

# RECEIPT

DATE 1/6/26

No. 635841

RECEIVED FROM A-1 Services General LLC

\$ 350.00

Three hundred fifty and <sup>00</sup>/<sub>100</sub> DOLLARS

FOR RENT  
 FOR DE-SW-1896

ACCOUNT	
PAYMENT	
BAL. DUE	

- CASH
- CHECK
- MONEY ORDER
- CREDIT CARD

FROM 6897 TO \_\_\_\_\_

BY M.M.



RECEIVED  
JAN 06 2026  
DNREC - WHS

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

89 KINGS HIGHWAY  
DOVER, DELAWARE 19901

TELEPHONE: (302) 739-9403  
FAX: (302) 739-6060

**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- 1896 Expiration Date March 31 2024

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 A1 Services General LLC

Location Address:	Mailing Address:
<u>99 Laura Ct Wilmington De 19804</u>	<u>Same</u>

Contact: Charlotte M. Maker Title: Owner

Business Phone: 302-999-0397 Fax: 302-999-0361

E-mail: rfmaker senior@comcast.net

24 hr Emergency Contact Phone: 

**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: Delaware
- 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 B

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

- Attachment \_\_\_\_\_
- No parent company

**5. Company locations in Delaware**

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

- Attachment \_\_\_\_\_  
 No Delaware locations

**6. Company Affiliates**

List name, location and mailing addresses, nature of business relationship of all company Affiliates, which affiliates are engaged in the business of waste transport, treatment, storage, disposal, recovery or reclamation. (Affiliated companies are defined as those companies owned by the same owners, corporate officers, or parent company.)

- Attachment \_\_\_\_\_  
 No affiliates

**7. Type of Waste to be Transported**

(a). Check all that apply. Refer to Delaware's *Regulations Governing Solid Waste* for definitions of waste categories.

- Residential waste  
 Commercial waste (from **non-manufacturing, non-processing** businesses and offices)  
 Industrial waste (from a manufacturing or industrial process)  
 Dry waste:  construction/demolition debris  
 trees/stumps  
 other (must specify) \_\_\_\_\_  
 Ash:  municipal incinerator  
 coal ash  
 other (must specify) \_\_\_\_\_  
 Infectious waste  
 Non-hazardous petroleum-hydrocarbon contaminated soils  
 Asbestos-containing waste  
 Scrap Tires

(b). Does your company collect and transport residential (household) waste from single family homes, condominiums and apartment complexes in Delaware?  Yes  No

(c). If you answered "YES" to question 7.b., above, does your company provide recycling services to those customers?  Yes  No  N/A

(d). If you offer recycling services, does your company collect and transport the recyclables separately from the waste generated by your customers?  Yes  No

(e). If you offer recycling services, are the recyclables ultimately taken to an incinerator (waste-to-energy) or landfill?  Yes  No

**8. Treatment, Storage, and Disposal Facilities**

- (a). Do you cross state lines with the waste?  Yes  No
- (b). Identify in an attachment *all* solid waste Treatment, Storage, Disposal Facilities, Reclamation Facilities and Transfer Stations to which the waste will be transported.

- Delaware Solid Waste Authority locations: (attachment) Northern Cherry Island Landfill
- 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# 1318963 MC# \_\_\_\_\_

- 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



**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 4562

**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 x Charlotte M. Maher Date 12-31-25

Print Name Charlotte M. Maher Title Owner

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

## 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).
  - 2).
  
- (4) If there is an accident or other emergency which causes a portion of the load to be spilled, the driver, if uninjured, will contact the following designated company coordinator:  
Name: \_\_\_\_\_ 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.





