Environmental Control to certificate holders **See Attached**

Section 13: Are all company vehicle registered in the state of PA? **Yes**

Section 14: List of Vehicle Drivers/Oporators **See Attached**



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PRODUCER Lechner & Stauffer, Inc. P.O. Box 26 Pennsburg PA 18073	CONTACT NAME: Arielle Scheidler PHONE (A/C, No, Ext): 267-923-3343 E-MAIL: scheidler_a@lechnerstauffer.com ADDRESS: _____ FAX (A/C, No): 215-679-4348
License#: 0727475 LANDTEC-01	INSURER(S) AFFORDING COVERAGE INSURER A: Selective Ins. Co of SC INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____
INSURED Land-Tech Enterprises, Inc PO Box 420 Warrington PA 18976	NAIC # 19259

COVERAGES

CERTIFICATE NUMBER: 750368182

REVISION NUMBER:

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

CERTIFICATE HOLDER**CANCELLATION**

Department of Natural Resources & Environmental Control
89 Kings 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

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DRIVER'S NAME	LICENSE #	STATE	D/O/B	SEX
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Davis, DaQuan (DNREC)

From: Carter Denner <cdenner@landtechenterprises.com>
Sent: Friday, January 30, 2026 12:42 PM
To: WHStranporters; Davis, DaQuan (DNREC)
Subject: RE: Delaware Solid Waste Transporter Permit
Attachments: Delaware Solid Waste Transporter Permit - Additional Information.pdf

We will get that check mailed out then.

Here is the other additional information needed.

If there is anything else you may need, please let me know.

Thank you.

From: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> **On Behalf Of** WHStranporters
Sent: Friday, January 30, 2026 12:27 PM
To: Carter Denner <cdenner@landtechenterprises.com>
Subject: RE: Delaware Solid Waste Transporter Permit

You don't often get email from whstranporters@delaware.gov. [Learn why this is important](#)

The check is for the STATE OF DELAWARE, and yes, the address is 89 Kings Highway SW, Dover, DE 19901.



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

☎ 302-739-9403

✉ WHStranporters@delaware.gov

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 dnrec.delaware.gov



From: Carter Denner <cdenner@landtechenterprises.com>
Sent: Friday, January 30, 2026 12:24 PM
To: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov>
Subject: Delaware Solid Waste Transporter Permit

DaQuan,

Good afternoon, I just have a quick question regarding who this check needs to be made out to for this Delaware Solid Waste Transporter Permit. In the email sent to us it just says to mail a check to the state of Delaware. Can you just clarify the address that this check needs to go to. I would assume that it is the 89 Kings Highway SW, Dover, DE 19901. But can you just clarify this before we send this check out.

Get back to me as soon as you can, please.

Thank you!

Carter Denner
Land-Tech Enterprises, Inc.
3084B Bristol Road
Warrington PA 18976
Cell: 267.337.1017
Fax: 215.491.1471
cdenner@landtechenterprises.com
www.landtechenterprises.com



Davis, DaQuan (DNREC)

From: Davis, DaQuan (DNREC) on behalf of WHStranporters
Sent: Thursday, January 22, 2026 1:54 PM
To: 'mstein@landtechenterprises.com'
Subject: RE: Delaware Solid Waste Transporter Permit

Categories: Egress Switch: Unprotected

Hello,

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

- **Section 1-** Please mail a check for \$350.00 payable to the State of Delaware.
- **Section 10-** Provide an updated Certificate of Insurance and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section. The address is 89 Kings Highway SW, Dover, DE 19901.
- **Section 13:** Are all company vehicles registered in PA?
- **Section 14-** You did not provide a list of vehicle operators/drivers.

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

Thank you,

DaQuan Davis



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

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



From: Davis, DaQuan (DNREC) On Behalf Of WHStranporters
Sent: Thursday, December 18, 2025 11:18 AM
To: mstein@landtechenterprises.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 1-** Please mail a check for \$350.00 payable to the State of Delaware.
- **Section 10-** Provide an updated Certificate of Insurance and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section. The address is 89 Kings Highway SW, Dover, DE 19901.
- **Section 13:** Are all company vehicles registered in PA?
- **Section 14-** You did not provide a list of vehicle operators/drivers.

