

# RECEIPT

DATE

4/2/26

No.

932546

RECEIVED FROM

Weaver family farms

\$650.00

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

DOLLARS

 FOR RENT FOR

DE-SW-2072

ACCOUNT		
PAYMENT		
BAL. DUE		

 CASH CHECK MONEY  
ORDER CREDIT  
CARD

FROM

R109263120318 TO R09263120329

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

APR 02 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- 2072 Expiration Date \_\_\_\_\_

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 Weaver Family Family, LLC

Location Address:	Mailing Address:
169 Cedar Rd Hershey Pa 17033	Same

Contact: Jason Cora Title: Transportation Manager

Business Phone: 7174548120 Fax: \_\_\_\_\_

E-mail: Jcora@wff-llc.com

24 hr Emergency Contact Phone: [REDACTED]

**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 \_\_\_\_\_  
 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) Wilming
- 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# 3087827 MC# 70235

- 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 checked="" 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 \_\_\_\_\_

Print Name JASON CORA Title Transportation & Safety Manager

**\*\*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.

# Weaver Family Farms, LLC. Spill Control Plan

1. List of safety & spill control includes
  - A. Shovels
  - B. Gloves
  - C. Broom
  - D. Bucket
  - E. Oil Dry
  - F. Safety vest
  - G. Fire extinguishers
  - H. An Emergency call number incase of an accident or spill.
  
2. Driver Preventative Measures
  - A. Driver will Secure the load to Prevent and issues or spill.
  - B. If a spill occurs the driver will contact the safety department Immediately
3. Driver Immediate Corrective Actions
  - A. The driver in case anything happens will contact the Safety Manager ASAP to report a situation.
  - B. Driver will secure the area
  - C. Driver will then commence to start clean the spill until backup arrives
4. Company Internal Communications
  - A. Emergency Contact  
Jason Cora  
Transportation & Safety Manager  
Weaver Family Farms, LLC  
[REDACTED]
5. Company External Communications
  - A. Delaware Emergency Reporting Numbers
  - B. 1-800-662-8802 1-302-739-9401
  
6. Cleanup & Decontamination Measures
  - A. Driver will clean and Document everything in case of a spill

## Emergency Contact

Jason Cora  
Transportation & Safety Manager  
Weaver Family Farms, LLC  
[REDACTED]



# Weaver Family Farms LLC Spill Control Plan

## - EMERGENCY RESPONSE PROCEDURES

This section provides a description of emergency response procedures to be performed to address oil and hazardous materials spills at the job site. Each response will vary depending upon the nature and extent of the incident. However, the general procedures outlined below will be followed.

### 4.1. WFF Responsibilities

1. WFF must designate both an Emergency Coordinator (EC) and an Alternate EC for the project.
2. WFF is responsible for appropriately addressing all spills that occur directly as a result of construction-related activities.
3. For all spills the internal notification requirements of this Plan as well as WIMS 11.05.00.01 - Incident Notification and Reporting need to be followed. For spills (spills that take less than a shovel-full of dirt to clean-up), no internal notification requirements of this Plan need to be followed. However, this does not relieve the WFF from appropriately remediating the area and reporting the spill in the daily report.
4. WFF shall supply the necessary manpower, PPE, and spill response equipment to appropriately address all spills that directly occur as a result of construction-related activities.
5. Ensure that all emergency spill response equipment and PPE is well-stocked and in good condition. Replace used materials when necessary.
6. If the situation warrants it, WFF, in consultation with the CI, shall immediately notify any local emergency spill response contractors for assistance.
7. WFF shall be responsible for hiring a Company approved emergency spill response contractor if the nature of the incident requires it.
8. WFF is responsible for immediately notifying the CI, EI or Operations Manager of any spills. WFF is responsible immediately reporting all spills to the CI (or OM) who will immediately contact Security Operations Center (SOC) at 717-454-8120 per 11.05.00.01 - Incident Notification and Reporting.

## EMERGENCY SPILL RESPONSE AND PERSONAL PROTECTIVE EQUIPMENT

Table 2 (Appendix A) provides a list of the minimally required Emergency Spill Response Equipment and Personal Protective Equipment (PPE) for this project.