**A-1 SERVICES GENERAL, LLC**  
**ROLL OFF SERVICES**  
99 S. Laura Court  
Wilmington, DE 19804



**#4 Company Ownership Information**

B (b) attachment

Charlotte M. Maher  
99 South Laura Court  
Wilmington, DE 19804



100% Owner



**STATE OF DELAWARE**  
**Motor Vehicle Registration Card**



**Good Only When Signed On Back**

VEHICLE MAY BE INSPECTED AND REGISTRATION RENEWED ANYTIME WITHIN 90 DAYS BEFORE EXPIRATION  
 A \$20.00 LATE FEE IS CHARGED FOR LATE REGISTRATION RENEWALS

TITLE, TAG AND REGISTRATION NO. <b>C43996</b>	SPECIAL TAG, IF ANY	ODOMETER MILEAGE <b>17</b>		ACTUAL VEHICLE MILEAGE
MANUFACTURER AND YEAR <b>CHEV 2022</b>	MODEL <b>SIL</b>	BODY STYLE <b>PK</b>	YEARLY FEE <b>112.00</b>	
TITLE DATE <b>09/07/2022</b>	EXPIRATION DATE <b>05/08/2029</b>	VEHICLE IDENTIFICATION NO. <b>2GC4YNEY5N1214449</b>		
REG WEIGHT <b>9,000</b>	MOVWR <b>11,150</b>	USE <b>NEW</b>	COLOR <b>SIL</b>	

2022090768398430AJA 0045640RT C0043996

MAHER ROBERT F SR  
 MAHER CHARLOTTE M  
 99 S LAURA CT  
 LAURAL VILLAGE  
 WILMINGTON DE 19804

&OR

**—WARNING—**  
 FAILURE TO MAINTAIN INSURANCE  
 WILL RESULT IN FINES AND  
 REGISTRATION SUSPENSION  
 UNLESS THE LICENSE PLATE  
 IS SURRENDERED TO THE  
 DIVISION OF MOTOR VEHICLES  
 PRIOR TO EXPIRATION OF  
 INSURANCE COVERAGE.

**—NOTE—**  
 THE SELLER OF THIS VEHICLE MAY  
 APPLY FOR A DOCUMENT FEE  
 REFUND IF THE SALE IS WITHIN 60  
 DAYS OF TITLE DATE OF THE NEW  
 VEHICLE AND SUBMITTED TO DMV  
 WITHIN 15 DAYS.

1. THIS IS NEITHER A DRIVER'S LICENSE NOR A CERTIFICATE OF TITLE TO A MOTOR VEHICLE.
2. ALWAYS KEEP THIS REGISTRATION CARD WITH THE VEHICLE IT DESCRIBES.
3. YOUR INSURANCE I.D. CARD MUST BE WITH THE VEHICLE WHEN IT IS BEING OPERATED.
4. A NEW OWNER MAY NOT DRIVE UNDER THIS REGISTRATION UNTIL A CERTIFICATE OF TITLE HAS BEEN ISSUED IN THE NEW OWNER'S NAME.

OWNER'S SIGNATURE *Robert F. Maher*  
 BY \_\_\_\_\_

**WARNING** - When you sell/release interest in this vehicle, fill out all the information shown below or attach the registration card to the Seller's Report of Sale on the Delaware title. Send this card to the Division of Motor Vehicles, ATTN: ROS, P.O. Box 698, Dover, Delaware 19903.

THE TITLE TO THE VEHICLE DESCRIBED ON THE OTHER SIDE WAS ASSIGNED TO:

BUYER'S NAME \_\_\_\_\_ OF \_\_\_\_\_  
 (ADDRESS) \_\_\_\_\_  
 ON \_\_\_\_\_  
 BUYER'S DRIVER'S LICENSE NO. \_\_\_\_\_  
 SELLER'S SIGNATURE \_\_\_\_\_

**Delaware Insurance  
Identification Card**



**Encompass Insurance Company of America**  
**Robert F Maher Sr Charlotte M Maher**  
**99 S Laura Ct**  
**WILMINGTON, DE 19804**