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: Davis, DaQuan (DNREC) on behalf of WHStranporters
Sent: Thursday, December 11, 2025 1:58 PM
To: 'Mark Stein'
Cc: Jackie LaCross; Shane Stein
Subject: RE: Delaware Returned Receipts & Complete Waste Haulers Permit

Categories: Egress Switch: Unprotected

Hello,

Please send the application to the following address:

89 Kings Hwy SW,
Dover, DE 19901.

Thank you!



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

☎ 302-739-9403

✉ WHStranporters@delaware.gov

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 dnrec.delaware.gov



From: Mark Stein <mstein@landtechenterprises.com>
Sent: Tuesday, December 9, 2025 5:07 PM
To: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov>
Cc: Jackie LaCross <jlacross@landtechenterprises.com>; Shane Stein <sstein@landtechenterprises.com>
Subject: FW: Delaware Returned Receipts & Complete Waste Haulers Permit

Daquan,

Please let me know where to mail this original with the payment.

Thank you

Mark C. Stein
Land-Tech Enterprises, Inc.
3084B Bristol Road
Warrington, PA 18976
PH. 215.491.1470 x 100
Fax. 215.491.1471
Cell. 215.416.4224
mstein@landtechenterprises.com
www.landtechenterprises.com



From: Carter Denner <cdenner@landtechenterprises.com>
Sent: Tuesday, December 9, 2025 4:53 PM
To: Mark Stein <mstein@landtechenterprises.com>
Subject: Delaware Returned Receipts & Complete Waste Haulers Permit

Here is the completed Delaware Solid Waste Haulers Permit & The Returned Receipts for the Violation.

Submit to:
DaQuan L. Davis
Delaware Department of Natural Resources & Environmental Control
daquan.davis@delaware.gov

Carter Denner
Land-Tech Enterprises, Inc.
3084B Bristol Road
Warrington PA 18976
Fax. 215.491.1471
cdenner@landtechenterprises.com





RECEIVED

DEC 15 2025

DNREC - WHS

December 11, 2025
Delaware Department of Natural Resources & Environmental Control
89 Kings Highway
Dover, DE 19901

Attn: DaQuan L. Davis

Delaware Solid Waste Haulers Permit
Notice of Violation #: 25-SW-33

VIA Federal Express

Dear, Mr. DeQuan L. Davis

Attached with this cover letter, are the original cited requirements in accordance with violation number 25-SW-33 dated November 24, 2025. As well as the original documents for the Delaware Solid Waste Haulers Permit. Should you need any additional documents, please reach out to mstein@landtechenterprises.com or (215) 491-1470.

Sincerely,
Land-Tech Enterprises, Inc.

Signature: Mark Stein

000000

0000 - 0000



STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL
CONTROL

DIVISION OF WASTE AND HAZARDOUS SUBSTANCES

COMPLIANCE &
PERMITTING

89 KINGS HIGHWAY
DOVER, DE 19901

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

November 24, 2025

Certified Mail
Return Receipt Requested
9589 0710 5270 3420 2325 08

**NOTICE OF VIOLATION
25-SW-33**

Land-Tech Enterprises, Inc.
3084B Bristol Road
Warrington, PA 18976-1411

Subject: Notice of Violation, Operating Without a Valid Delaware Solid
Waste Transporter Permit

The Delaware Department of Natural Resources and Environmental Control (DNREC), Compliance and Permitting Section, has discovered that on April 1, 2025, Land-Tech Enterprises, Inc. transported scrap tires to Scrap Tire Solution, LLC, a Delaware permitted solid waste facility located at 195 Hay Road, Wilmington, Delaware. At the time of transport, Land-Tech Enterprises, Inc. did not possess the necessary Delaware permit to transport scrap tires, which are considered solid waste in the state of Delaware, within the state.

As a result of the information learned, Land-Tech Enterprises, Inc. is notified in accordance with 7 Del.C. §6019, that it is found in violation of the statutory and regulatory requirements of 7 Del C. Chapter 60 and 7 DE Admin. Code 1301, Delaware's "Regulations Governing Solid Waste" (DRGSW), including but not limited to the following:

7 Del.C. §6003(a)(4), states in part:

"No person shall, without first having obtained a permit from the Secretary, undertake any activity: ...