## - CLEAN-UP PROCEDURES

The following section outlines specific procedures to be followed when addressing spills:

1. Small spills and leaks must be remediated as soon as feasible. Use absorbent pads wherever possible
2. Restrict spills to the containment area, if possible, by stopping or diverting flow.

## Weaver Family Farms LLC Spill Control Plan

3. If the spill exceeds the containment structure's capacity, immediately construct additional containment using sandbags or fill material. Every effort must be made to prevent the spills from entering a water body.
4. If a spill reaches a water body, immediately place oil booms downstream in order to contain the material. As soon as possible, remove the floating layer with absorbent pads.
5. After all recoverable oil has been collected and drummed, place all contaminated PPE, spill clean-up equipment, and any impacted soil into appropriate containers.
6. For significant quantities of impacted soils, construct temporary waste piles using plastic sheets. This material should subsequently be transferred into lined roll-off boxes as soon as feasible.
7. The Company Lead Environmental Specialist will coordinate all waste characterization, profiling, and disposal activities.

### Equipment Cleaning/Storage

1. Upon completion of remedial activities, WFF shall be responsible for decontaminating the used emergency response equipment as well as the PPE.
2. WFF shall be responsible for replacing any spent emergency response equipment and PPE prior to resuming construction-related activities.
3. Decontamination rinse fluids shall be collected and containerized. The Environmental Specialist will coordinate waste characterization and disposal activities.
4. Reusable PPE shall be tested and inventoried prior to being placed back into service.

### Waste Disposal

WFF may be responsible for waste management and waste disposal or any waste generated as the result of a spill (review contract language and project specifics). However, the Contractor's Environmental Representative will coordinate with the Williams Environmental Specialist for all waste characterization, profiling, and disposal activities. The Williams Environmental Specialist should refer to 03.00.00.03 - Waste Management, as needed.

### List of Emergency Contacts

1. Jason Cora      Transportation Safety Manager
2. Darren Weaver      President and CEO



# CERTIFICATE

## OF COMPLETION

This is to Certify that

**Jason Cora**

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**September 18, 2022**

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VEHICLE INFORMATION - See Item 13 of the application.

Use this form, or other format which provides the same information, to answer the VEHICLE IDENTIFICATION requirement of the application. List all vehicles, both motorized and container (if a license plate is required on the container) to be used to haul solid waste in the state of Delaware. In addition, list the vehicle owner, owner's address, and domicile address if different from the company address provided in the application.

MAKE - MODEL - YEAR	TYPE	VIN # (Serial Number)	LICENSE PLATE # and STATE of REGISTRATION	mfr's GVWR	OWNERSHIP
2005 PETE 379	TT	1XP5DB9X25N859685	AG70658 PA	80,000	WEAVER FAMILY FARMS,LLC.
1987 PETE 359	TT	1XP9DB9X6HD208488	AH36382 PA	80,000	WEAVER FAMILY FARMS,LLC.
2006 FRHT CENTURY	TT	1FUJBBCG86LU70876	AH19491 PA	80,000	WEAVER FAMILY FARMS,LLC.
2015 PETE 579	TT	1XPBDP0XXFD283364	AH09445 PA	80,000	WEAVER FAMILY FARMS,LLC.
1991 PETE 379	TT	1XP5DR9X5MN3055001	AH31740 PA	80,000	WEAVER FAMILY FARMS,LLC.
2015 KENW T800	TT	1XKDD40X5FJ418359	AH48010 PA	80,000	WEAVER FAMILY FARMS,LLC.
2013 PETE 386	TT	1XPHDP9X9DD204664	AH48009 PA	80,000	WEAVER FAMILY FARMS,LLC.
2000 KENW T800	TK	3BKDXBTX7YF862572	AG76480 PA	73280	WEAVER FAMILY FARMS,LLC.
2008 KENW W900	TK	1NKWX4EX88J228402	AH50967 PA	73280	WEAVER FAMILY FARMS,LLC.
2003 PETE 379	TK	1NP5AXEBTX73N801076	AH46811PA	73280	WEAVER FAMILY FARMS,LLC.
2015 PETE 367	TK	1NPSXP0XXFD272463	AH34149 PA	73280	WEAVER FAMILY FARMS,LLC.
2006 MAC	TRL	5MADA34346C010065	PT257U2 PA	80,000	WEAVER FAMILY FARMS,LLC.
1995 TI BROOK	TRL	1T9BSAH30SB021584	PT460S5 PA	80,000	WEAVER FAMILY FARMS,LLC.
1997 EAST MANUFACT	TRL	1E1D25381VRE22585	PT460T2 PA	80,000	WEAVER FAMILY FARMS,LLC.

