RECEIPT

DATE 9/10/2026 No. 735898

RECEIVED FROM Anchor Rolloff Services LLC $650.00

Six hundred and fifty dollars and no cents DOLLARS

○ FOR RENT
⊗ FOR DE-SW-2130

ACCOUNT	
PAYMENT	
BAL. DUE	

○ CASH
⊗ CHECK
○ MONEY ORDER
○ CREDIT CARD

FROM 6307 TO

BY EB

3-11

DELAWARE DEPARTMENT OF
NATURAL RESOURCES AND
ENVIRONMENTAL CONTROL

89 Kings Highway
Dover, DE 19901
302-739-9403
dnrec.delaware.gov

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- 2130 Expiration Date 6/30/28

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 Anchor Rolloff Services LLC

Location Address:	Mailing Address:
111 Springfield Way Dover, DE 19904	111 Springfield Way Dover, DE 19904

Contact: Janice Ogborne Title: Manager

Business Phone:(302) 275-2769 Fax:(302) 322-1142

E-mail: Anchorrolloffservices@aol.com

24 hr Emergency Contact Phone:(302) 275-2965

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: DE
- ☐ 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) Cherry Island
☑ 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 N/A_____
☐ 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 NJ 1806418
☐ No transporter permits in other states

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

DOT# 4377256 MC# 1739106

☐ 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✓ ☐	$300,000.00 ☐
Commercial Waste	$750,000.00 + MCS-90✓ ☐	$300,000.00 ☐
Industrial Waste	$750,000.00 + MCS-90✓ ☐	$300,000.00 ☐
Dry Waste	$750,000.00 + MCS-90✓ ☐	$300,000.00 ☐
Ash	$750,000.00 + MCS-90 ☐	$350,000.00 ☐
Infectious Waste	$1,000,000.00 + MCS-90 ☐	$750,000.00 + MCS-90 ☐
Non-Hazardous Petroleum Contaminated Soils	$750,000.00 + MCS-90✓ ☐	$300,000.00 ☐
Asbestos	$1,000,000.00 + MCS-90 ☐ (For Hire & Private)	$300,000.00 ☐
Scrap Tires Only	$300,000.00 ☐	$300,000.00 ☐

11. Spill Control and Safety

List all spill control and safety equipment that 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 Janice Ogburn Date 7/29/21

Print Name Janice Ogburne Title manager

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	mfgr's GVWR	OWNERSHIP
Mack-RD-1993	Rolloff	[redacted]	[redacted]	73280	Anchor Rolloff Services
Mack-RD-2003	Rolloff			73280	Anchor Rolloff Services
Mack-Ctp-2007	Rolloff			73280	Anchor Rolloff Services
Mack-Ctp-2007	Rolloff				Leasing with intent to purchase

Anchor Rolloff Services Vehicle Operators

[redacted]

DOH 3/13/13
CDL 30yrs

[redacted]

DOH 4/22/19
CDL 20yrs

[redacted]

DOH 6/26/23
CDL 3yrs

Lease between Anchor Rolloff Services and Diamond State Recycling

Lease for the following truck

2007 Mack 1M2AT04C67M004388

This lease will be in effect until ownership is transferred to Anchor Rolloff Services

Ownership of Anchor Rolloff Services

David Ogborne Jr 100%

[redacted]

111 Springfield Way
Dover, DE 19904

Drivers Training - Anchor Rolloff Services

All drivers must have their CDL class A or B License

Drivers must have 2 years experience

Drivers are given a driving test by our operations manager

Drivers must have their medical card current

Drivers' records are pulled once a year for violations

All drivers must do a pre-trip. Any problems should be reported to the operation manager.

Drivers must check their truck before leaving for the day.

Make sure all safety equipment is on board.

Loads must be enclosed, covered or tarped to prevent discharge.

Contact operations if a spill happens.

CERTIFICATE OF TITLE

State of Delaware

STOCK NO. 2374204

DIVISION OF MOTOR VEHICLES — DEPARTMENT OF TRANSPORTATION

HOLD TO LIGHT TO VIEW EAGLE WATERMARK

TITLE, TAG AND REGISTRATION NO.	SPECIAL TAG, IF ANY	ODOMETER MILEAGE		
[redacted]		399,807 ACTUAL VEHICLE MILEAGE		
MANUFACTURER AND YEAR	MODEL	BODY STYLE	YEARLY FEE	AFV FEE
MACK 2007	700	ST	1282.00	N/A
TITLE DATE	EXPIRATION DATE	VEHICLE IDENTIFICATION NO.		
09/03/2026	09/03/2027	[redacted]		
REG WEIGHT	MGVWR	USE	COLOR	
73,280	82,000	TRANSFER	WHI	

