

RECEIPT

DATE

2/6/26

No.

635865

RECEIVED FROM

Seaway Trucking Inc.

\$650.00

Six hundred fifty and ⁰⁰/₁₀₀

DOLLARS

 FOR RENT FOR

DE-SW-1411

ACCOUNT

PAYMENT

BAL. DUE

 CASH CHECK MONEY
ORDER CREDIT
CARD

FROM

2579

TO

BY

M.M.

RECEIVED

FEB 06 2026

DNREC - WHS

DIVISION OF WASTE AND HAZARDOUS SUBSTANCES

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- 1411 Expiration Date 3/31/26

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

SCRAP TIRES ONLY

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

ALL OTHERS

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

2. Release to Public

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

3. Company Information

Company Name SEAWAY TRK INC

Location Address:	Mailing Address:
<u>1 BURDOCK COURT</u>	<u>SAME</u>
<u>NEW CASTLE DE 19720</u>	

Contact: CHARLES PETERSON Title: President
Business Phone: 302) 983-3243 Fax: 302) 325-3735
E-mail: SEAWAY12@comcast.net
24 hr Emergency Contact Phone: 302) 983-3243

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: NEW CASTLE State: DE Date: 6/3/1999
- Municipality
- Public institution
- Limited Liability Corporation (LLC) State: _____
- Other: (must specify) _____

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

Attachment 100%

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

- Attachment _____
- No parent company

5. Company locations in Delaware

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

- Attachment _____ 1 BURDOCK COURT
 No Delaware locations NEW CASTLE, DE 19720

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

FAIRNESS HILLS LANDFILL
1080 New Ford Mill Rd
Merrisville, Pa 19067

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 PA WH 11849
 - No transporter permits in other states
- (c). Indicate your Federal DOT number and Motor Carrier number:
- DOT# 792702 MC# 720686
- 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 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.

X 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.

- (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.

X Driver Training, attachment _____

13. Vehicle Identification

On the form provided with this application, list **MAKE, MODEL, YEAR, SERIAL NUMBER, LICENSE PLATE NUMBER, STATE OF REGISTRATION, MANUFACTURER'S GVWR and OWNERSHIP** of all vehicles used for the transportation of solid waste. You must list both motorized and container units. (If you maintain a list of company vehicles in a computer database you may submit a print out of the vehicles provided it contains the information requested herein.)

NOTE: You must notify CAPS in writing of any changes to information contained within this application, such as additions or deletions of vehicles, in accordance with conditions of the issued permit.

Vehicle List Attached

14. Vehicle Operator Information

Is a list of all vehicle operators attached? Yes

What tax form do you submit to the IRS for your vehicle operators?

- Form W-2
 Form 1099-Misc
 Other

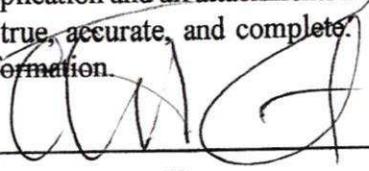
15. Environmental Record

List all criminal citations, arrests, convictions, civil or administrative violations, and civil or administrative enforcement actions, and the disposition(s) thereof for the violation or alleged violation of any environmental statute, regulation, permit, license, approval, or order, regardless of the state in which it occurred. Indicate whether it was a local, state, or federal violation or alleged violation. List all such items for the applicant, and if the applicant is other than an individual, for any employee while employed by the applicant, or any partner, officer, or director of the applicant as an individual or for any former business of such partner, officer, or director. For civil or administrative violations or alleged violations, list all such items for the last five (5) years from the date of the application. Information submitted under this section is subject to verification. **Failure to submit complete and accurate information may lead to permit denial or revocation.**

- Attachment _____
 No violations within the specified time period

16. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, upon personal knowledge and information, the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information.

**Signature  Date 1/31/26

Print Name CHARLES PIETERSTON Title President

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

Seaway Trk Inc
1 Baidock ct
New castle, De 19720

Charles Peterson (owner)
owner operator with over 20 yrs
in the demolition transportation
indust. with clean record.