## 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. Oliver Ruiz
  2. Shawn Haines
- (4) If there is an accident or other emergency which causes a portion of the load to be spilled, the driver, if unimpaired, will contact the following:  
Name Jason Coca [REDACTED]
- (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.

**Davis, DaQuan (DNREC)**

---

**From:** Jcora@wff-llc.com  
**Sent:** Thursday, April 9, 2026 10:30 AM  
**To:** WHStranporters  
**Subject:** Re: Information requested

1 Owner Darren Weaver President & 100% owner  


Drivers receive training every Quater as required to per our permits

---

**From:** Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> on behalf of WHStranporters <WHStranporters@delaware.gov>  
**Sent:** Thursday, April 9, 2026 7:01 AM  
**To:** Jason Cora <Jcora@wff-llc.com>  
**Subject:** RE: Information requested

Hello,

Please provide the following information:

- **Section 4(b)-** The ownership/corporate officer information that was submitted is missing the dates of birth, ownership percentages, titles, and the owner's /corporate officers' mailing address. Please update your ownership information and send it back.
- **Section 4(c)-** Do you have a parent company? If so, please provide the name, address, and ownership percentage.
- **Section 12-** Please add the following requirements for driver training and resend:
  - (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:
    - (iii) Familiarity with the conditions of the solid waste transporter's permit.

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

Thank you,

DaQuan Davis



**DaQuan L. Davis**

Environmental Scientist

**Division of Waste and Hazardous Substances**

☎ 302-739-9403

✉ [WHStransporters@delaware.gov](mailto:WHStransporters@delaware.gov)

📍 89 Kings Hwy SW, Dover, DE 19901

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



---

**From:** Jason Cora <Jcora@wff-llc.com>

**Sent:** Thursday, April 9, 2026 9:23 AM

**To:** Davis, DaQuan (DNREC) <daquan.davis@delaware.gov>

**Subject:** Information requested

Sincerely

Jason Cora

Transportation & Safety Manager

Weaver Family Farms LLC

717-454-8120

**Davis, DaQuan (DNREC)**

---

**From:** Jcora@wff-llc.com  
**Sent:** Thursday, April 9, 2026 10:30 AM  
**To:** WHStransporters  
**Subject:** Re: Information requested

1 Owner Darren Weaver President & 100% owner  


Drivers receive training every Quarter as required to per our permits

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**Subject:** RE: Information requested

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

Thank you,

DaQuan Davis



**DaQuan L. Davis**

Environmental Scientist

**Division of Waste and Hazardous Substances**

☎ 302-739-9403

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

📍 89 Kings Hwy SW, Dover, DE 19901

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



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**To:** Davis, DaQuan (DNREC) <daquan.davis@delaware.gov>

**Subject:** Information requested

Sincerely

Jason Cora

Transportation & Safety Manager

Weaver Family Farms LLC

717-454-8120

**Davis, DaQuan (DNREC)**

---

**From:** Jason Cora <Jcora@wff-llc.com>  
**Sent:** Thursday, April 9, 2026 10:28 AM  
**To:** Davis, DaQuan (DNREC)  
**Attachments:** 20260409-1025.pdf

Sincerely  
Jason Cora  
Transportation & Safety Manager  
Weaver Family Farms LLC  
717-454-8120

## Davis, DaQuan (DNREC)

---

**From:** Davis, DaQuan (DNREC) on behalf of WHStranporters  
**Sent:** Thursday, April 9, 2026 10:01 AM  
**To:** 'Jason Cora'  
**Subject:** RE: Information requested

**Categories:** Egress Switch: Unprotected

Hello,

Please provide the following information:

- **Section 4(b)**- The ownership/corporate officer information that was submitted is missing the dates of birth, ownership percentages, titles, and the owner's /corporate officers' mailing address. Please update your ownership information and send it back.
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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)



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**From:** Jason Cora <Jcora@wff-llc.com>

**Sent:** Thursday, April 9, 2026 9:23 AM

**To:** Davis, DaQuan (DNREC) <daquan.davis@delaware.gov>

**Subject:** Information requested

Sincerely

Jason Cora

Transportation & Safety Manager

Weaver Family Farms LLC

717-454-8120

## Davis, DaQuan (DNREC)

---

**From:** Davis, DaQuan (DNREC) on behalf of WHStranporters  
**Sent:** Monday, April 6, 2026 2:43 PM  
**To:** weaverism@me.com  
**Subject:** DE Solid Waste Transport Permit Application  
**Attachments:** 2024 Application with FOIA and Attachments.pdf  
  
**Categories:** Egress Switch: Unprotected

Hello,

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

- **Section 4(b)**- The ownership/corporate officer information that was submitted is missing the dates of birth, ownership percentages, titles, and the owner's /corporate officer's mailing address. Please update your ownership information and send it back
- **Section 4(c)**- Do you have a parent company? If so, please provide the name, address, and ownership percentage.
- **Section 7(a)**- What waste types are to be transported?
  - Residential
  - Commercial
  - Dry
  - Ash
  - Infectious
  - Soils
  - Asbestos
  - Scrap Tires
- **Section 9(b)**- Do you have any other state solid waste transporter permits? If so, please provide each permit's number.
- **Section 10**- Please provide an MCS-90 endorsement form.
- **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.
- **Section 16-** Please have the owner hand-sign and date the application. Redo page 6 of the application.

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

Thank you,

DaQuan Davis



**DaQuan L. Davis**

Environmental Scientist

**Division of Waste and Hazardous  
Substances**

☎ 302-739-9403

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

📍 89 Kings Hwy SW, Dover, DE 19901

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



# 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 Weaver Family Farms LLC Permit Number DE-SW-2072

## COMPANY CONTACT INFORMATION

Mailing Address:	
Address 1	[REDACTED]
Address 2	
City, State	

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

Contact Name: Jason Cora Title: Transportation + Safety Manager

Business Phone: 717-454-8120 Fax: \_\_\_\_\_

E-mail: Jcora@wff-LLC.com

24-hour Emergency Contact Phone: [REDACTED]

## WASTE TYPES

Please confirm the waste types in which your company transports.

- |                                      |                                      |                                     |                                         |
|--------------------------------------|--------------------------------------|-------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Municipal   | <input type="checkbox"/> Commercial  | <input type="checkbox"/> Industrial | <input checked="" 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: Jason Cora Transportation + Safety Manager

Signature / Date: J. Cora 1/06/2026



WEAVFAM-01

KRETA1

# CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)  
 1/6/2026

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).

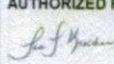
<b>PRODUCER</b> The Hess Agency 2990 Mount Joy Rd Manheim, PA 17545	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (717) 665-2770      FAX (A/C, No): (717) 665-4493 E-MAIL ADDRESS: hess@hessagency.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : <b>Erie Insurance Exchange</b>	
NAIC # <b>26271</b>	
<b>INSURED</b> Weaver Family Farms LLC 169 Cedar Rd Hershey, PA 17033	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			Q38-0550843	2/5/2025	2/5/2026	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
PRODUCTS - COMP/OP AGG \$ 2,000,000							
							\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			Q02-0530839	2/5/2025	2/5/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			Q26-0570467	2/5/2025	2/5/2026	EACH OCCURRENCE \$ 2,000,000
							AGGREGATE \$ 2,000,000
							\$
							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N    N/A If yes, describe under DESCRIPTION OF OPERATIONS below			Q86-0500777	2/5/2025	2/5/2026	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT \$ 500,000
							E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Motor Truck Cargo			Q38-0550843	2/5/2025	2/5/2026	Limit \$ 100,000

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

**CERTIFICATE HOLDER**
 State of Delaware  
 Department of Natural Resources and Environmental Control, Compliance and Permitting Section  
 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  