**Company #**  
**218 10071**

<b>POLICY NUMBER</b> 2020442987	<b>YEAR / MAKE / MODEL</b> 2022 CHEVY TRUCKS SILV2500 4WD
<b>EFFECTIVE DATE</b> 12/10/2025	<b>VEHICLE IDENTIFICATION NUMBER</b> 2GC4YNEY5N1214449
<b>EXPIRATION DATE</b> 12/10/2026	<b>TYPE OF DEC</b> Renewal Dec

Producing Branch-Producer Code: **0365787**

G-41233-E

**IMPORTANT NOTICE**

We are required to send you an Insurance Identification Card. This card is necessary for you to register your vehicle and obtain new tags or to have your vehicle inspected. The card also serves as evidence of insurance for the law enforcement authorities, e.g. in cases involving accidents, moving traffic violations or road sport checks

Two cards have been issued for each vehicle insured under your policy

**TIME SAVER 24 HR. CLAIM REPORTING:**

**1-800-588-7400**

**THE ID CARD MUST BE CARRIED IN THE VEHICLE AT ALL TIMES**

# 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 A-Del Construction Co., Inc. Permit Number DE-SW-0816

## COMPANY CONTACT INFORMATION

Mailing Address:	
Address 1	10 Adel Dr.
Address 2	
City, State, Zip +4 Newark, DE 19702-1331	

Physical Location Address:	
<input checked="" type="checkbox"/> Same as mailing	
Address 1	
Address 2	
City, State, Zip +4	

Contact Name: Robert Kemske II Title: Vice President

Business Phone: 302-453-8286 Fax: 302-453-9550

E-mail: RKemske@a-del.com

24-hour Emergency Contact Phone: [REDACTED]

## WASTE TYPES

Please confirm the waste types in which your company transports.

- |   |  |                                     |                                   |
|---|--|-------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> Municipal | <input checked="" type="checkbox"/> Commercial | <input 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**

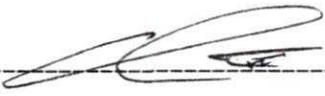
Did your company purchase new vehicles during calendar year 2025?  Yes  No

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: **Rob Kemske II, Vice President**

Signature / Date:  1/16/26

# 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 A-Del Construction Co., Inc. Permit Number DE-SW-0816

## COMPANY CONTACT INFORMATION

Mailing Address:	
Address 1	10 Adel Dr.
Address 2	
City, State, Zip +4 Newark, DE 19702-1331	

Physical Location Address:	
<input checked="" type="checkbox"/> Same as mailing	
Address 1	
Address 2	
City, State, Zip +4	

Contact Name: Robert Kemske II Title: Vice President

Business Phone: 302-453-8286 Fax: 302-453-9550

E-mail: RKemske@a-del.com

24-hour Emergency Contact Phone: 

## WASTE TYPES

Please confirm the waste types in which your company transports.

- |   |  |                                     |                                   |
|---|--|-------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> Municipal | <input checked="" type="checkbox"/> Commercial | <input 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: **Rob Kemske II, Vice President**

Signature / Date:  1/16/26

# 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 Colonial Trucking Permit Number DE-SW- 1086

## COMPANY CONTACT INFORMATION

Mailing Address:	
Address 1	10 Adel Dr.
Address 2	
City, State, Zip +4 Newark, DE 19702-1331	

Physical Location Address:	
[-] Same as mailing	
Address 1	
Address 2	
City, State, Zip +4	

Contact Name: Robert Kemske II Title: Vice President  
Business Phone: 302-453-8286 Fax: 302-453-9550  
E-mail: RKemske@a-del.com

24-hour Emergency Contact Phone: 

## WASTE TYPES

Please confirm the waste types in which your company transports.

