

RECEIPT

DATE

6/16/26

No.

735808

RECEIVED FROM

Talkin Trash, LLC

\$ 950.00

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

DOLLARS

 FOR RENT FOR

Df-SW-1924

| | |
|----------|--|
| ACCOUNT | |
| PAYMENT | |
| BAL. DUE | |

 CASH CHECK MONEY ORDER CREDIT CARD

FROM

1113

TO

BY

M.M.



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

89 KINGS HIGHWAY
 DOVER, DELAWARE 19901

RECEIVED
 JUN 16 2026
 DNREC - WMS

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

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- 1924 Expiration Date 6/30/2026

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 Talkin Trash LLC

| Location Address: | Mailing Address: |
|-------------------------|------------------|
| <u>35867 Traci Dr.</u> | <u>Same</u> |
| <u>Laurel, De 19956</u> | |
| | |

Contact: Douglas Wurster Title: Owner

Business Phone: 302-236-1919 Fax: N/A

E-mail: Talkintrashde@gmail.com

24 hr Emergency Contact Phone: 302-236-1919

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: Delaware
- 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 N/A

(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 1
 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 N/A

(e). If you offer recycling services, are the recyclables ultimately taken to an incinerator (waste-to-energy) or landfill? Yes No N/A

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) 2
 - 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# 3561709 MC# _____

- N/A If N/A, please provide an explanation, on the following page, as to why you are not required to have a DOT or MC number.

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 checked="" type="checkbox"/> |
| Commercial Waste | \$750,000.00 + MCS-90 <input type="checkbox"/> | \$350,000.00 <input checked="" type="checkbox"/> |
| Industrial Waste | \$750,000.00 + MCS-90 <input type="checkbox"/> | \$350,000.00 <input checked="" type="checkbox"/> |
| Dry Waste | \$750,000.00 + MCS-90 <input type="checkbox"/> | \$350,000.00 <input checked="" 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 4

13. Vehicle Identification

On the form provided with this application, list **MAKE, MODEL, YEAR, SERIAL NUMBER, LICENSE PLATE NUMBER, STATE OF REGISTRATION, MANUFACTURER'S GVWR and OWNERSHIP** of all vehicles used for the transportation of solid waste. You must list both motorized and container units. (If you maintain a list of company vehicles in a computer database you may submit a print out of the vehicles provided it contains the information requested herein.)

NOTE: You must notify CAPS in writing of any changes to information contained within this application, such as additions or deletions of vehicles, in accordance with conditions of the issued permit.

Vehicle List Attached

14. Vehicle Operator Information

Is a list of all vehicle operators attached? Yes Attachment #4

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 Douglas W. Worster Date 6/10/2026
Print Name Douglas Worster Title Owner

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

SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

- (1) Spill control and safety equipment carried in each vehicle:
 - 1). Reflectors and/or flares
 - 2). Fire extinguisher
 - 3). First aid kit
 - 4). Heavy-duty gloves, hard hat
 - 5). Flashlight
 - 6). Spill Kit
- (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.

Named insured

TALKIN TRASH LLC
 35867 TRACI DR
 LAUREL, DE 19956

Policy number: 02877341

Underwritten by:
 United Financial Casualty Company
 April 21, 2026
 Policy Period: May 27, 2026 - May 27, 2027
 Page 1 of 3

progressiveagent.com

Online Service

Make payments, check billing activity, print policy documents, update your policy or check the status of a claim.

1-410-742-5111

AVERY HALL INS INC

Contact your agent for personalized service.

1-800-444-4487

For customer service if your agent is unavailable or to report a claim.

Commercial Auto Insurance Coverage Summary

This is your Renewal Declarations Page

This Renewal Declarations Page is effective only if the minimum amount due to renew your policy is received or postmarked by May 27, 2026.

Your coverage begins on May 27, 2026 at 12:01 a.m. This policy expires on May 27, 2027 at 12:01 a.m.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (02/19). The contract is modified by forms 2852DE (02/19), 1652DE (02/19), Z228 (01/11), 4852DE (02/19) and 4881DE (02/19).

The named insured organization type is a corporation.