USDOT Number: \_\_\_\_\_ Date Received: \_\_\_\_\_

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

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



Endorsement for Motor Carrier Policies of Insurance for Public Liability under Sections 29 and 30 of the Motor Carrier Act of 1980

FORM MCS-90

Issued to WEAVER FAMILY FARMS LLC of Pennsylvania  
*(Motor Carrier name)* *(Motor Carrier state or province)*

Dated at 2:45 pm on this 13th day of May, 2024

Amending Policy Number: Q02 0530839 Effective Date: 05/13/2024

Name of Insurance Company: Erie Insurance Exchange

Countersigned by: Marc Coriani  
*(authorized company representative)*

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

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

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

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

Filings must be transmitted online via the Internet at <https://portal.fmcsa.dot.gov/UrsRegistrationWizard/>.

(continued on next page)

**DEFINITIONS AS USED IN THIS ENDORSEMENT**

**Accident** includes continuous or repeated exposure to conditions or which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

**Motor Vehicle** means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

**Bodily Injury** means injury to the body, sickness, or disease to any person, including death resulting from any of these.

**Property Damage** means damage to or loss of use of tangible property.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Motor Carrier Safety Administration (FMCSA).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon,

**Environmental Restoration** means restitution for the loss, damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.

**Public Liability** means liability for bodily injury, property damage, and environmental restoration.

or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately to each accident and any payment under the policy because of anyone accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

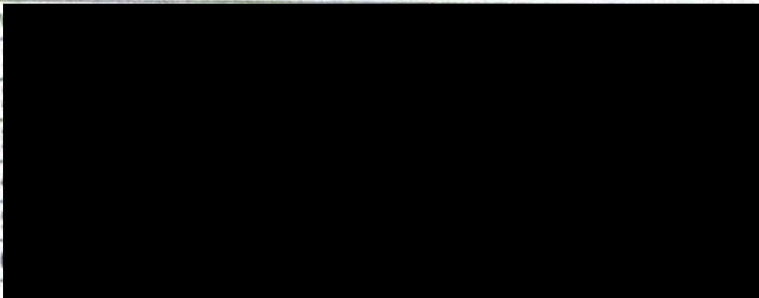
(continued on next page)

<b>SCHEDULE OF LIMITS — PUBLIC LIABILITY</b>
----------------------------------------------

Type of carriage	Commodity transported	January 1, 1985
(1) For-hire (in interstate or foreign commerce, with a gross vehicle weight rating of 10,001 or more pounds).	Property (nonhazardous)	\$750,000
(2) For-hire and Private (in interstate, foreign, or intrastate commerce, with a gross vehicle weight rating of 10,001 or more pounds).	Hazardous substances, as defined in <a href="#">49 CFR 171.8</a> , transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Division 1.1, 1.2, and 1.3 materials, Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material, as defined in <a href="#">49 CFR 173.403</a> .	\$5,000,000
(3) For-hire and Private (in interstate or foreign commerce, in any quantity; or in intrastate commerce, in bulk only; with a gross vehicle weight rating of 10,001 or more pounds).	Oil listed in <a href="#">49 CFR 172.101</a> ; hazardous waste, hazardous materials, and hazardous substances defined in <a href="#">49 CFR 171.8</a> and listed in <a href="#">49 CFR 172.101</a> , but not mentioned in (2) above or (4) below.	\$1,000,000
(4) For-hire and Private (in interstate or foreign commerce, with a gross vehicle weight rating of less than 10,001 pounds).	Any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in <a href="#">49 CFR 173.403</a> .	\$5,000,000

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

# Weaver Family Farms, LLC.

Driver		

All of our driver's have had the training on transporting Solid Waste, which include but is not limited to,

1. Load Securement
2. Tarping
3. Using Turn Buckles
4. Straps

Waste Management Authority

Is Located at;

1299 Harrisburg Pike,

Lancaster, PA 17603



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) 739-8403  
 FAX: (302) 739-8060

**SOLID WASTE TRANSPORTER PERMIT APPLICATION**

**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- \_\_\_\_\_ Expiration Date \_\_\_\_\_

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 Weaver Family Farm's, LLC.