- |   |  |                                     |                                   |
|---|--|-------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> Municipal | <input checked="" type="checkbox"/> Commercial | <input 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: **Rob Kemske II, Vice President**

Signature / Date:  1/16/26

## Davis, DaQuan (DNREC)

---

**From:** Davis, DaQuan (DNREC) on behalf of WHStransporters  
**Sent:** Wednesday, February 18, 2026 9:49 AM  
**To:** 'rfmaherseniior@comcast.net'  
**Subject:** RE: Unapproved -Delaware Solid Waste Transporter Permit Application

**Categories:** Egress Switch: Unprotected

Hello,

I have received your certificate of Insurance, but I still need the following:

- **Section 8(b)**- Please provide all in-state solid waste Treatment, Storage, Disposal Facilities, Reclamation Facilities, and Transfer stations.
- **Section 11**-The spill control plan is missing an emergency contact (name and phone number). Please update this plan, add the contact information.
- **Section 12**- Please provide driver training. Requirements include:
  - (a). Special licenses (e.g. CDL, including any special endorsements), any special training received, including dates training was received (e.g. asbestos training), and any ongoing company programs. (e.g. weekly safety meetings or annual refresher courses);
  - (b). Include your company procedure for periodic checks of the driver's records for moving violations, and your company policy on progressive counseling/discipline based on points.
  - (c). Describe how drivers are instructed in the following:
    - (i) Knowledge of proper handling procedures for the type of solid waste being transported.
    - (ii) Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)
    - (iii) Familiarity with the conditions of the solid waste transporter's permit.
- **Section 14**-You did not provide a list of vehicle operators.

Please let me know whether this information has been mailed to 89 Kings Hwy SW, Dover, DE 19901.

Thank you,

DaQuan Davis



## DaQuan L. Davis

Environmental Scientist

### Division of Waste and Hazardous Substances

302-739-9403

[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)

89 Kings Hwy SW, Dover, DE 19901

[dnrec.delaware.gov](http://dnrec.delaware.gov)



---

**From:** Davis, DaQuan (DNREC) **On Behalf Of** WHStranporters  
**Sent:** Monday, January 12, 2026 4:24 PM  
**To:** rfmahersenior@comcast.net  
**Subject:** Unapproved -Delaware Solid Waste Transporter Permit Application

Hello,

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

- **Section 8(b)**- Please provide all in-state solid waste Treatment, Storage, Disposal Facilities, Reclamation Facilities, and Transfer stations.
- **Section 10**-You did not submit a certificate of insurance. Please provide this form and ensure you have the correct amount of automobile liability insurance, and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section. The address is 89 Kings Highway, Dover, DE 19901.
- **Section 11**-The spill control plan is missing an emergency contact (name and phone number). Please update this plan, add the contact information.
- **Section 12**- Please provide driver training. Requirements include:
  - (a). Special licenses (e.g. CDL, including any special endorsements), any special training received, including dates training was received (e.g. asbestos training), and any ongoing company programs. (e.g. weekly safety meetings or annual refresher courses);
  - (b). Include your company procedure for periodic checks of the driver's records for moving violations, and your company policy on progressive counseling/discipline based on points.
  - (c). Describe how drivers are instructed in the following:
    - (i) Knowledge of proper handling procedures for the type of solid waste being transported.
    - (ii) Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)
    - (iii) Familiarity with the conditions of the solid waste transporter's permit.

**Davis, DaQuan (DNREC)**

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**From:** Gina Seibert <Gina.Seibert@relationinsurance.com>  
**Sent:** Tuesday, February 10, 2026 10:49 AM  
**To:** WHStranporters  
**Cc:** rfmahersenior@comcast.net  
**Subject:** A-1 Services General LLC  
**Attachments:** corrected COI.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Attached is the corrected COI.

