

RECEIPT DATE 2/20/26 No. 635877

RECEIVED FROM R Hernandez Construction \$350.00

Three hundred fifty and 00/100 DOLLARS

FOR RENT New DE-SW-2190
 FOR _____

ACCOUNT	
PAYMENT	
BAL. DUE	

- CASH
- CHECK
- MONEY ORDER
- CREDIT CARD

FROM 1069 TO _____

BY M.M.



RECEIVED

FEB 09 2026

DWREC - 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: English

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

- Form checkboxes for permit types: New - SCRAP TIRES ONLY, New - ALL OTHERS, and Renewal.

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

ALL OTHERS

- Form checkboxes for permit terms under 'SCRAP TIRES ONLY'.

- Form checkboxes for permit terms under 'ALL OTHERS'.

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 R Hernandez Construction

Location Address:	Mailing Address:
3500 G st Philadelphia Pa 19134	3500 G st Philadelphia Pa 19134

Contact: Ricardo Hernandez Title: Owner

Business Phone: 267-253-5248 Fax: _____

E-mail: ricardohernandez04@yahoo.com

24 hr Emergency Contact Phone: 267-253-5248

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: PA
- Other: (must specify) _____

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

Attachment _____

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

- Attachment _____
- No parent company

8. Treatment, Storage, and Disposal Facilities

- (a). Do you cross state lines with the waste? Yes No
- (b). Identify in an attachment **all** solid waste Treatment, Storage, Disposal Facilities, Reclamation Facilities and Transfer Stations to which the waste will be transported.
- Delaware Solid Waste Authority locations: (attachment) _____
 - Clean Earth of New Castle, Inc. (thermal treatment facility for PHC-soils)
 - Delaware Recyclable Products, Inc. (dry waste, commercial, industrial, and PHC-soils)
 - Other in-state solid waste facilities, including private facilities: (attachment) _____
 - Out of state solid waste TSD facilities: (attachment) _____

9. Other Transporter Permits

- (a). Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)
- Attachment _____
 - Not applicable-No transporter permit required for these solid waste types in our home state.
- (b). List solid waste transporter permits held in other states.
- Attachment _____
 - No transporter permits in other states
- (c). Indicate your Federal DOT number and Motor Carrier number:
- DOT# 2918567 MC# 983869
- 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.

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.

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

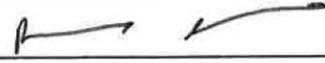
15. Environmental Record

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 2-2-26
Print Name Ricardo Hernandez 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). *Ensure the load is properly secured no leaks or spills*
 - 2). *Make sure the load is Tarped*
- (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: *Ricardo Hernandez* Phone: *267-257-5248*
- (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.