(4) In a way which may cause or contribute to the collection, transportation, storage, processing, or disposal of solid wastes, regardless of the geographic origin or source of such solid wastes..."

And **DRGSW Section 7.1.1**, states:

"7.1.1. No person shall transport solid waste, without first having obtained a permit from the Department, unless specifically exempted by these Regulations."

By transporting scrap tires in the state of Delaware without the required Delaware solid waste transporter permit, Land-Tech Enterprises, Inc. violated 7 Del.C. §6003(a)(4) and DRGSW Section 7.1.1.

Upon receipt of this Notice, Land-Tech Enterprises, Inc. must immediately comply with the above-cited requirements and, unless otherwise specified, submit documentation demonstrating compliance within 15 days of receipt of this Notice.

Submitted documentation is to include, but is not limited to, the following:

1. A written description of the events resulting in Land-Tech Enterprises, Inc. transporting scrap tires to Scrap Tire Solution, LLC without the required permit.
2. A written statement affirming that upon the receipt of this Notice, Land-Tech Enterprises, Inc. immediately ceased transporting scrap tires in the state of Delaware.
3. A written acknowledgement that Land-Tech Enterprises, Inc. will not transport scrap tires in the state of Delaware unless it has first obtained a Delaware solid waste transporter permit.

Notice of Violation
Land-Tech Enterprises, Inc.
Page 3 of 3

Upon further review of the violations, DNREC reserves the right to pursue enforcement action pursuant to 7 Del.C. §6005

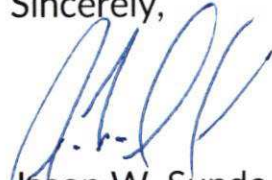
Please submit all requested information within 15 days to:

DaQuan L. Davis
Delaware Department of Natural Resources and Environmental Control
Compliance and Permitting Section
89 Kings Highway
Dover, DE 19901
daquan.davis@delaware.gov

Should Land-Tech Enterprises, Inc. desire to obtain a Delaware solid waste transporter permit, the required permit application is enclosed for convenience.

If you have any questions regarding this Notice, please do not hesitate to contact DaQuan Davis of the Compliance and Permitting Section at (302) 739-9403.

Sincerely,

A handwritten signature in blue ink, appearing to read 'J. Sunde', is written over the printed name.

Jason W. Sunde
Environmental Program Administrator
Compliance and Permitting Section

Enclosure

JWS:DLD:cr
DLD2589.doc



Cited Requirements

1) A written description of the events resulting in Land-Tech Enterprises, Inc. Transporting scrap tires to Scrap Tire Solution, LLC without the required permit.

- Land-Tech Enterprises, Inc. transported scrap tires to Scrap Tire Solution, LLC as they were the closest business at the time that could dispose of the tires properly

2) A written statement affirming that upon the receipt of this Notice, Land-Tech Enterprises, Inc. immediately ceased transporting scrap tires in the state of Delaware.

-Land-Tech Enterprises, Inc. has immediately ceased the transportation of any scrap tires to Scrap Tire Solution, LLC upon receiving the Notice of Violation with the violation number 25-SW-33

3) A written acknowledgement that Land-Tech Enterprises, Inc. will not transport scrap tires in the state of Delaware unless it has first obtained a Delaware solid waste transporter permit.

-Land-Tech Enterprises, Inc. will NOT transport scrap tires in the state of Delaware until Land-Tech Enterprises, Inc. has obtained a solid waste transporter permit



RECEIVED

DEC 15 2025

DNREC - WHS

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

89 KINGS HIGHWAY
DOVER, DELAWARE 19901

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

SOLID WASTE TRANSPORTER PERMIT APPLICATION

Language Preference:

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

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

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

1. Type of Permit

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

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

SCRAP TIRES ONLY

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

ALL OTHERS

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

- ☐ Attachment _____
☒ No parent company

4. Company Ownership Information

4b.