*Thank you and Have a great day!*

*Gina Seibert*

**EFFECTIVE IMMEDIATELY: Relation will not contact you to follow up on overdue direct bill payments or notices of cancellation for non-payment of premium. Notices related to past due premium balances and non-payment cancellations are sent directly to you by your insurance carrier(s).**

*Please note – Our physical office is open by appointment only. Kindly speak with your Producer or Account Manager to schedule an appointment.*



**Gina Seibert**

**Commercial Lines Account Manager – Small Business Unit**  
**Relation Insurance Services**  
100 Christiana Medical Center, Newark, DE 19702  
direct (302) 221-3003 / fax (302) 221-3003  
[Gina.Seibert@relationinsurance.com](mailto:Gina.Seibert@relationinsurance.com) / relationinsurance.com  
DE License #153081

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## **Disclaimer**

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## Davis, DaQuan (DNREC)

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**From:** Gina Seibert <Gina.Seibert@relationinsurance.com>  
**Sent:** Tuesday, February 10, 2026 10:49 AM  
**To:** WHStransporters  
**Cc:** rfmahersenior@comcast.net  
**Subject:** A-1 Services General LLC  
**Attachments:** corrected COI.pdf

Attached is the corrected COI.

*Thank you and Have a great day!*

*Gina Seibert*

**EFFECTIVE IMMEDIATELY: Relation will not contact you to follow up on overdue direct bill payments or notices of cancellation for non-payment of premium. Notices related to past due premium balances and non-payment cancellations are sent directly to you by your insurance carrier(s).**

*Please note – Our physical office is open by appointment only. Kindly speak with your Producer or Account Manager to schedule an appointment.*



### **Gina Seibert**

Commercial Lines Account Manager – Small Business Unit  
**Relation Insurance Services**

100 Christiana Medical Center, Newark, DE 19702  
direct (302) 221-3003 / fax (302) 221-3003

[Gina.Seibert@relationinsurance.com](mailto:Gina.Seibert@relationinsurance.com) / relationinsurance.com

DE License #153081

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*Our Service Vision is to create memorable lifelong relationships by delivering Legendary Service every day to every client.*

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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

<b>AGENCY</b> S.T. GOOD INSURANCE, INC.		<b>NAMED INSURED</b> A-1 SERVICES GENERAL, LLC 99 S LAURA COURT WILMINGTON, DE 19804	
<b>POLICY NUMBER</b> 02032002		<b>EFFECTIVE DATE:</b> 02/01/2026	
<b>CARRIER</b> United Financial Casualty Company	<b>NAIC CODE</b> 11770		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25      **FORM TITLE:** Certificate of Liability Insurance

**Additional Coverages**

Insurance coverage(s)	Limits
Personal Injury Protection/Property Protection Ins	\$15,000/\$30,000 (\$10,000 PPI included)
Uninsured/Underinsured Motorist	\$300,000 Combined Single Limit

**Description of Location/Vehicles/Special Items**

Scheduled autos only	
1997 LOAD BOSS Trailer 40BDT1625VMSS0019	
2022 CHEVROLET SILVERADO 2GC4YNEY5N1214449	
Comprehensive	\$500 Ded
Uninsured Motorist Property Damage	\$10,000 w/\$250 Ded
Collision	\$500 Ded

**Davis, DaQuan (DNREC)**

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**From:** Gina Seibert <Gina.Seibert@relationinsurance.com>  
**Sent:** Monday, February 9, 2026 2:43 PM  
**To:** WHStranporters  
**Cc:** rfmahersenior@comcast.net  
**Subject:** A-1 Services General LLC  
**Attachments:** COI - gs.pdf

Attached please find COI per insured's request.

*Thank you and Have a great day!*

*Gina Seibert*

**EFFECTIVE IMMEDIATELY: Relation will not contact you to follow up on overdue direct bill payments or notices of cancellation for non-payment of premium. Notices related to past due premium balances and non-payment cancellations are sent directly to you by your insurance carrier(s).**

*Please note – Our physical office is open by appointment only. Kindly speak with your Producer or Account Manager to schedule an appointment.*



**Gina Seibert**

Commercial Lines Account Manager – Small Business Unit  
Relation Insurance Services

100 Christiana Medical Center, Newark, DE 19702  
direct (302) 221-3003 / fax (302) 221-3003

[Gina.Seibert@relationinsurance.com](mailto:Gina.Seibert@relationinsurance.com) / relationinsurance.com  
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/02/2026

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).