Location Address:	Mailing Address:
169 Cedar Rd. Hershey, Pa 17033	Same

Contact: Darren Weaver Title: Owner / President

Business Phone: 717-648-9032 Fax: \_\_\_\_\_

E-mail: weaverism@me.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: Hershey State: PA Date: 11/12/2017
  - 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

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) \_\_\_\_\_
  - 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) WM-Lancas

**9. Other Transporter Permits**

- (a). Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)
- Attachment \_\_\_\_\_
  - Not applicable-No transporter permit required for these solid waste types in our home state.
- (b). List solid waste transporter permits held in other states.
- Attachment PA
  - No transporter permits in other states
- (c). Indicate your Federal DOT number and Motor Carrier number:
- DOT# 3087827 MC# 70235
- 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.

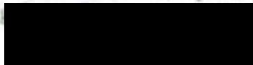
\*\*Signature  Date 5/17/2024  
Print Name DARREN WEAVER Title OWNER / PRESIDENT

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

VEHICLE INFORMATION - See Item 13 of the application.  
 Use this form, or other format which provides the same information, to answer the VEHICLE IDENTIFICATION requirement of the application. List all vehicles, both motorized and container (if a license plate is required on the container) to be used to haul solid waste in the state of Delaware. In addition, list the vehicle owner, owner's address, and domicile address if different from the company address provided in the application.

MAKE - MODEL - YEAR	TYPE	VIN # (Serial Number)	LICENSE PLATE # and STATE of REGISTRATION	mfr's GVWR	OWNERSHIP
2005 PETE 379	TT	1XP5DB9X25N859585	AG70658 PA	80,000	WEAVER FAMILY FARMS,LLC.
1987 PETE 359	TT	1XP9DB9X6HD208488	AH36382 PA	80,000	WEAVER FAMILY FARMS,LLC.
2006 FRHT CENTURY	TT	1FUJBB9X86LJ70876	AH19491 PA	80,000	WEAVER FAMILY FARMS,LLC.
2015 PETE 579	TT	1XP8DP0XXFD283364	AH09445 PA	80,000	WEAVER FAMILY FARMS,LLC.
1991 PETE 379	TT	1XP5DR9X5MN3055001	AH31740 PA	80,000	WEAVER FAMILY FARMS,LLC.
2015 KENW T800	TT	1XKDD40X5FJ418359	AH48010 PA	80,000	WEAVER FAMILY FARMS,LLC.
2013 PETE 386	TT	1XPH0P9X9DD204664	AH48009 PA	80,000	WEAVER FAMILY FARMS,LLC.
2000 KENW T800	TK	3BKDXBTX7YF862572	AG76480 PA	73280	WEAVER FAMILY FARMS,LLC.
2008 KENW W900	TK	1NKWX4EX88J228402	AH50967 PA	73280	WEAVER FAMILY FARMS,LLC.
2003 PETE 379	TK	1NP5AXEBTX73N801076	AH46811PA	73280	WEAVER FAMILY FARMS,LLC.
2015 PETE 367	TK	1NPSXP0XXFD272463	AH34149 PA	73280	WEAVER FAMILY FARMS,LLC.
2006 MAC	TRL	5MADA34346C010065	PT257U2 PA	80,000	WEAVER FAMILY FARMS,LLC.
1995 TI BROOK	TRL	1T9BSAH30S8021584	PT460S5 PA	80,000	WEAVER FAMILY FARMS,LLC.
1997 EAST MANUFACT	TRL	1E1D2S381VRE22585	PT460T2 PA	80,000	WEAVER FAMILY FARMS,LLC.

## 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). Oliver Ruiz
  - 2). Shawn Haines
- (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  coordinator.  
Name: Jason Cora
- (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.

# Weaver Family Farms LLC Spill Control Plan

## - EMERGENCY RESPONSE PROCEDURES

This section provides a description of emergency response procedures to be performed to address oil and hazardous materials spills at the job site. Each response will vary depending upon the nature and extent of the incident. However, the general procedures outlined below will be followed.

