

# RECEIPT

DATE

4/17/26

No.

932561

RECEIVED FROM

Manage Direct Systems Environmental

\$ 300.00

Three hundred fifty and  $\frac{02}{100}$ 

DOLLARS

 FOR RENT FOR

DE-SW-1826

ACCOUNT	
PAYMENT	
BAL. DUE	

 CASH CHECK MONEY  
ORDER CREDIT  
CARD

FROM

1022

TO

BY

M.M.



RECEIVED

MAR 20 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- 1826 Expiration Date 3/31/26

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 Manage Direct Systems Environmental LLC dba Busch Environmental

Location Address:	Mailing Address:
50 Suffolk Court, Downingtown, PA 19335	POB 471, Douglassville, PA 19518

Contact: Theodore I Busch Jr Title: President

Business Phone: 610-741-7199 Fax: NONE

E-mail: ted@mdsenv.com

24 hr Emergency Contact Phone: 610-741-7199

**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 #1 - Owners

(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) #2 - TSDF

**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 #3 - PaDEP
  - 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 #4 - Other
- No transporter permits in other states

- (c). Indicate your Federal DOT number and Motor Carrier number:

DOT# 2442980 MC# 842872

- 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

**SEE ATTACHMENT #5 - MCS90 & COI**

- (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 checked="" type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input checked="" type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Industrial Waste	\$750,000.00 + MCS-90 <input checked="" 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 checked="" type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Asbestos	\$1,000,000.00 + MCS-90 <input checked="" 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 #6

### 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 Attach - Dr

**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

**SEE ATTACHMENT #8 - Truck Info**

**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 #9 - NOV's

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 Theodore I Busch Jr Date 3/9/2026  
Print Name Theodore I Busch Jr Title President

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

## **ATTACHMENT #1 - Owners**

**List of all employees, job titles, and dates of employment**

Not Required

Theodore I Busch Jr. : Sole Proprietor - Owner-Operator

ATTACHMENT 2 - List of TSDFs

SECTION D – RECEIVING FACILITY INFORMATION

PERMIT NO. \_\_\_\_\_

Please use the waste types found in Section C and type or print legibly the disposal facility name, address, phone number and permit or registration number. For permit renewals or modifications, list only the facilities you want added or deleted. Attach additional pages if necessary.

Waste Type	Receiving Facility Name Address and Phone Number	Receiving Facility Permit/ Registration Number  Or Beneficial Use Determination (BUD) No.	What should be done with this facility on the permit?
1) Universal waste	AERC Recycling Solutions (Clean Earth) 2591 Mitchell Avenue Allentown, PA 18103-6609 610-797-7608	PAD 987 367 216	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete
1) Waste Oil 2) Petroleum Contaminated Soil 3) Hazardous waste 4) Industrial Commercial waste 5) Universal waste	Chemtron Corporation 35850 Schneider CT Avon, OH 44011 440-930-7815	OHD 066 060 609	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete
1) Waste Oil 2) Petroleum Contaminated Soil 3) Industrial Commercial waste 4) Universal waste	Reworld - Manheim 190 Shellyland Rd Manheim, PA 17545 717-653-8882	PAR 000 533 521	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete
1) Waste Oil 2) Petroleum Contaminated Soil 3) Hazardous waste 4) Industrial Commercial waste 5) Universal waste	Clean Harbors EI Dorado, LLC 309 American Circle EI Dorado, AR 71730 870-863-7173	ARD 069 748 192	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete
1) Waste Oil 2) Petroleum Contaminated Soil 3) Industrial Commercial Waste	Curtis Bay Energy 3200 Hawkins Point Road Baltimore, MD 21226 713-660-3544	MDD 985 404 318	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete
1) Waste Oil 2) Petroleum Contaminated Soil 3) Hazardous waste 4) Industrial Commercial waste 5) Universal waste	Cycle Chem Inc. 217 S 1st St Elizabeth, NJ 07206 978-815-0609	NJD 002 200 046	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete

**\*\*BE SURE ALL WASTE TYPES APPEAR WHEN APPLICATION IS PRINTED BEFORE SUBMISSION\*\***

## SECTION D – RECEIVING FACILITY INFORMATION

PERMIT NO. PA-626

Please use the waste types found in Section C and type or print legibly the disposal facility name, address, phone number and permit or registration number. For permit renewals or modifications, list only the facilities you want added or deleted. Attach additional pages if necessary.