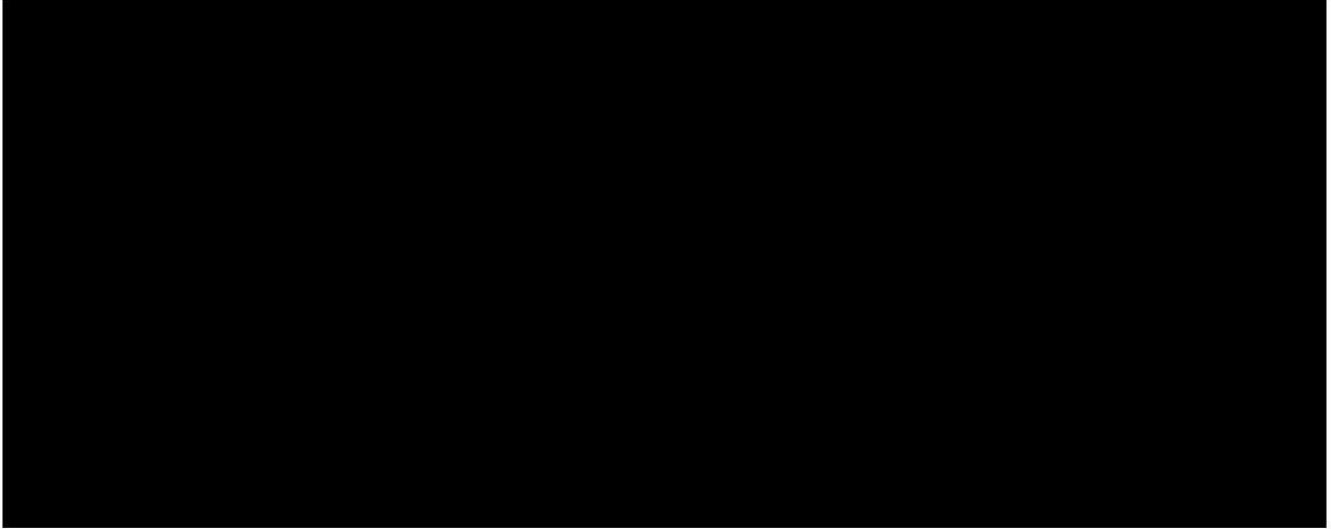
R HERNANDEZ CONSTRUCTION

3500 G ST

PHILADELPHIA, PA 19134

PHONE: 267-253-5248

EMAIL:RICARDOHERNANDEZ04@YAHOO.COM



R HERNANDEZ CONSTRUCTION

3500 G ST

PHILADELPHIA, PA 19134

PHONE: 267-253-5248

EMAIL:RICARDOHERNANDEZ04@YAHOO.COM

DRIVER'S SAFETY & COMPETENCY PROCEDURES SUMMARY

All company drivers must hold a valid driver's license and the appropriate driving endorsement class to operate company's vehicles and must have at least a 2-year experience. A 3-year license record is conducted prior to authorization and at regular intervals thereafter. Only approved and authorized personnel are permitted to drive company vehicles. Driving behavior is monitored through incident reporting, driver feedback, and periodic reviews. Any unsafe driving practices are investigated, and disciplinary measures are implemented as necessary.

For 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, Financial Responsibility Filings Division.

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



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 RICARDO HERNANDEZ INC of Pennsylvania 2918567 (Motor Carrier name) (Motor Carrier state or province) (USDOT Number)

Dated at 12:00 noon on this 4th day of November, 2025

Amending Policy Number: 506-9284731 Effective Date: 10/31/2025

Name of Insurance Company: CRUM & FORSTER INDEMNITY COMPANY

Countersigned by: [Signature] (authorized company representative)

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

- This insurance is primary and the company shall not be liable for amounts in excess of \$ 1,000,000.00 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: 800-242-4566

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

Filings must be transmitted online via the Internet at https://www.fmcsa.dot.gov/registration.

(continued on next page)

IMPORTANT NOTICE

The Delaware Department of Natural Resources and Environmental Control (DNREC) Compliance and Permitting Section (CAPS) is dedicated to overseeing the waste transportation permit process. We carefully receive, review, and provide comments regarding submitted permit applications, requiring a complete application prior to public notice. It is important for transporters submitting applications to DNREC-CAPS to understand that all permit applications will now be publicly accessible during the required 15-day public notice period and are also subject to release under DNREC's Freedom of Information Act (FOIA) afterward.

To improve transparency, DNREC now publishes legal notices on its website that include the names of transporters applying for permits, along with convenient links to the original permit applications. This approach is designed to promote open communication and build public trust.

Before releasing each permit application, DNREC-CAPS ensures that all personally identifiable information (PII)—such as driver names, birthdates, and Social Security numbers—is properly redacted.

Transporters who wish to keep other certain information in their permit applications confidential—excluding personally identifiable information (PII) which is being redacted—must explicitly request confidentiality when they submit their original application. This request must comply with DNREC's Freedom of Information Act (FOIA) regulations. For detailed policies and procedures regarding confidentiality requests, refer to § DE Admin. Code § 900, titled *Policies and Procedures Regarding FOIA Requests*.

Please note that any request to hold specific information as confidential must be made in writing at the time you submit your original waste transporter application to DNREC-CAPS. Your request must include a justification for why the information should be kept confidential, as required by Subsections 6.2.1 through 6.2.4 of the *Policies and Procedures Regarding FOIA Requests*.

Additionally, if you are making a confidentiality claim, you are required to submit two applications: the original waste transporter permit application and a second version of the original application that redacts the information you wish to keep confidential.