### 4.1. WFF Responsibilities

1. WFF must designate both an Emergency Coordinator (EC) and an Alternate EC for the project.
2. WFF is responsible for appropriately addressing all spills that occur directly as a result of construction-related activities.
3. For all spills the internal notification requirements of this Plan as well as WIMS 11.05.00.01 – Incident Notification and Reporting need to be followed. For spills (spills that take less than a shovel-full of dirt to clean-up), no internal notification requirements of this Plan need to be followed. However, this does not relieve the WFF from appropriately remediating the area and reporting the spill in the daily report.
4. WFF shall supply the necessary manpower, PPE, and spill response equipment to appropriately address all spills that directly occur as a result of construction-related activities.
5. Ensure that all emergency spill response equipment and PPE is well-stocked and in good condition. Replace used materials when necessary.
6. If the situation warrants it, WFF, in consultation with the CI, shall immediately notify any local emergency spill response contractors for assistance.
7. WFF shall be responsible for hiring a Company approved emergency spill response contractor if the nature of the incident requires it.
8. WFF is responsible for immediately notifying the CI, EI or Operations Manager of any spills. WFF is responsible immediately reporting all spills to the CI (or OM) who will immediately contact Security Operations Center (SOC) at 717-454-8120 per 11.05.00.01 – Incident Notification and Reporting.

## EMERGENCY SPILL RESPONSE AND PERSONAL PROTECTIVE EQUIPMENT

Table 2 (Appendix A) provides a list of the minimally required Emergency Spill Response Equipment and Personal Protective Equipment (PPE) for this project.

## - CLEAN-UP PROCEDURES

The following section outlines specific procedures to be followed when addressing spills:

1. Small spills and leaks must be remediated as soon as feasible. Use absorbent pads wherever possible
2. Restrict spills to the containment area, if possible, by stopping or diverting flow.

## Weaver Family Farms LLC Spill Control Plan

3. If the spill exceeds the containment structure's capacity, immediately construct additional containment using sandbags or fill material. Every effort must be made to prevent the spills from entering a water body.
4. If a spill reaches a water body, immediately place oil booms downstream in order to contain the material. As soon as possible, remove the floating layer with absorbent pads.
5. After all recoverable oil has been collected and drummed, place all contaminated PPE, spill clean-up equipment, and any impacted soil into appropriate containers.
6. For significant quantities of impacted soils, construct temporary waste piles using plastic sheets. This material should subsequently be transferred into lined roll-off boxes as soon as feasible.
7. The Company Lead Environmental Specialist will coordinate all waste characterization, profiling, and disposal activities

### Equipment Cleaning/Storage

1. Upon completion of remedial activities, WFF shall be responsible for decontaminating the used emergency response equipment as well as the PPE.
2. WFF shall be responsible for replacing any spent emergency response equipment and PPE prior to resuming construction-related activities.
3. Decontamination rinse fluids shall be collected and containerized. The Environmental Specialist will coordinate waste characterization and disposal activities.
4. Reusable PPE shall be tested and inventoried prior to being placed back into service.

### Waste Disposal

WFF may be responsible for waste management and waste disposal or any waste generated as the result of a spill (review contract language and project specifics). However, the Contractor's Environmental Representative will coordinate with the Williams Environmental Specialist for all waste characterization, profiling, and disposal activities. The Williams Environmental Specialist should refer to 03.00.00.03 – Waste Management, as needed.

### List of Emergency Contacts

1. Jason Cora      Transportation Safety Manager [REDACTED]
2. Darren Weaver      President and CEO [REDACTED]



# CERTIFICATE OF COMPLETION

This is To Certify That:

**Jason Cora**

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Has successfully completed 60 minute drug and 60 minute alcohol of drug and alcohol training per 49 CFR 382.603

Date September 18, 2022



**Davis, DaQuan (DNREC)**

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**From:** Jason Cora <Jcora@wff-llc.com>  
**Sent:** Thursday, April 9, 2026 9:23 AM  
**To:** Davis, DaQuan (DNREC)  
**Subject:** Information requested  
**Attachments:** 20260409-0920.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Sincerely  
Jason Cora  
Transportation & Safety Manager  
Weaver Family Farms LLC  
717-454-8120