Waste Type	Receiving Facility Name, Address and Phone Number	Receiving Facility Permit/ Registration Number Or Beneficial Use Determination (BUD) No.	What should be done with this facility on the permit?
1) Waste oil 2) Petroleum contaminated soil 3) Hazardous waste 4) Industrial commercial waste 5) Universal waste	Cycle Chem Inc (PA) (ACV) 550 Industrial Drive Lewisberry, PA 17339 717-938-4700	PAD 067 098 822	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete
1) Waste oil 2) Petroleum contaminated soil 3) Hazardous waste 4) Industrial commercial waste 5) Universal waste	Environmental Enterprises Inc 4650 Spring Grove Ave Cincinnati, OH 45232 513-541-1823	OHD 083 377 010	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete
1) Waste oil 2) Petroleum contaminated soil 3) Industrial commercial waste	Environmental Recovery Corp of PA (ERC) (VLS) 1076 Old Manheim Pike Lancaster, PA 17339 717-938-4700	PAD 987 266 749	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete
1) Hazardous waste	Giant Resource Recovery Sumter Inc 755 Industrial Blvd Sumter, SC 29150-6705 803-773-1400	SCD 036 275 626	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete
1) Waste oil 2) Petroleum contaminated soil 3) Industrial commercial waste	JG Environmental LLC 776 Flory Mill RD Lancaster, PA 17601 717-989-2222	PAR 000 561 514	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete
1) Hazardous waste 2) Universal waste	LCSWMA Household Hazardous Waste Facility 1299 HARRISBURG PIKE Lancaster, PA 17603 717-553-5864	PAD 987 284 932	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete

**\*\*BE SURE ALL WASTE TYPES APPEAR WHEN APPLICATION IS PRINTED BEFORE SUBMISSION\*\***

## SECTION D – RECEIVING FACILITY INFORMATION

PERMIT NO. \_\_\_\_\_

Please use the waste types found in Section C and type or print legibly the disposal facility name, address, phone number and permit or registration number. For permit renewals or modifications, list only the facilities you want added or deleted. Attach additional pages if necessary.

Waste Type	Receiving Facility Name Address and Phone Number	Receiving Facility Permit/ Registration Number  Or  Beneficial Use Determination (BUD) No.	What should be done with this facility on the permit?
1) Waste oil 2) Petroleum contaminated soil 3) Hazardous waste 4) Industrial commercial waste 5) Universal waste	Republic Environmental Systems (PA) Inc (Clean Earth) 2869 Sandstone Drive Hatfield, PA 19440-1912 215-822-8998	PAD 085 690 592	<input checked="" type="checkbox"/> Add  <input type="checkbox"/> Delete
1) Waste oil 2) Petroleum contaminated soil 3) Hazardous waste 4) Industrial commercial waste 5) Universal waste	Ross Incineration Services Inc 36790 Giles Rd Grafton, OH 44044 440-748-5847	OHD 048 415 665	<input checked="" type="checkbox"/> Add  <input type="checkbox"/> Delete
1) Waste oil 2) Petroleum contaminated soil 3) Hazardous waste 4) Industrial commercial waste 5) Universal waste	Spring Grove Resource Recovery Inc 4879 Spring Grove Cincinnati, OH 45232 513-681-6242	OHD 000 816 629	<input checked="" type="checkbox"/> Add  <input type="checkbox"/> Delete
1) Waste oil 2) Petroleum contaminated soil 3) Hazardous waste 4) Industrial commercial waste 5) Universal waste	EQ Detroit (US Ecology) 1923 Frederick St Detroit, MI 48211 313-347-1300	MID 980 991 566	<input checked="" type="checkbox"/> Add  <input type="checkbox"/> Delete
1) Waste oil 2) Petroleum contaminated soil 3) Hazardous waste 4) Industrial commercial waste 5) Universal waste	Veolia ES Tech Solutions LLC 3100 Hedley St Philadelphia, PA 19137-1934 540-266-4272	PAD 981 945 157	<input checked="" type="checkbox"/> Add  <input type="checkbox"/> Delete
1) Waste oil 2) Petroleum contaminated soil 3) Hazardous waste 4) Industrial commercial waste 5) Universal waste	Veolia ES York County SWRA 58 Flour Mill Rd York, PA 17406-9720 717-845-1066	PAR 000 564 666	<input checked="" type="checkbox"/> Add  <input type="checkbox"/> Delete

**\*\*BE SURE ALL WASTE TYPES APPEAR WHEN APPLICATION IS PRINTED BEFORE SUBMISSION\*\***

SECTION D – RECEIVING FACILITY INFORMATION

PERMIT NO. \_\_\_\_\_

Please use the waste types found in Section C and type or print legibly the disposal facility name, address, phone number and permit or registration number. For permit renewals or modifications, list only the facilities you want added or deleted. Attach additional pages if necessary.