ISSUED TO

2026090303358433RJF 0236700RT C0161798

OGBORNE DAVID W JR C/O
ANCHOR ROLL OFF SERVICES LLC
111 SPRINGFIELD WAY
HUNTERS POINTE
DOVER DE 19904

LIENHOLDER(S)

NONE

1ST LIEN
DATE OF RELEASE _____
LIENHOLDER
AUTHORIZED REPRESENTATIVE

2ND LIEN (IF ANY)
DATE OF RELEASE _____
LIENHOLDER
AUTHORIZED REPRESENTATIVE

3RD LIEN (IF ANY)
DATE OF RELEASE _____
LIENHOLDER
AUTHORIZED REPRESENTATIVE

I, the undersigned, hereby certify that an application for certificate of title has been made for the vehicle described hereon, pursuant to the provisions of the Motor Vehicle Laws of this State, and the applicant named on the face hereon has been duly recorded as the lawful owner of said vehicle. I further certify that the vehicle is subject to the security interests shown hereon, if any. However, the vehicle may be subject to other security interests not filed with this Department. The Department will not be responsible for false or fraudulent odometer statements made in the assignment of the Certificate of Title or for errors made in the recording by the Department.

STOCK NO. 2374204

PMVNRJF

DIRECTOR, MOTOR VEHICLE DIVISION

STORE IN A SAFE PLACE
ANY ALTERATIONS, ERASURES, OR MUTILATIONS VOID THIS TITLE

HOLD TO LIGHT TO VIEW EAGLE WATERMARK

VOID IF ALTERED

DO NOT DETACH UNTIL SOLD - SEE REVERSE SIDE

SELLERS REPORT OF SALE

STATE OF DELAWARE
DIVISION OF MOTOR VEHICLES

TAG NO.	MANUFACTURER & YEAR	VEHICLE IDENTIFICATION NO.	SELLING PRICE	DATE
[redacted]	MACK 2007	[redacted]		

NAME OF SELLER (CURRENT REGISTERED OWNER)			NAME OF BUYER		
OGBORNE DAVID W JR					
COMPLETE ADDRESS OF SELLER			COMPLETE ADDRESS OF BUYER		
CITY	STATE	ZIP	CITY	STATE	ZIP
SELLER'S SIGNATURE	ODOMETER READING-MILES (NO TENTHS)		BUYER'S DRIVERS LICENSE NO.		STATE
X					

WARNING—WHEN YOU SELL/RELEASE INTEREST IN THIS VEHICLE, YOU MUST MAIL THIS DETACHMENT ALONG WITH THE REGISTRATION CARD IMMEDIATELY TO DMV REGISTRATION SECTION, PO BOX 698, DOVER, DE 19903 TO ENSURE YOUR RESPONSIBILITY FOR THE VEHICLE IS RELEASED.

Spill plan for Anchor Roll Off Services

Drivers must have in their cab the following (this is part of your pretrip)

Reflectors and or flares
Fire Extinguisher
First Aid Kit
Heavy-Duty Gloves, Hard Hat
Flashlight
Spill Kit

Loads must be enclosed, covered or tarped to prevent discharge

The driver MUST perform the following pre-trip inspections
You must have all spill equipment
All loads are secure – no fluid leaks from the truck.

In case of an emergency, that causes a portion of the load to spill, the driver, if uninjured, will contact the following designated company coordinator.

Janice Ogborne 302 275 2965
The coordinator will contact the state and municipal authorities where the accident occurred. If the spill has potential to cause environmental damage, our coordinator will notify the state emergency response team.
Delaware 911 (302-739-5072 or 1800-662-8802)

THIS PLAN WILL BE CARRIED IN ALL VEHICLES ALONG WITH THE PERMIT

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 08/06/2026

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).

PRODUCER	CONTACT NAME: Justin Wilson
Wilson Insurance & Investment Group 2300 Valleyview LN. Ste 626 Irving, TX 75062	PHONE (A/C, No, Ext): (972)224-0113 FAX (A/C, No): 214-452-1997 E-MAIL ADDRESS: Coirequest@mrwilsoninsurance.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : Geico — 35882
INSURED	INSURER B :
ANCHOR ROLL OFF SERVICES LLC 111 SPRINGFIELD WAY DOVER, DE 19904-9117	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. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. ***Not Applicable in WY**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
A	AUTOMOBILE LIABILITY			9300298065	03/14/2026	03/14/2027	COMBINED SINGLE LIMIT (Ea accident)	$750,000 CSL
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☒ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
							Uninsured Motorist	$300,000CSL
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N / A						E.L. EACH ACCIDENT	$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$

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

2007 Mack [redacted]
2003 Mack
2007 MACK CTP (GRANITE) [redacted]
Drivers:David Ogborne & Eddie Morgan Lopez

CERTIFICATE HOLDER

Department of Natural Resources and Environmental Control
89 Kings HWY,
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

JZG

Printed by JZG on August 06, 2026 at 02:10PM

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.