

# RECEIPT

DATE

3/16/26

No.

932501

RECEIVED FROM

Schlosser + Associates

\$1550.00

One thousand five hundred fifty and <sup>00</sup>/<sub>100</sub> DOLLARS FOR RENT FOR

DE-SW-0264D

ACCOUNT	
PAYMENT	
BAL. DUE	

 CASH CHECK MONEY  
ORDER CREDIT  
CARD

FROM

25040

TO

BY

M.M.



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

89 KINGS HIGHWAY  
 DOVER, DELAWARE 19901

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

RECEIVED  
 MAR 16 2026  
 DNREC - WHS

**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- 0264D Expiration Date 3/31/2024

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**

**ALL OTHERS**

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

- 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 Schlusser & Associates

Location Address:	Mailing Address:
2047 Sunset Lake Rd.	P.O. Box 7984
Newark DE 19702	Newark DE 19714

Contact: Steve Dennis Title: president

Business Phone: 302 738 7333 Fax: 302 738 5692

E-mail: stev@denschlusserandassociates.com

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: Newark State: DE Date: 1954

- 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 stockholders owning greater than 5% outstanding shares.

Attachment 1

- (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 see above  
 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) \_\_\_\_\_
  - 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# 540914 MC# 1709

- 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:

	<b>FOR-HIRE INTERSTATE</b>	<b>ALL OTHERS</b>
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   3  

**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   4

**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 3/11/2026  
Print Name Garnet Dennis Title VP

**\*\*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). *be sure the load is safe & secured*
  - 2). *Vehicle is adequate*
- (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: *Steve Deseri* 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.



# Schlosser and Associates Mechanical Contractors, Inc.

2047 Sunset Lake Road Newark, DE 19702

O: (302)738-7333 • F: (302)738-5692

Attachment #1  
Revised 4/16/21

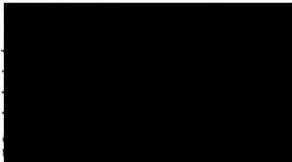
## Corporate Officers/Owners

Steven Dennis- President



Ownership: 45%

Garnet Dennis-Vice President



Ownership: 55%



Attachment #3

Spill Control Plan

Safety Equipment carried in vehicle: Reflectors &/or flares, fire extinguisher, first aid kit, heavy duty gloves, hard hat, shovel, broom, flashlight, triangle markers and safety vest.

Driver Preventative Measures: All loads will be enclosed, covered or tarped properly.

Driver Immediate Protective Actions: If possible, without endangering your own safety, remove debris from roadway and oncoming traffic. If debris cannot be safely removed set flares or markers and call for help.

Office: 302-738-7333

Steve Dennis Cell [REDACTED]

DE Emergency Reporting Numbers: 1-800-662-8802



Vehicle Operators:

Lowell (JR) Rife

Kevin McCullough

Yannick Pinoy-Curchmann

Mike Englad

Zack Brown

Petrus Jones Vanderspuy

Dylan Mercado

Jack Zebley

# Schlosser and Associates Mechanical Contractors, Inc.

2047 Sunset Lake Road Newark, DE 19702

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Attachment #4  
Revised 4/16/21

## Driver Training

Hiring: CDL licensing required, hire conditional upon a satisfactory MVR and road test.

MVRs checked annually in conjunction with insurance policy renewals.

CDL drivers must submit to random and periodic alcohol/drug screening as required by the Concentra DE DOT Consortium we belong to.

Driver is responsible for the safe and lawful operation of the vehicle, to include the pre-road check of fuel, oil, and tires.

Driver will read and familiarize themselves with the Spill Control Plan. The Spill Control Plan shall be carried in the vehicle.

Driver will read and familiarize themselves with the regulations of the Solid Waste Transporters Permit. The Solid Waste Transporters Permit shall be carried in the vehicle.

Any driver who incurs a moving violation will be given a written warning and counseled. Any subsequent major violations (reckless driving, DUI, etc.) will result in the loss of driving privileges.

Provide all employees an annual Defensive Driving Course on site.



**DELAWARE INSURANCE IDENTIFICATION CARD**

(STATE)

COMPANY NUMBER  
**22586**

COMPANY  
**Atlantic States**

COMMERCIAL     PERSONAL

POLICY NUMBER  
**1000191453**

EFFECTIVE DATE  
**07/01/2025**

EXPIRATION DATE  
**07/01/2026**

YEAR  
**2002**

MAKE/MODEL  
**Chev Silverado**

VEHICLE IDENTIFICATION NUMBER  
**1GBJC34UX2F214332**

AGENCY/COMPANY ISSUING CARD  
**Pratt Insurance, Inc.  
4 Village Square  
Smyrna, DE 19977**

**(302) 653-6681**

INSURED   
**Schlusser and Associates Mechanical Contractors Inc.  
P.O. Box 7984  
Newark, DE 19714**

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

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**DELAWARE INSURANCE IDENTIFICATION CARD**

(STATE)

COMPANY NUMBER  
**22586**

COMPANY  
**Atlantic States**

COMMERCIAL     PERSONAL

POLICY NUMBER  
**1000191453**

EFFECTIVE DATE  
**07/01/2025**

EXPIRATION DATE  
**07/01/2026**

YEAR  
**2014**

MAKE/MODEL  
**Ram 3500**

VEHICLE IDENTIFICATION NUMBER  
**3C7WRSBL7EG189254**

AGENCY/COMPANY ISSUING CARD  
**Pratt Insurance, Inc.  
4 Village Square  
Smyrna, DE 19977**

**(302) 653-6681**

INSURED   
**Schlusser and Associates Mechanical Contractors Inc.  
P.O. Box 7984  
Newark, DE 19714**

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(STATE)

COMPANY NUMBER  
**22586**

COMPANY  
**Atlantic States**

COMMERCIAL  PERSONAL

POLICY NUMBER  
**1000191453**

EFFECTIVE DATE  
**07/01/2025**

EXPIRATION DATE  
**07/01/2026**

YEAR  
**2007** MAKE/MODEL  
**Intl 7400 Dump**

VEHICLE IDENTIFICATION NUMBER  
**1HTWCAAN77J464704**

AGENCY/COMPANY ISSUING CARD  
**Pratt Insurance, Inc.  
4 Village Square  
Smyrna, DE 19977**

**(302) 653-6681**

INSURED   
**Schlosser and Associates Mechanical Contractors Inc.  
P.O. Box 7984  
Newark, DE 19714**

L

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(STATE)

COMPANY NUMBER  
**22586**

COMPANY  
**Atlantic States**

COMMERCIAL  PERSONAL

POLICY NUMBER  
**1000191453**

EFFECTIVE DATE  
**07/01/2025**

EXPIRATION DATE  
**07/01/2026**

YEAR  
**1991** MAKE/MODEL  
**Intl Dump Trk**

VEHICLE IDENTIFICATION NUMBER  
**1HTSDZ7N1MH306539**

AGENCY/COMPANY ISSUING CARD  
**Pratt Insurance, Inc.  
4 Village Square  
Smyrna, DE 19977**

**(302) 653-6681**

INSURED   
**Schlosser and Associates Mechanical Contractors Inc.  
P.O. Box 7984  
Newark, DE 19714**

L

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