Waste Type	Receiving Facility Name Address and Phone Number	Receiving Facility Permit/ Registration Number  Or Beneficial Use Determination (BUD) No.	What should be done with this facility on the permit?
1) Waste oil 2) Petroleum contaminated soil 3) Hazardous waste 4) Industrial commercial waste 5) Universal waste	Reworld Myerstown LLC (WRS) 343 King St Myerstown, PA 17067-2526 717-817-6428	PAR 000 043 026	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete
1) Waste oil 2) Petroleum contaminated soil 3) Hazardous waste 4) Industrial commercial waste 5) Universal waste	VEOLIA ES TECHNICAL SOLUTIONS LLC 1 Eden Lane Flanders, NJ 07836 212-637-4162	NJD 980 536 593	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete
1) Waste oil 2) Petroleum contaminated soil 3) Hazardous waste 4) Industrial commercial waste 5) Universal waste	Tradebe Treatment and Recycling LLC 4343 Kennedy Ave. East Chicago, IN 45312	IND 000 646 943	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete
			<input type="checkbox"/> Add <input type="checkbox"/> Delete
			<input type="checkbox"/> Add <input type="checkbox"/> Delete
			<input type="checkbox"/> Add <input type="checkbox"/> Delete

**\*\*BE SURE ALL WASTE TYPES APPEAR WHEN APPLICATION IS PRINTED BEFORE SUBMISSION\*\***

# ATTACHMENT 3 - PA Permit

THIS DOCUMENT INCLUDES PRINTED WATERMARK ON REVERSE. HOLD AT ANGLE TO VIEW.

31



## COMMONWEALTH OF PENNSYLVANIA Waste Transportation Safety Program Written Authorization

6297264891

Phone No. (610)-741-7199

VIN# 5PVNV8JV3K4S58489  
WH16297  
Expires Dec 2026

MANAGE DIRECT SYSTEMS ENVIRONMENTAL, LLC  
THEODORE BUSCH  
PO BOX 471  
DOUGLASSVILLE, PA 19518-0471

THIS WRITTEN AUTHORIZATION MUST BE KEPT WITH THE  
WASTE TRANSPORTATION VEHICLE AT ALL TIMES.  
If lost or damaged contact DEP immediately at 717-783-9258.  
A replacement fee is required.  
Duplication or Photocopies of this original documentation  
are not valid.

DOCUMENT SECURITY BACKGROUND IS PRINTED IN BLUE INK ON WHITE PAPER & INCLUDES PINK THERMO-INK KEYSTONE AT RIGHT

## ATTACHMENT 4 - OTHER PERMITS



New Jersey Department of Environmental Protection  
Vehicle Registration Unit  
9 Ewing Street, Mail Code 09-01, PO Box 420  
Trenton, NJ 08625-0420  
(609) 292-7081 LRU@dep.nj.gov

**LICENSED SOLID WASTE**  
*NJDEP Registered Transporter:*

**MANAGE DIRECT SYSTEMS  
ENVIRONMENTAL LLC  
PO BOX 471,  
DOUGLASSVILLE, PA 19518**

### **NJDEP Transporter Vehicle Registration Card**

Expiration Date: 06/30/2027  
Decal Number: SWL-27-024134  
Vin ID#: 5PVNV8JV3K4S58489 PA  
License Plate #: AH53662  
Vehicle Type: **Single Unit Vehicle**  
Vehicle leased?: N  
If Yes, lessor's name:

NJDEP Registered Transporter:  
**MANAGE DIRECT SYSTEMS ENVIRONMENTAL LLC**  
NJDEP #: 0036099

**This card must be carried in the cab of the vehicle at all times.**  
**This registration card & decal are valid for use only by the listed registrant.**  
**Leased equipment can only be used to transport waste by the listed registrant.**



State of Maryland  
DEPARTMENT OF THE ENVIRONMENT

July 16, 2025

EFFECTIVE DATE

June 30, 2026

EXPIRATION DATE

HWH 721

CHS HAULER NUMBER

**CONTROLLED HAZARDOUS SUBSTANCE  
(CHS) HAULER CERTIFICATE**

The Maryland Department of the Environment has issued this certification to


Manage Direct Systems Environmental LLC

to transport CHS in Maryland

This certificate is issued pursuant to the provisions of §7-252 of the Environment Article, Annotated Code of Maryland.