Owner/President: Jackie M. LaCross

Mailing Address:

Date of Birth

% of Ownership: 100% Ownership

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) N/A
☐ 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) 195 Hay Rd.
 - ☐ Out of state solid waste TSD facilities: (attachment) _____ Wilmington, DE 19809

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# 1016961 MC# 1016961

- ☐ 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.)

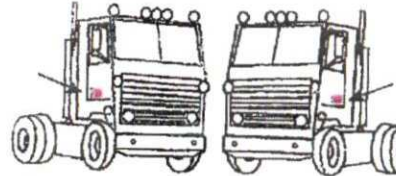
- (a). Are you for-hire in interstate commerce? ☐ Yes ☒ No (For-Hire means you are in the business of transporting, for compensation or payment, wastes generated by a company other than your own.)
- (b). Do you transport in the State of Delaware Only (Intrastate)? ☐ Yes ☒ No
- (c). Do you transport Interstate?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

Waste Trailers

Apply stickers to a clean, dry surface. It may take 24 hours for adhesive to reach full tack. Do not remove stickers once they are applied.



Trucks and Truck Tractors



Each qualified waste vehicle is issued two (2) stickers. Place the stickers on the vehicle as shown in the diagram.

175		COMMONWEALTH OF PENNSYLVANIA Waste Transportation Safety Program Written Authorization	0128252221
Phone No. (215) 491-1470		VIN# 1M2AG11C97M066222 WH10128 Expires Jun 2025	
LAND-TECH ENTERPRISES, INC. JACKIE LACROSS 3084B BRISTOL RD WARRINGTON, PA 18976-1411		THIS WRITTEN AUTHORIZATION MUST BE KEPT WITH THE WASTE TRANSPORTATION VEHICLE AT ALL TIMES. If lost or damaged contact DEP immediately at 717-789-6258. A replacement fee is required. Duplication or Photocopies of this original documentation are not valid.	

T-98

CAUTION! REMOVE STICKERS CAREFULLY.



- (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 ☒	\$350,000.00 ☐
Commercial Waste	\$750,000.00 + MCS-90 ☒	\$350,000.00 ☐
Industrial Waste	\$750,000.00 + MCS-90 ☒	\$350,000.00 ☐
Dry Waste	\$750,000.00 + MCS-90 ☒	\$350,000.00 ☐
Ash	\$750,000.00 + MCS-90 ☐	\$350,000.00 ☐
Infectious Waste	\$1,000,000.00 + MCS-90 ☐	\$750,000.00 + MCS-90 ☐
Non-Hazardous Petroleum	\$750,000.00 + MCS-90 ☐	\$350,000.00 ☐
Contaminated Soils	\$1,000,000.00 + MCS-90 ☐	\$350,000.00 ☐
Asbestos	(For Hire & Private)	\$350,000.00 ☐
Scrap Tires Only	\$350,000.00 ☒	\$350,000.00 ☐

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 See Attached

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 See Attached



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/09/2025

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 Humphries Insurance Group, Inc. 107 W Township Line Rd East Norriton PA 19403		CONTACT NAME: Cathy Culhane PHONE (A/C No. Ext): (215)646-5633 x804 E-MAIL ADDRESS: cathy@humphriesinsurance.com FAX (A/C No.): (610)277-4397	
INSURED Land Tech Enterprises Inc PO Box 420 Warrington PA 18976		INSURER(S) AFFORDING COVERAGE INSURER A: Penn National Security Insurance Company INSURER B: Pennsylvania National Mutual Casualty Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	

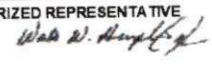
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☐ LOC ☐ OTHER			CX90761372	12/31/2024	12/31/2025	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 3000000 PRODUCTS - COMP/OP AGG \$ 3000000 \$
	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☒ HIRED PD ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY			AX90761372	12/31/2024	12/31/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Hired Auto Phys Dam \$ 2500 DED
	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$			UL90761372	12/31/2024	12/31/2025	EACH OCCURRENCE \$ 5000000 AGGREGATE \$ 5000000 \$
	☒ 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	N/A	WP90761372	12/31/2024	12/31/2025	☒ PER STATUTE ☐ 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
A	Contractors Equipment Rented-Leasted Equipment			CX90761372	12/31/2024	12/31/2025	Rented Leased Equipment \$250,0000

