

RECEIPT

DATE

3/19/26

No.

932510

RECEIVED FROM

City of Lewes

\$950.00

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

DOLLARS

 FOR RENT FOR

DE-SW-0015

ACCOUNT

PAYMENT

BAL. DUE

 CASH CHECK MONEY
ORDER CREDIT
CARD

FROM

18300

TO

BY

M.M.



RECEIVED

MAR 19 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) 739-5060

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

- 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- 0015 Expiration Date 03/31/29

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 City of Lewes

Location Address:	Mailing Address:
114 East Third street	PO Box 227
Lewes, DE	114 East Third Street
19958	Lewes DE 19958

Contact: Ellen Lorraine McCabe Title: City Manager

Business Phone: 302 645-7777 ext.116 Fax: 302 645-6406

E-mail: emccabe@ci.lewes.de.us

24 hr Emergency Contact Phone: 302 645-7777 ext.116

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: _____
- 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

5. Company locations in Delaware

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

- Attachment # 01
 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) Beach grass
 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) # 02
 - 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# _____ 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.

We travel in state only and not across state lines.
DE does not require unless transporting Hazardous Material.

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

#3

- (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 checked="" 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 #04

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 #5a-5b-5c

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 # 6

14. Vehicle Operator Information

Is a list of all vehicle operators attached? Yes # 7

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 Ellen Lorraine McCabe Date 3/9/2026

Print Name Ellen Lorraine McCabe Title City Manager

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

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 City of Lewes

Location Address:	Mailing Address:
114 East Third street	PO Box 227
Lewes, DE	Lewes DE
19958	19958

Contact: Ellen Lorraine McCabe Title: City Manager

Business Phone: 302 645-7777 ext.116 Fax: 302 645-6406

E-mail: emccabe@ci.lewes.de.us

24 hr Emergency Contact Phone: 302 645-7777 ext.116

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: _____
 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

Delaware Solid Waste Authority Locations:

Rt. 5 (<https://dswa.com/facilities/transfer-stations/rt-5/>)

29997 John P. Healy drive,

Harbeson, DE 19951

Jones Crossroads landfill

(<https://dswa.com/facilities/landfills/jones-crossroads/>)

28560 Landfill Lane

Georgetown, DE 19947

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). Spill kits
- (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). Walk around inspection
 - 2). Fill out Pre-Trip Inspection Sheet
- (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 Melendez Phone: 302 645-8809 ext. 131
- (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.

Driver Training

- CDL required
- DOT physical required
- Weekly safety meetings
- 5-minute toolbox talks daily
- Training classes monthly
- Random Drug Test
- Walk around truck pre-inspections
- Employees with most experience main drivers
- Drivers sign MVR authorizing driving record to be reviewed (attachment included)
- Copy of Solid Waste Transporter Permit posted in shop

The City of Lewes



March 6, 2026

RE: City of Lewes MVR Statement

To Whom It May Concern

The City of Lewes conducts Motor Vehicle Record (MVR) checks annually for all employees who operate motor vehicles in the course of their employment, in accordance with City policy. We currently use Peopletrail for our report running. The City of Lewes utilizes Peopletrail to obtain and review MVR reports. Peopletrail maintains digital authorization and release forms for all background screening and MVR checks conducted on behalf of the City of Lewes.

If you need any additional information I can be reached at 302-645-7777 ext. 107.

Shelby Shockley

Shelby Shockley
Human Resource Manager

The First Town in the First State

P.O. Box 227
Lewes, Delaware 19958

(302) 645-7777
Fax (302) 645-6406

Website: www.ci.lewes.de.us

Driver Criteria:

- A. Employees are required to be insurable through the City's insurance carrier if they are operating a vehicle to perform City business.
- B. Employees are required to drive safely and responsibly at all times.
The Human Resource Manager is responsible for reviewing driving records, including accidents, speeding tickets, moving violations, etc., to determine if an employee's driving record indicates a pattern of unsafe or irresponsible driving. The Human Resources Manager may recommend to the City Manager that the employee's driving privileges be suspended or revoked.