**Maryland**  
Department of  
the Environment

  
7/10/2025  
Stephanie Cobb-Williams, Deputy Director,  
Land and Materials Administration

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
DIVISION OF MATERIALS MANAGEMENT

PART 364  
WASTE TRANSPORTER PERMIT NO. PA-626

Pursuant to Article 27, Titles 3 and 15 of the Environmental Conservation Law and 6 NYCRR 364

PERMIT ISSUED TO:

MANAGE DIRECT SYSTEMS ENVIRONMENTAL, LLC  
19 BROADMOORE BOULEVARD  
DOUGLASSVILLE, PA 19518

PERMIT TYPE:

- NEW  
 RENEWAL  
 MODIFICATION

CONTACT NAME: THEODORE I. BUSCH, JR.  
COUNTY: OUT OF STATE  
TELEPHONE NO: (610)741-7199

EFFECTIVE DATE: 08/08/2024  
EXPIRATION DATE: 08/07/2025  
US EPA ID NUMBER: PAR000543637

AUTHORIZED WASTE TYPES BY DESTINATION FACILITY:

The Permittee is Authorized to Transport the Following Waste Type(s) to the Destination Facility listed :

Destination Facility	Location	Waste Type(s)	Note
AERC RECYCLING SOLUTIONS (MITCHELL AVE)	ALLENTOWN , PA	Universal Waste	
CHEMTRON CORPORATION	AVON , OH	Non-Hazardous Industrial/Commercial Petroleum Contaminated Soil Hazardous Industrial/Commercial Waste Oil Universal Waste	
CHESAPEAKE WASTE SOLUTIONS, INC.	MANHEIM PA	Non-Hazardous Industrial/Commercial Petroleum Contaminated Soil Waste Oil Universal Waste	
CLEAN HARBORS EL DORADO, LLC	EL DORADO , AR	Non-Hazardous Industrial/Commercial Petroleum Contaminated Soil Hazardous Industrial/Commercial Waste Oil Universal Waste	
CURTIS BAY ENERGY GROUP	BALTIMORE MD	Non-Hazardous Industrial/Commercial Petroleum Contaminated Soil Waste Oil	
CYCLE CHEM (NJ)	ELIZABETH , NJ	Non-Hazardous Industrial/Commercial Petroleum Contaminated Soil	

\*\*\* AUTHORIZED WASTE TYPES BY DESTINATION FACILITY LISTING (continued on next page) \*\*\*

NOTE: By acceptance of this permit, the permittee agrees that the permit is contingent upon strict compliance with the Environmental Conservation Law, all applicable regulations, and the General Conditions printed on the back of this page.

ADDRESS:

New York State Department of Environmental Conservation  
Division of Materials Management - Waste Transporter Program  
625 Broadway, 9th Floor  
Albany, NY 12233-7251

AUTHORIZED SIGNATURE: Patricia A. Leonardo  
Date: 2024.08.08 09:52 AM EDT

ATTACHMENT 5 - INSURANCE

FORM MCS-90

OMB No.: 2126-0008 Expiration: 06/30/2027

Date Received: \_\_\_\_\_

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

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



United States Department of Transportation  
Federal Motor Carrier Safety Administration

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 Manage Direct Systems  
Environmental, LLC  
*(Motor Carrier name)*

of PA  
*(Motor Carrier state or province)*

                      
*(USDOT Number)*

Dated at 12:01 AM on this 05 day of November, 2025

Amending Policy Number: FBCAT0408208

Effective Date: 11/05/2025

Name of Insurance Company: ARCH INSURANCE COMPANY

Countersigned by: \_\_\_\_\_  
*(authorized company representative)*

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

- This insurance is primary and the company shall not be liable for amounts in excess of \$1,000,000 for each accident.
- This insurance is excess and the company shall not be liable for amounts in excess \_\_\_\_\_ 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: 303-534-1171.

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 \_\_\_\_\_, 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 \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/21/25

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 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).

PRODUCER C H Bonnett & Company, Inc. Suite 7 West, 191 Presidential Boulevard Bala Cynwyd, PA 19004	CONTACT NAME	
	PHONE (A/C No. Ext): 610-771-0900	FAX (A/C No.): 610-771-0910
INSURED Manage Direct Systems Environmental LLC 19 Broadmoor Blvd Douglassville, PA 19518	E-MAIL ADDRESS	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Admiral Insurance Company	NAIC# 24556
	INSURER B: Arch Insurance Company	11150
	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.