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

CERTIFICATE HOLDER**CANCELLATION**

Proof Of Insurance Land Tech Enterprises Inc. PO Box 420 Warrington PA 18976	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 



Spill Control & Safety

1) List of Safety & Spill Control Equipment Carried on Vehicle

- Truck Spill Kit consisting of: Flashlight, Neoprene Glove, Safety Goggles, Blue Absorbent Sock, Absorbent Mat Pad, Plug-N-Seal No-Freeze Patching Paste, Disposal Bags, Instructions, High Visability & Reflective Duffel Bag

2) Driver Preventative Measures:

Drivers to make sure that they have suitable spill kit/equipment in case of a spill/emergency, perform truck pre trip inspection, secure any loads properly, use our hands on safety training if needed

3) Driver Immediate Corrective Actions:

Protect, Alert, Secures, Stop/Contain: Protect yourself before trying to clean/contain mess, Alert others (shout, alarms, lights, signs, etc.) Secure the Area (cover any drains, restrict any immediate pathway covered by spill, etc.) and when safe, stop the source (if possible) and contain the spill (using absorbents/material from spill kit)

4) Company Internal Communications:

Shane M. Stein

Mark C. Stein

Chris Russell:

5) Company External Communications:

Delaware Emergency Reporting Numbers: 1 (800) 662-8802 & (302) 739-9401

6) Cleanup & Decontamination Measures:

-As seen in the Truck Spill Kit Instructions/Manual



Spill Instructions

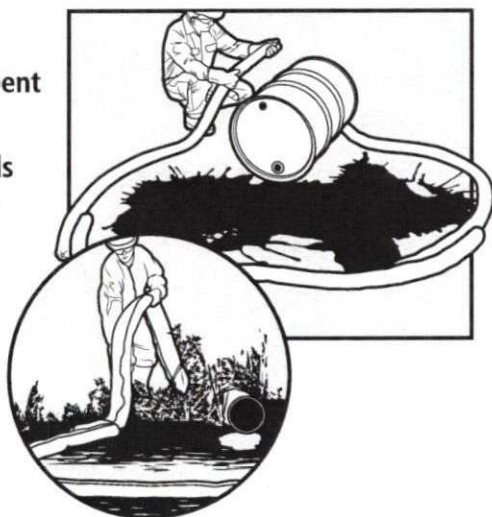
1 PROTECT

- Evacuate nonessential personnel.
- Assess the spill and identify the liquid.
- Choose the proper protective clothing and equipment to safely respond.



2 CONFINE

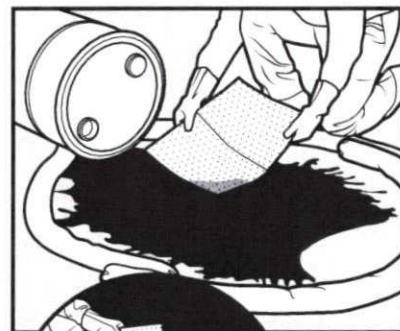
- Confine the spill using PIG Absorbent Socks or Booms.
- Overlap sock ends several inches to prevent liquid from breaking through.
- Use multiple layers of socks if the liquid flow is heavy or terrain is uneven or sloped.
- Place booms downstream from a spill with enough slack so they float freely and liquids collect behind them. Or place at a slight angle from the flow to channel liquids toward recovery areas.



Water application

3 CLEAN UP

- Clean up the confined liquids with the mats, pillows or loose absorbent.
- Place the absorbents starting from the outside of the spill inward.
- Use mats for quick absorbency, maximum coverage or to wipe up any residue.
- Pillows provide maximum absorbency for larger volume spills.
- Loose absorbent provides bulk absorbency on rough surfaces and can remove spilled liquid from cracks and crevices.



Oil-only absorbents float to confine and absorb spills

4 DISPOSE

- Place saturated absorbents in the yellow temporary disposal bags and close them with plastic ties.



LAND-TECH ENTERPRISES INC.