Outline of coverage

| Description | Limits | Deductible | Premium |
|--|--|------------|----------------|
| Liability To Others | | | \$3,194 |
| Bodily Injury and Property Damage Liability | \$1,000,000 combined single limit | | |
| Uninsured/Underinsured Motorist | \$100,000 each person/\$300,000 each accident | | 251 |
| Uninsured Motorist Property Damage | \$10,000 each accident | \$250 | 41 |
| Personal Injury Protection | \$100,000 each person/\$300,000 each accident | | 441 |
| Property Protection Coverage | \$10,000 each accident-included within PIP limit | | |
| Comprehensive | | | 1,191 |
| See Auto Coverage Schedule | Limit of liability less deductible | | |
| Collision | | | 1,336 |
| See Auto Coverage Schedule | Limit of liability less deductible | | |
| Total 12 month policy premium | | | \$6,454 |
| Discount if paid in full | | | -1010 |
| Total 12 month policy premium if paid in full | | | \$5,444 |

Rated drivers



Auto coverage schedule

1. **2021 FORD F250** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)
VIN: **1FT7W2BTSMEV87394** Garaging Zip Code: 19956 Radius: 50 miles
Personal use: Y Body type: Pickup Truck

| Liability Premium | Liability Premium | UM/UIM Premium | UMPD Premium | PIP Premium | |
|-------------------------|-------------------|----------------|----------------------|-------------------|----------------|
| | \$2534 | \$251 | \$41 | \$434 | |
| Physical Damage Premium | Comp Deductible | Comp Premium | Collision Deductible | Collision Premium | Auto Total |
| | \$1,000 | \$461 | \$1,000 | \$569 | \$4,290 |

2. **2016 PJ Trailer** Stated Amount: * \$12,000 (including Permanently Attached Equip)
VIN: **4P5DK162963021549** Garaging Zip Code: 19956 Radius: 50 miles
Personal use: Y Body type: Utility Trailer

| Liability Premium | Liability Premium | | | | |
|-------------------------|-------------------|--------------|----------------------|-------------------|--------------|
| | \$125 | | | | |
| Physical Damage Premium | Comp Deductible | Comp Premium | Collision Deductible | Collision Premium | Auto Total |
| | \$1,000 | \$146 | \$1,000 | \$151 | \$422 |

3. **2021 PJ Trailer** Stated Amount: * \$12,000 (including Permanently Attached Equip)
VIN: **4P5DM1622M3053684** Garaging Zip Code: 19956 Radius: 50 miles
Personal use: Y Body type: Utility Trailer

| Liability Premium | Liability Premium | | | | |
|-------------------------|-------------------|--------------|----------------------|-------------------|--------------|
| | \$125 | | | | |
| Physical Damage Premium | Comp Deductible | Comp Premium | Collision Deductible | Collision Premium | Auto Total |
| | \$1,000 | \$146 | \$1,000 | \$151 | \$422 |

4. **2021 PJ Trailer** Stated Amount: * \$12,000 (including Permanently Attached Equip)
VIN: **4P5DM1429M3052812** Garaging Zip Code: 19956 Radius: 50 miles
Personal use: Y Body type: Utility Trailer

| Liability Premium | Liability Premium | | | | |
|-------------------------|-------------------|--------------|----------------------|-------------------|--------------|
| | \$125 | | | | |
| Physical Damage Premium | Comp Deductible | Comp Premium | Collision Deductible | Collision Premium | Auto Total |
| | \$1,000 | \$146 | \$1,000 | \$151 | \$422 |

5. **2021 PJ Trailer** Stated Amount: * \$12,000 (including Permanently Attached Equip)
VIN: **5PD51D1922N306104** Garaging Zip Code: 19956 Radius: 50 miles
Personal use: Y Body type: Utility Trailer

| Liability Premium | Liability Premium | | | | |
|-------------------------|-------------------|--------------|----------------------|-------------------|--------------|
| | \$125 | | | | |
| Physical Damage Premium | Comp Deductible | Comp Premium | Collision Deductible | Collision Premium | Auto Total |
| | \$1,000 | \$146 | \$1,000 | \$151 | \$422 |



6. **2022 PJ Trailer** Stated Amount: * \$12,000 (including Permanently Attached Equip)
 VIN: **4P51D1926N3062629** Garaging Zip Code: 19956 Radius: 50 miles
 Personal use: Y Body type: Utility Trailer

| Liability Premium | Liability Premium | PIP Premium | | | |
|-------------------------|-------------------|--------------|----------------------|-------------------|--------------|
| | \$160 | \$7 | | | |
| Physical Damage Premium | Comp Deductible | Comp Premium | Collision Deductible | Collision Premium | Auto Total |
| | \$1,000 | \$146 | \$1,000 | \$163 | \$476 |