Thanks

SPILL CONTROL PLAN FOR NON-HAZARDOUS SOLID WASTE TRANSPORTERS

EMERGENCY CONTACTS

COMPANY COORDINATOR(S)

Name	
<i>Charles Pieterse</i>	

Name	Telephone Number

CONTRACTORS IMMEDIATELY AVAILABLE TO RESPOND TO RELEASES/SPILLS

Name	Telephone Number
<i>Guardian Environmental</i>	<i>(302) 918-3070</i>

Name	Telephone Number

REPORTING A RELEASE OR SPILL IN DELAWARE

911
(302) 739-9401
(800) 662-8802

ADDITIONAL COMPANY CONTACTS

Name	Telephone Number

SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

- (1) Spill control and safety equipment carried in each vehicle:
 - 1). Reflectors and/or flares
 - 2). Fire extinguisher
 - 3). First aid kit
 - 4). Heavy-duty gloves, hard hat
 - 5). Flashlight
 - 6).
- (2) All loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the disposal facility.
- (3) The driver will perform the following pre-trip inspections:
 - 1). *check all fluid levels, tires, lights, etc*
 - 2). *Make load is secured a vehicle & load are road worthy.*
- (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: *CHARLES PETERSON* Phone: 
- (5) The designated coordinator will contact the state and municipal authorities where the accident occurred. If the accident or spill has the potential to cause environmental damage, (either due to the nature of the waste, location of the accident, or additional factors such as leaking oil, gasoline, or hydraulic fluid) the person contacted will notify the state emergency response team, by calling one of the following numbers:
Delaware: 911, (302) 739-9401 or 1-800-662-8802 (Other numbers may be listed as follows, however, the listed Delaware numbers **must** be included in the spill control plan.)
Maryland:
New Jersey:
- (6) The designated coordinator will contract for clean-up services with another company. (This is optional, however, if another company is to be contracted, please append a list of cleanup companies by either region or state.)
- (7) This plan will be carried in all vehicles, along with the permit.

ATTACHMENT 4

Spill Control Plan

Spill Prevention

1. All vehicles shall carry a copy of the current Solid Waste Transporter Permit Issues by the Delaware Department of Natural resources and Environmental Control (DNREC). Each vehicle shall also carry a copy of his plan.
2. Additional safety equipment found in each vehicle includes, but is not limited to, all required DOT equipment, reflecting triangles, extra fuses, first aid kits, and fire extinguishers.

Spill Containment and Cleanup

1. In the event of a spill or release from company vehicles, the spill or release shall be immediately and completely remediated. If the spill cannot be remediated, or if it has the potential to cause damage to human health or the environment, the spill shall be immediately reported to DNREC. Emergency telephone numbers for DNREC are as follows:

Emergency Response: ⁸⁰⁰~~800~~-662-8802 (In State Only)
Solid Waste Branch: 302-739-~~5000~~ 9401

2. Each Company vehicle carries a Custom Spill Kit. These kits are designed to Contain and remediate accidental spills of oil and/or other hydraulic fluids. These Kits contain the following containment and cleanup equipment:
 - a. Twenty (20) 18"x18"x3/16" oil only pads
 - b. Four (4) 3"x48" corn cob socks
 - c. One (1) 33x60 haz mat polyethylene bag
3. In the event of a spill of oil, fuel or other fluids, the procedure for containment and cleanup is as follows:
 - a. Surround the spill with corn cob socks
 - b. Soak up the spill with the pads or oil absorbent material.
 - c. Place solid waste and contained liquid materials in the plastic zipper bag for disposal.
 - d. Call dispatch and report the location of the spill, type of fluid/material and approximate quantity.
 - e. Prevent traffic or pedestrians from coming in contact with spilled contents

- f. Keep contents from entering any nearby streams, sewers, or other watersheds using the spill containment equipment noted above.
4. Any spill of solid waste that exceeds five (5) pounds or one (1) cubic foot that occurs during transport in Delaware shall be reported internally to dispatch and documented. The incident shall also describe the remedial actions taken.

Office Responsibilities

1. Notify DNREC emergency response division at 302-739-⁹⁴⁰⁴~~3594~~. Advise DNREC about the spill quantity, location, and efforts to contain. Seek DNREC advice and assistance.
2. Notify Guardian Co. our certified emergency response contractor, of the incident and seek advice and assistance, as warranted.
 - a. 302-834-1000
3. Company will send a supervisor or other appropriate emergency respondent to the incident location to monitor cleanup activity, assure regulatory consultation, and compile information to prevent future reoccurrence.