CERTIFICATION OF COMPLIANCE WITH DRIVER'S LICENSE REQUIREMENTS

Employee's Name _____

Hire Date: _____

Driver's License Number: State: _____ Class: _____ Exp. Date: _____

READ CAREFULLY

Motor Carrier Instructions: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

Driver Requirements: Parts 3873 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one (1) motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional licenses to the state that issued them. DESTROYING a license does not close the record in the state that issued it; you MUST notify the State. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to:
 - 1) your employing motor carrier, and
 - 2) The state that issued your license (If the violation occurs in a state other than the one which issued your license).

The notification to both the employer and state MUST be in writing.

The following license is the only one I possess. Failure to disclose any other state that I had or have had held a license from and failure to disclose any suspensions, revocation, and or disqualifications shall result in termination and any fines or penalties shall be my responsibility.

Driver's License No. _____ State: _____ Exp. Date: _____

Drivers Name: _____

Driver's Signature: _____ Date: _____

Comments: _____

LAND-TECH ENTERPRISES INC.

Motor Carrier's Annual Review of Driving Record & Certification

Employee's Name: _____ Hire Date: _____

Driver's License Number: _____ State: _____ Class: _____ Exp. Date: _____

CFR 391.27(a)-Each motor carrier shall, at least once every 12 months require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations for parking) of which the Driver has been convicted or on account of which he/she has forfeited bond or collateral during the preceding 12 months.

CFR 391.27(b)- each driver shall furnish the list required in accordance with paragraph (a) of this section. If the driver has not been convicted of, or forfeited bond or collateral on account of, any violation which must be listed, he/she shall so certify

CERTIFICATION OF VIOLATION – COMPLETED BY DRIVER

I hereby certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

(If you have had no violations, check the following box-☐ None)

Date	Offense	Location	Type of Vehicle

If no violations are listed above, I certify that I have not been convicted of, forfeited bond, or collateral on account of any Violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date of Certification _____

X

Driver's Signature

ANNUAL REVIEW OF DRIVING RECORD – COMPLETED BY MOTOR CARRIER

MOTOR CARRIER INSTRUCTIONS: Review the certification of Violations listed above and other information described in Section 49 CFR 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that He/she (Check one):

- ☐ Meets the minimum requirements for safe driving ☐ Disqualified to drive a Motor Vehicle pursuant to Section 391.15
- ☐ Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by Signature _____

Date _____

Printed Name of Reviewer _____

Title _____

Motor Carrier Name _____

Motor Carrier Address _____

LAND-TECH ENTERPRISES INC

REQUEST FOR CHECK OF DRIVING RECORD

I HEREBY AUTHORIZE YOU TO RELEASE INFORMATION TO _____

(PROSPECTIVE EMPLOYER)

FOR THE PURPOSE OF INVESTIGATION AS REQUIRED BY SECTIONS 391.23 AND 391.25 OF FEDERAL MOTOR CARRIER SAFETY REGULATIONS. YOU ARE RELEASED FROM ANY AND ALL LIABILITY WHICH MAY RESULT FROM FURNISHING SUCH INFORMATION.

(APPLICANT'S SIGNATURE)

(DATE)

In accordance with the provisions of Sections 604 and 607 of the FAIR CREDIT REPORTING ACT,
Public law 91-508, as amended by the Consumer Credit Reporting Act of 1986
(Title II, Subtitle D I, of Public law 104-208),

I hereby certify the following:

1. The Consumer (applicant) has authorized in writing the procurement of this report;
2. The Consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible" (i.e., information for employment purposes) and will used for no other purpose;
4. The information being obtain will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under provisions of the DRIVER'S PRIVACY PROTECTION ACT OF 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

(Signature of Requester)

(Date)

Dear Sir/Madam:

☐ The following named person has made application with our company for the position of _____.
In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the Applicant's driving record for the past three years.

☐ The following named person has made application with our company for the position of _____.
In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the Applicant's driving record for the past year.