*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

Premium discount

| Policy | |
|----------|---------------|
| 02877341 | Multi-Product |

Loss Payee information

| 1. Loss Payee | Auto 1 | |
|---------------|--------|---|
| | | FULTON BANK 555 WILLOW ST LEBANON, PA 17046 2021 FORD F250 (1FT7W2BTSMEV87394) |

Notice of Personal Use surcharge

A surcharge in the amount of 10% of your premium for coverage under Part I - Liability to Others, Part II - Damage to your Auto and Personal Protection Coverage has been added to your policy because an insured vehicle is used for personal purposes. This surcharge will be effective on the date the vehicle with personal use was added and applies as long as you use the vehicle for personal use.

Company officers



Secretary



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/19/2023

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).

PRODUCER

Avery W. Hall Insurance Agency, Inc
308 E MAIN ST, SALISBURY, MD 21801

CONTACT NAME: Progressive Commercial Lines Customer and Agent Servicing
PHONE (A/C, No, Ext): 1-800-444-4487 **FAX (A/C, No):**
E-MAIL ADDRESS: progressivecommercial@email.progressive.com

INSURED

TALKIN TRASH LLC
35867 TRACI DR
LAUREL, DE 19956

| INSURER(S) AFFORDING COVERAGE | | NAIC # |
|-------------------------------|-----------------------------------|--------|
| INSURER A: | United Financial Casualty Company | 11770 |
| INSURER B: | | |
| INSURER C: | | |
| INSURER D: | | |
| INSURER E: | | |
| INSURER F: | | |

COVERAGES

CERTIFICATE NUMBER: 408255697158768224D051923T192915

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 | |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|--|-----------|
| | | | | | | | EACH OCCURRENCE | AGGREGATE |
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ | |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | N | N | 028773410 | 05/27/2022 | 05/27/2023 | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ | |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | | | | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ | |
| A | See ACORD 101 for additional coverage details. | N | N | 028773410 | 05/27/2022 | 05/27/2023 | \$ | |

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

CERTIFICATE HOLDER

TALKIN TRASH LLC
35867 TRACI DR
LAUREL, DE 19956

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



AGENCY CUSTOMER ID: _____
 LOC #: _____

ADDITIONAL REMARKS SCHEDULE

| | | | |
|---|--|---|--|
| AGENCY Avery W. Hall Insurance Agency, Inc | | NAMED INSURED TALKIN TRASH LLC 35867 TRACI DR LAUREL, DE 19956 | |
| POLICY NUMBER 028773410 | | EFFECTIVE DATE: 05/27/2022 | |
| CARRIER United Financial Casualty Company | | NAIC CODE 11770 | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Additional Coverages

| Insurance coverage(s) | Limits |
|---------------------------------|-----------------------|
| Motor Trucking Cargo | \$5,000 w/\$1,000 Ded |
| Personal Injury Protection | \$100,000/\$300,000 |
| Uninsured/Underinsured Motorist | \$100,000/\$300,000 |

Description of Location/Vehicles/Special Items

| Scheduled autos only | |
|------------------------------------|----------------------|
| 2021 FORD F250 1FT7W2BTSMEV87394 | |
| Uninsured Motorist Property Damage | \$10,000 w/\$250 Ded |
| Comprehensive | \$1,000 Ded |
| Collision | \$1,000 Ded |
| 2016 PJ TRAILER 4P5DK162963021549 | |
| Comprehensive | \$1,000 Ded |
| Collision | \$1,000 Ded |
| 2021 PJ TRAILER 4P5DM1622M3053684 | |
| Comprehensive | \$1,000 Ded |
| Collision | \$1,000 Ded |
| 2021 PJ TRAILER 4P5DM1429M3052812 | |
| Comprehensive | \$1,000 Ded |
| Collision | \$1,000 Ded |
| 2021 PJ TRAILER 5PD51D1922N306104 | |
| Comprehensive | \$1,000 Ded |
| Collision | \$1,000 Ded |
| 2022 PJ TRAILER 4P51D1926N3062629 | |
| Comprehensive | \$1,000 Ded |
| Collision | \$1,000 Ded |

Liability coverage may not apply to all scheduled vehicles.