<b>PRODUCER</b> S. T. GOOD INSURANCE, INC. 100 CHRISTIANA MED, NEWARK, DE 19702	<b>CONTACT NAME:</b> Progressive Commercial Lines Customer and Agent Servicing <b>PHONE (A/C, No, Ext):</b> 1-800-444-4487 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> progressivecommercial@email.progressive.com
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURER A:</b> United Financial Casualty Company	
<b>NAIC #</b> 11770	
<b>INSURER B:</b>	
<b>INSURER C:</b>	
<b>INSURER D:</b>	
<b>INSURER E:</b>	
<b>INSURER F:</b>	

**INSURED**  
 A-1 SERVICES GENERAL, LLC  
 99 S LAURA COURT  
 WILMINGTON, DE 19804

**COVERAGES**      **CERTIFICATE NUMBER:** 397754504117208509D020226T155748      **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
	<b>COMMERCIAL GENERAL LIABILITY</b> <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	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	02032002	02/01/2026	02/01/2027	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE    OIHER E. L. EACH ACCIDENT \$ E. L. DISEASE - EA EMPLOYEE \$ E. L. DISEASE - POLICY LIMIT \$
A	See ACORD 101 for additional coverage details.	N	N	02032002	02/01/2026	02/01/2027	\$

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

**CERTIFICATE HOLDER**

DNREC  
 DNREC  
 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

*Mark Pasch*

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> S.T. GOOD INSURANCE, INC.		<b>NAMED INSURED</b> A-1 SERVICES GENERAL, LLC 99 S LAURA COURT WILMINGTON, DE 19804	
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Uninsured/Underinsured Motorist	\$300,000 Combined Single Limit

**Description of Location/Vehicles/Special Items**

Scheduled autos only	
1997 LOAD BOSS Trailer 40BDT1625VMSS0019	
2008 CHEVROLET SILVERADO C2500 1GCHK29658E206705	
Collision	\$500 Ded
Comprehensive	\$500 Ded
Uninsured Motorist Property Damage	\$10,000 w/\$250 Ded

February 11, 2026

**A-1 SERVICES GENERAL, LLC**  
ROLL OFF SERVICES  
99 S. Laura Court  
Wilmington, DE 19804



RECEIVED

FEB 18 2026

DNREC - WHS

To: Dequan Davis:

Below is the list of  
your request to complete  
application

① Proof of Insurance  
sent to DNREC  
from Insurance Company

② Emergency Coordinator  
For Spills

③ Land Fill List

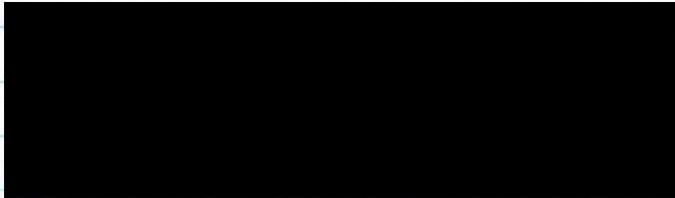
④ Robert F. Maher Sr.  
Years of experience  
driving commercial

**A-1 SERVICES GENERAL, LLC**  
ROLL OFF SERVICES  
99 S. Laura Court  
Wilmington, DE 19804



Emergency Coordinators  
For Spills

Robert F. Maher, Sr.  
99 S. Laura Ct.  
Wilmington, DE 19804



**A-1 SERVICES GENERAL, LLC**  
**ROLL OFF SERVICES**  
99 S. Laura Court  
Wilmington, DE 19804



Landfill

Revolution Recovery  
1101 Lambson Lane  
New Castle, DE 19720

(302) 356-3000

**A-1 SERVICES GENERAL, LLC**  
ROLL OFF SERVICES  
99 S. Laura Court  
Wilmington, DE 19804



Robert F. Maher, Sr.

45 years of experience  
driving commercial business

Robert F. Maher, Sr has a  
clean driving record.