Name of Applicant/Driver: _____

Address: _____

Former Address: _____

Date of Birth: _____ Social Security Number: _____ License No. _____

(Name of Company)

(Typed Name)

(Address)

(Title)

(City)

(State)

(Signature)



pennsylvania
DEPARTMENT OF TRANSPORTATION

REQUEST FOR DRIVER INFORMATION

DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS

Bureau of Driver Licensing • P.O. Box 68685 • Harrisburg, PA 17106-8685

CHECK (✓) ONE ONLY:

- ☐ BASIC INFORMATION: \$10.00 FEE (Driver history is not included)
☐ 3 YEAR DRIVER RECORD: \$10.00 FEE
☒ 10 YEAR DRIVER RECORD: \$10.00 FEE (Employment Purposes Only)

- ☐ FULL HISTORY: \$10.00 FEE
☐ CERTIFIED DRIVER RECORD: \$34.00 FEE
☐ COPY OF DOCUMENT FROM FILE (MICROFILM): \$10.00 FEE
☐ CERTIFIED COPY OF DOCUMENT FROM FILE: \$34.00 FEE

You may obtain a copy of your own 3 year or 10 year Driving Record on PennDOT's website at www.dmv.pa.gov

A REQUESTER INFORMATION NAME/COMPANY LAND-TECH ENTERPRISES INC ADDRESS P.O. Box number may be used in addition to the actual address, but cannot be used as the only address. 3084B BRISTOL ROAD CITY STATE ZIP CODE WARRINGTON PA 18976 DAYTIME TELEPHONE NUMBER (REQUIRED) RELATIONSHIP TO DRIVER (REQUIRED) EMPLOYER SIGNATURE X NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD	B END USER OF INFORMATION BEING REQUESTED NAME/COMPANY LAND-TECH ENTERPRISES INC ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence 3084B BRISTOL ROAD CITY STATE ZIP CODE WARRINGTON215-491-1470 PA 18976 DAYTIME TELEPHONE NUMBER (REQUIRED) RELATIONSHIP TO DRIVER (REQUIRED) EMPLOYER
C DRIVER INFORMATION NAME: LAST FIRST INITIAL ADDRESS CITY STATE ZIP CODE PHONE NUMBER DATE OF BIRTH MONTH DAY YEAR DRIVER NUMBER	D AFFIDAVIT OF INTENDED USE Intended Use of the Information Requested: CHECK ONLY ONE ☐ B = Driver Release (Driver must complete Section E.) ☐ C = Credit Business (Legitimate Business need in connection with a business transaction initiated by the driver.) ☐ C = Credit Potential Investor, Server or Current Insurer (in connection with an assessment of the credit/payment risks associated with an existing credit obligation.) ☒ E = Employment (To support the hiring or the continuation of employment. Driver must complete Section E.) ☐ R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance. ☐ K = Court Order must be attached. (A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order). ☐ L = Attorney representing driver identified in Section C. (Driver must complete Section E.) I hereby Certify that MARK STEIN PRINTED NAME OF REQUESTER will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked above only and no other reason. This affidavit is filed in compliance with Section 607 of the Fair Credit Reporting Act. I/We have read and signed this form after its completion, and I/We swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this form is subject to the penalties of 18 Pa C.S. Section 4903(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding \$5,000, or to a term of imprisonment of not more than two years, or both. X SIGNATURE OF REQUESTER Title _____ SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR X SIGNATURE OF PERSON ADMINISTERING OATH SIGN IN PRESENCE OF NOTARY
E DRIVER RELEASE I _____ hereby request NAME OF DRIVER the Department of Transportation to furnish a copy of my PA Driver's Record to LAND-TECH ENTERPRISES INC NAME OF PERSON/COMPANY X SIGNATURE OF DRIVER DATE	F MICROFILM TYPE OF DOCUMENT DATE OF VIOLATION (see list of available documents below) Documents Available: • Citations • Court Certifications • Applications • License Renewals • Judgments • Suspension Credit Affidavits • Ignition Interlock Removal Letter • Suspension/Revocation Letters • Restoration Letters • Rescind Letters • Department Hearing or Exam Notice

MESSANGER NO.