NSR LTR	TYPE OF INSURANCE	ADDD 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 type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y	Y	FEI-ECC-24274	11/05/2025	11/05/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP OR AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY/AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Y	Y	FBCAT040820	11/05/2025	11/05/2026	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			FEI-EXS-24275	11/05/2025	11/05/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-EP E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Pollution Liab		Y	FEI-ECC-24274	11/05/2025	11/05/2026	\$1,000,000 / occurrence \$2,000,000 / aggregate

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES: AGPD 101. Additional Remarks Schedule may be attached if more space is required.  
 Certificate Holder is included as Additional Insured as their interest may appear in operations performed by the Named Insured.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
State of Delaware Department of Natural Resources & Environmental Control Division of Air & Waste Management 89 Kings Highway Dover, Delaware 19901	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

## ATTACHMENT 6

### 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). See Commercial Driver's Manual Section 2 - Driving Safety
  - 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: Theodore (Ted) Busch Phone: 610-741-7199
- (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.

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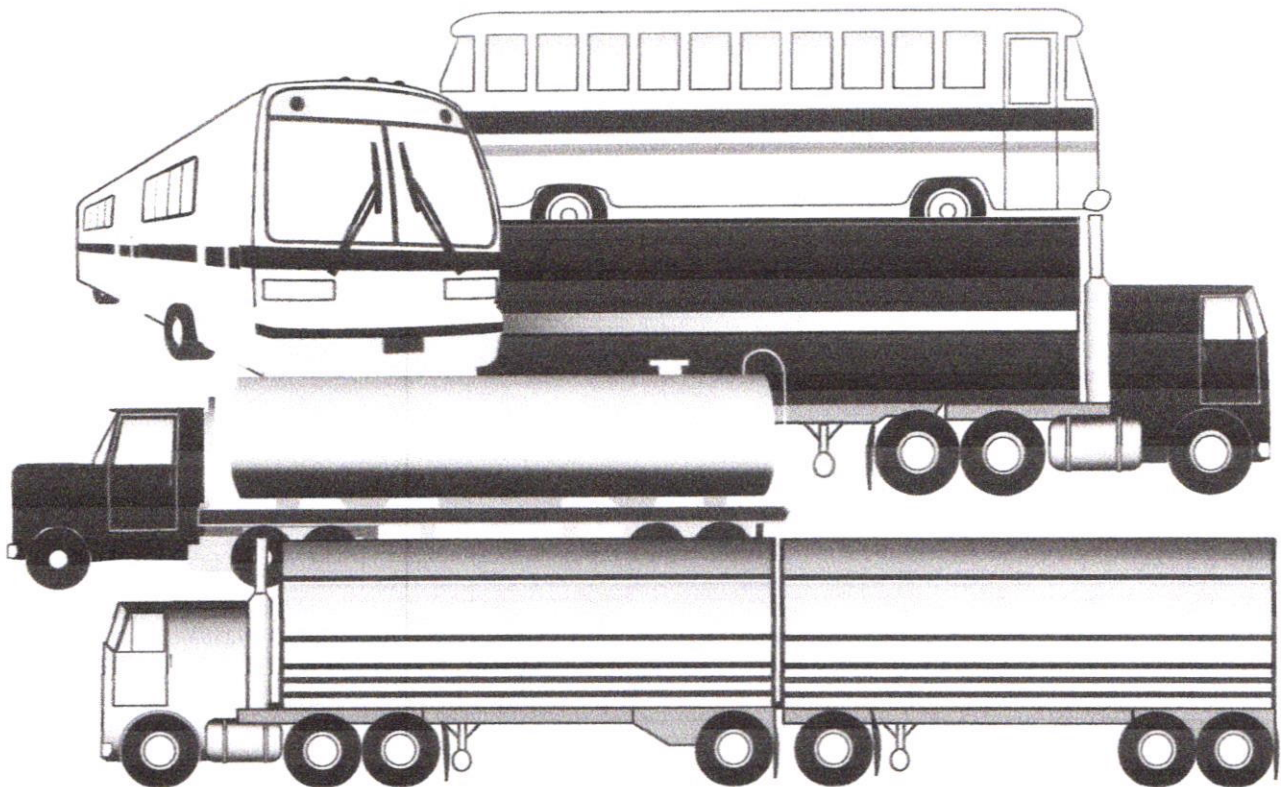
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Attach 7 - Driver Training