ATTACHMENT 5

Driver Training

Driver Training and Safety Program Summary

1. SEAWAY TRUCKING, INC. drivers are not hired for regular employment until the following matters are satisfactorily addressed:
 - a. Review and confirmation of information provided by employee on employment application form.
 - b. Physical examination
 - c. Alcohol and drug testing
 - d. Eligibility for employment in the United States
2. Refuse vehicle drivers must possess a valid Commercial Drivers License with the State of Delaware, verified by the company. Additionally, all drivers and other personnel who are required to drive refuse and other vehicles on company business must produce a valid drivers license for verification by the company.
3. All employees are required to take, and pass, a pre-employment drug and alcohol test consistent with federal DOT regulations. Periodic, random and post accident testing is also conducted in accordance with federal DOT regulations. If any situation arises with reasonable cause, an employee may be required by the company to have an additional drug and/or alcohol test.
4. Employees are responsible for reporting any changes in their driving record. Company work rules mandate that any employee "shall report any accidents, incidents, or other problems that result in points against their drivers license within 24 hours after occurrence to their Manager in writing." Failure to adhere to company Work Rules may result in disciplinary action, up to and including termination.
5. Drivers' license checks are conducted annually on all company drivers.
6. Safety meetings are held on a routine basis to address overall safety performance: injury/incident data and measures to prevent reoccurrence; hazard communication; other regulatory mandates; and special topic.

LIST OF VEHICLE OPERATORS

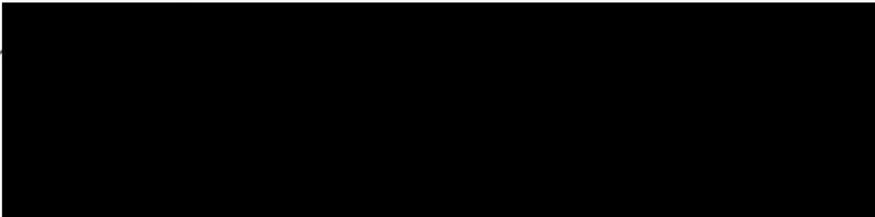
①

CHARLES PETERSON



②

CEDRICK AKUMTAH





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/27/2026

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 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 Prestige Trucking Insurance 7200 W McNab Road Tamarac FL 33321	CONTACT NAME: Certificate Department	FAX (A/C, No): 954-212-6400	
	PHONE (A/C, No, Ext): 954-716-7700	E-MAIL ADDRESS: col@prestigetrucking.com	
INSURED Seaway Trucking Inc 1 Burdock Ct New Castle DE 19720-8715	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : GEICO Marine Insurance Company		37923
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		9300260602	1/7/2026	1/7/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UM/UIM BI Only \$ 60,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ PER STATUTE OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Motor Truck Cargo		9300260602	1/7/2026	1/7/2027	Limit: \$100,000, Deductible: \$2,500
A	Physical Damage		9300260602	1/7/2026	1/7/2027	Deductibles - Comp: \$1,000, Coll: \$1,000

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

A Personal Injury Protection 9300260602 01/07/2026 - 01/07/2027 Limit: \$15k Per Person/\$30k Per Accident
 A Non-Owned Trailer PD 9300260602 01/07/2026 - 01/07/2027 Deductibles - Comp: \$1,000, Limit: \$30,000
 Vehicles:
 2001, INTERNATIONAL, 9400I, VIN: 2HSCNAMR31C002842, (\$30,000), Deductible (Collision): \$1000, Deductible (Comprehensive): \$1000
 2003, INTERNATIONAL, 9400I, VIN: 2HSCNASR53C064569, (\$35,000), Deductible (Collision): \$1000, Deductible (Comprehensive): \$1000
 Drivers:
 -Name: Cedrick Akumlah

CERTIFICATE HOLDER**CANCELLATION**

DE DEPT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL 89 Kings Hwy Dover DE 19901	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Sophia McKay Ward</i>
--	---

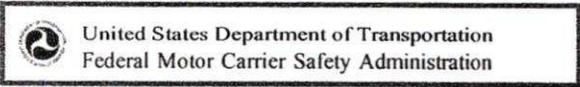
© 1988-2014 ACORD CORPORATION. All rights reserved.