We appreciate your cooperation in this matter.

Davis, DaQuan (DNREC)

From: Ricardo Hernandez <ricardohernandez04@yahoo.com>
Sent: Thursday, February 12, 2026 12:07 PM
To: WHStranporters
Subject: Re: Missing Info- DE SW Transporter Permit Application
Attachments: WH25621 PIN LETTER.pdf

Sent from my iPhone

On Feb 12, 2026, at 11:53 AM, Ricardo Hernandez <ricardohernandez04@yahoo.com> wrote:

I will be sending out another check for \$350 you can shred the check I sent for \$650

Ownership info is
Ricardo Hernandez
DOB 11/13/1995
100% ownership
President of company
3500 g st Philadelphia pa 19134
Sent from my iPhone

Just got approved for pa waste permit the number is WH25621

On Feb 11, 2026, at 2:21 PM, WHStranporters <WHStranporters@delaware.gov> wrote:

Hello,

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

- **Section 1:** New transporters must select one year for \$350.00, and you sent us a check for **\$650.00**. Please mail a check for \$350.00. Would you like me to shred the other check? Please provide an answer.
- **Section 4(b)-** The ownership information that was submitted is missing the dates of birth, ownership percentages, titles, and the owner's mailing address. Please update your ownership information and send it back.
- **Section 9(a)-** Please provide a copy of the company's home state (PA) solid waste transporter permit.

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

Thank you,

DaQuan Davis

[<image001.png>](#)

DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous

Substances

[<image002.png>](#)

302-739-9403

[<image003.png>](#)

WHStranporters@delaware.gov

[<image004.png>](#)

89 Kings Hwy SW, Dover, DE 19901

[<image005.png>](#)

dnrec.delaware.gov

[<image006.png>](#)

[<image007.png>](#)

[<image008.png>](#)

<image001.png>

DaQuan L. Davis

Environmental Scientist

**Division of Waste and Hazardous
Substances**

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302-739-9403

<image003.png>

WHStranporters@delaware.gov

<image004.png>

89 Kings Hwy SW, Dover, DE 19901

<image005.png>

dnrec.delaware.gov

<image006.png>

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February 5, 2026

RICARDO HERNANDEZ
R HERNANDEZ CONSTRUCTION, LLC
3500 G ST FL 2
PHILADELPHIA, PA 19134-1319

Re: **Web Based Act 90 Authorization Submission, WH25621**

Dear Waste Hauler:

Waste Haulers have the ability to submit New, Renewal and Addendum Authorization forms for the Act 90 Waste Transportation Safety Program by accessing the Internet through <https://greenport.pa.gov>. The web-based application enables haulers to start, save, submit and electronically pay for Act 90 Authorizations, as well as maintain a history of submitted information.

In order to access the web-based application, you will need to:

1. REGISTER: Log on to DEP's Greenport at <https://greenport.pa.gov> to register for a user name and password. A username and password combination is unique to each individual utilizing the web-based application and is not to be shared or provided to others.
2. Once registered log back on to DEP's Greenport and click the 'Request Access' button.
3. Click on 'Enroll' on the Waste Transportation Safety Program to add the application to your portal information page.
4. Click on the WTSP link to begin working with the web-based application.
5. Enclosed is a PIN. PIN's are associated to a specific hauler so that you can access saved and historic information. The unique hauler PIN can be provided to those associated to the hauler that will be submitting web-based authorizations using their own unique user name and password.

Please keep your username, password and PIN in a safe place. If you forget or lose your PIN, a new PIN will need to be generated and mailed to you. The assigned name associated with your Waste Hauler identification number (WH25621) is "R HERNANDEZ CONST LLC". It is very important that you use only this name on any correspondence with the Waste Transportation Safety Program. The use of any other name will cause a delay in processing.

Please be advised that DEP and the Pennsylvania State Police conduct inspections of Waste Transportation vehicles. Violations discovered during these inspections could result in penalties and/or suspensions of Waste Hauler authorizations.

Sincerely,

A handwritten signature in black ink that reads "J. Morocco".

Jill R. Morocco
Solid Waste Program Specialist
Division of Reporting and Fee Collection