Traffic Violations:

- A. Fines for parking or moving violations, towing storage or impoundment incurred while a City vehicle is in an employee's ownership are the personal responsibility of the assigned operator. The City will not condone nor excuse ignorance of any motor vehicle violations that result in court summons being directed to itself as owner of the vehicle.
- B. Each driver is required to report all moving violations to their department manager and the Human Resource Manager within 24 hours. This requirement applies to violations involving the use of any vehicle (City, personal or other). Failure to report violations will result in appropriate disciplinary action, including revoking of driver privileges of city vehicles and possible termination of employment. Please be aware that motor vehicle violations incurred during non-business (personal use) hours will also affect your driving status as well and are subject to review.

Driving Record Criteria:

Below are the driving record criteria that will be followed as outlined by the City and the City's auto insurance provider. Employees with a rating of *1. Clear* or *2. Acceptable* will be permitted to operate City vehicles. Any employee with a rating of *3. Borderline* must have their driving privilege reviewed by the City Manager. An employee with a rating of *4. Unacceptable* will not be authorized to drive any City vehicle. Citations may be recorded as a violation on a person's motor vehicle record.

- 1. Clear – no traffic citations or motor vehicle accidents.
- 2. Acceptable – 2 or fewer traffic citations, or no more than 1 at-fault motor vehicle accident over three years.
 - a. Acceptable examples per the MVR Rating Criteria Table (page 4):
 - i. 2 traffic citations and 1 at-fault accident
 - ii. 0 traffic citations and 1 at-fault accident
 - b. Moving traffic citations may include but are not limited to running a red light, cell phone use while driving, driving through a stop sign, and speeding.
 - c. An employee is considered "at-fault" if they received a conviction or guilty plea for a motor vehicle citation.
- 3. Borderline – 3 or fewer traffic citations, or 2 at-fault motor vehicle accidents over three years.
 - a. Borderline examples per the MVR Rating Criteria Table (Page 4):
 - i. 3 citations and 0 at-fault accidents

- ii. 2 citations and 2 at-fault accidents
- 4. Unacceptable – any driver whose motor vehicle record shows any one of the following records is not acceptable:
 - a. Three or more at-fault accidents in the last three years.
 - b. One or more Type A violations (see below for the violation list) in the last three years.
 - c. Any combination of at-fault accidents and Type B violations (see below for violation list) that equals four citations or more in the last two years.
 - d. An operator's license that has been suspended or revoked within the past three years.

An employee will be put on a probationary status if their record is a 3. *Borderline* or above rating. A twelve-month watch is indicated and MVRs are checked at 3 month intervals. Anyone with a 4. *Unacceptable* rating or with a Type A violation may be subject to disciplinary action up to and including termination of employment.

Type A Violations:

1. Driving while intoxicated
2. Driving under the influence of drugs
3. Negligent homicide arising out of the use of a motor vehicle
4. Operating a motor vehicle during a period of suspension or revocation of an operator's license.
5. Using a motor vehicle for the commission of a felony.
6. Aggravated assault with a motor vehicle.
7. Operating a motor vehicle without the owner's authorization.
8. Permitting an unlicensed person to drive.
9. Reckless driving.
10. Speeding contest.
11. Hit and run (bodily injury and physical damage) driving.
12. Excess speeding (over 20 mph) over the speed limit
13. Attempting to elude a police officer.

Type B Violations:

1. Excess speeding (under 20 mph) over the speed limit
2. Illegal turn
3. Distracted Driving
4. Failure to obey traffic signals or signs

MVR Rating Criteria Table

Number of Citations (3-year period)	Number of At-Fault Accidents (3-year period)			
	0	1	2	3
0	Clear	Acceptable	Borderline	Unacceptable
1	Acceptable	Acceptable	Borderline	Unacceptable
2	Acceptable	Acceptable	Borderline	Unacceptable
3	Borderline	Borderline	Unacceptable	Unacceptable
4	Unacceptable	Unacceptable	Unacceptable	Unacceptable

List of Vehicle Operators

1. [REDACTED]
2. [REDACTED]
3. [REDACTED]
4. [REDACTED]
5. [REDACTED]
6. [REDACTED]
7. [REDACTED]
8. [REDACTED]
9. [REDACTED]
10. [REDACTED]
11. [REDACTED]