LAND-TECH ENTERPRISES INC.
3084B BRISTOL ROAD
WARRINGTON PA. 18976
OFFICE 215-491-1470/FAX 215-491-1471
DRIVER RELEASE FOR PREVIOUS EMPLOYERS' BACKGROUND
AND ALCOHOL AND CONTROLLED SUBSTANCE TESTING RECORDS

DRIVER NAME (PRINT) _____

DRIVERS LICENSE NUMBER: _____ STATE: _____

SOCIAL SECURITY NUMBER: _____

I hereby authorize all my previous employers to furnish LAND-TECH ENTERPRISES INC. All the information requested on the LAND-TECH ENTERPRISES INC. background information document. This includes all information relating to every accident on record and all information concerning my employment and pre-employment Alcohol and Controlled Substance Testing records in accordance with 49 CFR Part 391.23, 383.35 and 49 CFR Part 40 of the FMCSA. I agree to release all my previous and/or current employers from any liability that may arise from providing such information.

In addition, I understand my rights to review the information according to 391.23 with a written request to have errors corrected by my previous employers and to have a rebuttal statement attached to the alleged erroneous information.

APPLICANT'S SIGNATURE: _____

PLEASE PRINT NAME: _____

DATE: _____

Office Use Only

Date Faxed: _____

Date Received: _____

LAND-TECH ENTERPRISIS INC.

Statement of Duty Hours

Employee's Name: _____ Hire Date _____

Driver's License Number: _____ State: _____ Class: _____ Exp. Date: _____

STATEMENT OF ON DUTY HOURS

DAY	1	2	3	4	5	6	7	TOTAL HOURS
DATE								
HOURS WORKED								

49 CFR 395.8(J)(2)- Motor Carriers, when using a driver for the first time or intermittently, **shall** obtain from the driver a signed statement giving the total time on duty during the immediately preceding 7 days and the time which the driver was last relieved from duty prior to beginning work for the motor carrier. (NOTE: hours for any compensated work during the preceding 7 days, including work for non-motor carrier entity, must be recorded on this form.)

49 CFR 395.2- ON-DUTY TIME means all time from the a driver begins work or is required to be readiness to work until the time the driver is relieved from work and all responsibility for performing work.

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at:

_____ A.M./P.M. On _____
Time Day Month Year

Driver's Signature Date

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the motor carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and(9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, **also performing any compensated work for a non-motor carrier entity.**

Are you currently working for another employer? Yes No

At this time do you intend to work for another employer while still employed Yes No
By this company?

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Driver's Signature

Date

Witness: Company Representative

Date



LAND-TECH ENTERPRISES

CELL PHONE SAFETY POLICY

Our company prohibits the use of cell phones while driving. This rule applies to the user of either company or personal cell phones while on company time.

If you receive a cell phone call while driving, wait until you can safely pull off the road to answer. Know that a growing number of states, counties and municipalities are banning the use of cell phones on the road, and that you may be held personally liable if you are in an accident involving cell phone use. Company supervisors are responsible for keeping up to date on such cell phone laws in the areas in which we do business.

Our company also prohibits the use of cell phones while operating hazardous equipment (chain saws, skid steer loaders, etc.) and while carrying sharp tools. Company cell phones are not to be used for personal calls except in the case of emergency. Personal cell phone use is restricted to before work, after work, or during scheduled breaks, except in the case of emergency.

We receive detailed cell phone bills. Any nonemergency personal calls on a company cell phone will be billed to the employee who is assigned that phone.

Printed or typed name of employee

(Signature of Employee)

Date

P O Box 420 • 3084 B Bristol Road • Warrington, PA 18976

1-800-2-TURF-PA

Equal Opportunity Employer

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 11205

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 Jackie M. LaCross Date 12/9/2025

Print Name Jackie M. LaCross Title President/Owner

****A legal owner or corporate officer must sign 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.

[illegible]

SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

(1) Spill control and safety equipment carried in each vehicle:

- 1). Reflectors and/or flares ✓
- 2). Fire extinguisher ✓
- 3). First aid kit ✓
- 4). Heavy-duty gloves, hard hat ✓
- 5). Flashlight ✓
- 6).

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

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

- 1). Check Fuel, Oil, Coolant & Any Other Fluids
- 2). Check All Lights, Tire Pressure, etc.

(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: Shane Stein

Phone: (215) 239-5964

(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.*) **Closest Company to Accident**

(7) This plan will be carried in all vehicles, along with the permit.