COMMONWEALTH OF PENNSYLVANIA

# Commercial Driver's Manual





**ATTACHMENT 9 - NOVs**

**NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION**

**Division of Materials Management**  
625 Broadway, Albany, New York 12233-7250  
P: (518) 402-8651 | F: (518) 402-9024  
www.dec.ny.gov

June 27, 2024

**MANAGE DIRECT SYSTEMS ENVIRONMENTAL, LLC**  
Attn: Theodore I. Busch, Jr., President  
PO Box 471  
Douglassville, PA 19518

Dear Permittee:

RE: Issuance of a Notice of Violation

This letter serves to provide you with a Notice of Violation (NOV) setting forth the specific actions that constitute the violation(s) involving Article 27, Title 3 of the Environmental Conservation Law (ECL). This NOV is issued because you failed to comply with your active 6 New York Codes, Rules and Regulations (NYCRR) Part 364 Waste Transporter Permit, as required by 6 NYCRR Part 364.2 and Permit General Condition No. 4 and/or 5 listed on your permit.

Enclosed is a proposed Order on Consent (Order) that you may use to resolve the above identified violations. In order to resolve the violation, please complete the following within 30 days of the date of this letter:

- (i) Return the enclosed Order on Consent, signed by an authorized person in front of a notary public, to the New York State Department of Environmental Conservation, Office of General Counsel, 625 Broadway, Albany, NY 12233-1500, Attn: Christopher Horan;
- (i) Complete and submit the signed Order on Consent and Civil Penalty, including an original authorized signature, to the Department;
- (ii) Make payment in the amount of \$1,500.00 electronically or by check made payable to the order of the "New York State Department of Environmental Conservation" and mailed to the Department of Environmental Conservation, Division of Management and Budget, 625 Broadway, Albany, NY 12233-4900, Attn: Revenue Department.

Please note that this Order constitutes the Department's offer to settle the matter without litigation and offers a lower penalty than the Department will seek at a hearing. The Department's offer to settle will expire on within 30 days of the date of this letter. Should this offer be allowed to expire, the Department may commence formal enforcement action against you.





**BUREAU OF WASTE MANAGEMENT  
WASTE TRANSPORTATION & SAFETY COMPLIANCE**

11/4/2025 11:17:52 AM

Client Name:  
Status: All  
Waste Hauler ID: WH16297

ENFORCEMENT ID	ENFORCEMENT TYPE	EXECUTED DATE	PENALTY ASSESSED	CLIENT NAME	WASTE HAULER ID	CLNT ID	VIOLATION DESC
401513	Notice of Violation	2/16/2022		MANAGE DIRECT SYS ENV LLC		307809	Transportation and management fees not paid
419056	Notice of Violation	8/16/2023		MANAGE DIRECT SYS ENV LLC		307809	Hazardous waste transporter failed to submit quarterly report to the Department.
435963	Notice of Violation	12/2/2024		MANAGE DIRECT SYS ENV LLC	WH16297	307809	Waste transporter failed to submit a compliance history.

**Davis, DaQuan (DNREC)**

---

**From:** ted mdsenv.com <ted@mdsenv.com>  
**Sent:** Tuesday, March 31, 2026 8:31 AM  
**To:** WHStranporters  
**Subject:** FW: Delaware Solid Waste Transporter Permit Application  
**Attachments:** IMG\_4899.HEIC

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

Hello,

I only have one truck and one set of numbers. Please see the photo.

I only use the dba for marketing purposes.

MC942872  
ZUSDOT2442980

Check sent.

OK?

Ted

---

**From:** Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> on behalf of WHStranporters <WHStranporters@delaware.gov>

**Date:** Tuesday, March 24, 2026 at 9:59 AM

**To:** ted mdsenv.com <ted@mdsenv.com>

**Subject:** Delaware Solid Waste Transporter Permit Application

Hello,

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

- **Section 1-**Please mail a check for \$350.00.
- **Section 9(c)-** Please provide the DOT number and Motor Carrier number for Manage Direct Systems Environmental, LLC DBA Busch Environmental. The numbers currently from Manage Direct Systems Environmental, LLC.

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

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

📍 89 Kings Hwy SW, Dover, DE 19901

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



DE HW0645  
DE SW1826  
NJDEP 36099  
NJDEP 50293  
RESIDUAL WASTE

Manage Direct Systems  
Environmental LLC  
DOUGLASSVILLE, PA  
610-741-7199

MC 842872  
GVW 33,000  
USDOT 2442980

WORLDWIDE

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