Talkin Trash LLC

Attachment 1:-
company locations
35867 Traci Drive
Laurel,De 19956

Attachment 2-
Jones Crossroads Landfill
Delaware solid waste Rt.5 transfer station
Delaware solid waste Milford

Attachment 3
I am the owner and only driver
I hold a Delaware class A CDL with doubles/trip[les, tanker endorsements
clean driving record with 0 points, accidents or tickets

Attachment 4
vehicle operator





State of Delaware Division of Revenue

— Temporary License —

Valid for 60 days from Receipt Date

License number: 2020711110

Name: TALKIN TRASH

Trade Name: TALKIN TRASH

Address: 35867 Traci Dr

Laurel, DE 19956-4611

| Activity | Record | Tax Year | Tax Period | Business Code | Amount |
|----------------|-------------|-----------|------------|---------------|----------|
| Renew Licenses | A-001485431 | 2025-2027 | 12/31/2027 | Junk Dealer | \$225.00 |

| Receipt Date | One Stop DLN |
|--------------|--------------|
| 06/09/2026 | 26-94055-27 |

Davis, DaQuan (DNREC)

From: Douglas Worster <talkintrashde@gmail.com>
Sent: Thursday, June 18, 2026 9:54 AM
To: WHStranporters
Subject: Re: Delaware Solid Waste Transporter Permit Application



On Thu, Jun 18, 2026 at 9:47 AM WHStranporters <WHStranporters@delaware.gov> wrote:

Is there supposed to be an attached document to this email?



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

 302-739-9403

 WHStranporters@delaware.gov

 [89 Kings Hwy SW, Dover, DE 19901](#)

 dnrec.delaware.gov



From: Douglas Worster <talkintrashde@gmail.com>
Sent: Thursday, June 18, 2026 7:50 AM
To: WHStranporters <WHStranporters@delaware.gov>
Subject: Re: Delaware Solid Waste Transporter Permit Application

On Wed, Jun 17, 2026 at 3:24 PM WHStranporters <WHStranporters@delaware.gov> wrote:

Thank you. Now all I need is the spill control plan, a pre-trip inspection, and an emergency coordinator.



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

 302-739-9403

 WHStranporters@delaware.gov

 [89 Kings Hwy SW, Dover, DE 19901](#)

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From: Douglas Worster <talkintrashde@gmail.com>
Sent: Wednesday, June 17, 2026 3:04 PM
To: WHStranporters <WHStranporters@delaware.gov>
Subject: Re: Delaware Solid Waste Transporter Permit Application

On Wed, Jun 17, 2026 at 10:20 AM WHStranporters <WHStranporters@delaware.gov> wrote:


I will need a Certificate of Insurance that shows proof that your vehicles are insured. Please also fill out this spill control plan when you get a chance.



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

 302-739-9403

 WHStranporters@delaware.gov

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From: Douglas Worster <talkintrashde@gmail.com>
Sent: Wednesday, June 17, 2026 9:59 AM
To: WHStranporters <WHStranporters@delaware.gov>
Subject: Re: Delaware Solid Waste Transporter Permit Application

Yes  is the sole owner of this company

I sent you the certificate of liability from my personal email address dougworster@gmail.com

On Wed, Jun 17, 2026 at 8:47 AM WHStransporters <WHStransporters@delaware.gov> wrote:

Hello,

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

- **Section 4(b)**- Is Douglas Worster the sole owner?
- **Section 10**- The Certificate of Insurance that you submitted was not up-to-date and expired (Date). Please send an up-to-date Certificate of Insurance. Provide an updated Certificate of Insurance and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section the address is [89 Kings HWY, Dover, DE 19901](#).
- **Section 11**-The spill control plan is missing an emergency contact (name and phone number) and pre-trip inspections. Please update this plan, add the contact information, and include pre-trip inspections.

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

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SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

- (1) Spill control and safety equipment carried in each vehicle:
 - 1). Reflectors and/or flares
 - 2). Fire extinguisher
 - 3). First aid kit
 - 4). Heavy-duty gloves, hard hat
 - 5). Flashlight
 - 6). Spill Kit
- (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). Check all loads for leaks and hazardous materials
 - 2). Secure all loads
- (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: Douglas Worster Phone: 302-236-1919
- (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.