Form FMCSA Use

Date Received: _____

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

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



**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 SEAWAY TRUCKING INC of Delaware
(Motor Carrier name) *(Motor Carrier state or province)*

Dated at 07:24 AM on this 2th day of January, 2026

Amending Policy Number: 9300260602-00 Effective Date: 01-07-2026

Name of Insurance Company: GEICO Marine Insurance Company

Countersigned by: *David Finney*
(authorized company representative)

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

- This insurance is primary and the company shall not be liable for amounts in excess of \$ \$750,000 for each accident.
- This insurance is excess and the company shall not be liable for amounts in excess of \$ _____ for each accident in excess of the underlying limit of \$ _____ for each accident.

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

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

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

(continued on next page)

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 <u>49 CFR 171.8</u> , 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 <u>49 CFR 173.403</u> .	\$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 <u>49 CFR 172.101</u> ; hazardous waste, hazardous materials, and hazardous substances defined in <u>49 CFR 171.8</u> and listed in <u>49 CFR 172.101</u> , 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 <u>49 CFR 173.403</u> .	\$5,000,000

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

DELAWARE SOLID WASTE TRANSPORTER ANNUAL REPORT

Due April 1, 2026

Delaware solid waste transporters are required to submit an Annual Report pursuant to Section 7.2.7.1 of Delaware's Regulations Governing Solid Waste (DRGSW). Please provide the information as requested below.

Company Name SEAWAY TEX INC Permit Number DE-SW- 1411

COMPANY CONTACT INFORMATION

Mailing Address:	
Address 1	<u>1 BURDOCK CT</u>
Address 2	
City, State, Zip +4	<u>NEW CASTLE, DE 19720</u>

Physical Location Address:	
[] Same as mailing	
Address 1	<u>SAME</u>
Address 2	
City, State, Zip +4	

Contact Name: CHARLES PIETERSON Title: President

Business Phone: [REDACTED] Fax: 302 325-3735

E-mail: seaway12@comcast.net

24-hour Emergency Contact Phone: [REDACTED]

WASTE TYPES

Please confirm the waste types in which your company transports.

- | | | | |
|--------------------------------------|--------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Municipal | <input type="checkbox"/> Commercial | <input checked="" type="checkbox"/> Industrial | <input type="checkbox"/> Dry |
| <input type="checkbox"/> Ash | <input type="checkbox"/> Infectious | <input type="checkbox"/> PHC Soils | <input type="checkbox"/> Asbestos |
| <input type="checkbox"/> Recyclables | <input type="checkbox"/> Scrap Tires | | |

If you transport PHC soils, do you use Clean Earth of New Castle? Yes No

VEHICLES

Did your company purchase new vehicles during calendar year 2025? Yes No

If yes, please provide a complete list of all vehicles being operated under your Delaware solid waste transporter permit. Please include a copy of the lease agreement if the vehicle is now owned by your company.

CERTIFICATION

I certify that I am familiar with the information submitted in this report, and that upon personal knowledge and information, the information is true, accurate, and complete.

Name / Title: CHARLES PETERSON President

Signature / Date:  1/31/26

Davis, DaQuan (DNREC)

From: Davis, DaQuan (DNREC) on behalf of WHStranporters
Sent: Tuesday, February 10, 2026 12:00 PM
To: 'Seaway12@comcast.net'
Subject: Additional Information Required- DE SW Transporter Permit Application (Seaway Trucking Inc)
Attachments: 2267_001.pdf; 2266_001.pdf
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 7(a)-** What waste types are to be transported?
 - Residential
 - Commercial
 - Dry
 - Ash
 - Infectious
 - Soils
 - Asbestos
 - Scrap Tires

- **Section 15-**Please provide environmental violations.

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



Davis, DaQuan (DNREC)

From: eprintcenter@hp8.us
Sent: Monday, February 16, 2026 4:00 AM
To: WHStranporters; seaway12@comcast.net
Subject: Scanned document from HP ePrint user
Attachments: HPSCAN_20260216085903913_2026-02-16_090006360.pdf

This email and attachment are sent on behalf of **seaway12@comcast.net**.

If you do not want to receive this email in future, you may contact **seaway12@comcast.net** directly or you may consult your email application for spam or junk email filtering options.

Regards,
HP Team

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

Date

Print Name

Title

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