



# NON-HAZARDOUS LIQUID WASTE TRANSPORTERS PERMIT APPLICATION

Groundwater Discharges Section, Division of Water  
DE Department of Natural Resources and Environmental  
Control  
89 Kings Highway, Dover DE 19901  
(302) 739-9948

1. Permit Number (For renewals only):	DE-WH-1006
---------------------------------------	------------

## 2. Company Information

Company Name: L.E. Parsons Septic	Telephone: 302-670-8007
	Fax:

Address (street, city, state and zip code): 476 Central Church rd, Dover, Delaware, 19904

Company Email Address & Contact Name: sparsonslc55@gmail.com, Stephen Parsons

## 3. Owner/President Business Information

Name: Stephen Parsons	Business Telephone: 3026708007
-----------------------	--------------------------------

Business Address if different from above (street, city, state and zip code):

## 4. Vehicle(s) Information (Attach additional sheets if necessary to identify each vehicle used for transport.)

	Make	Model	Year	Vehicle Type (Tank, Trailer, Etc.)	License Plate Number	State of Registration	Capacity (gal)
1	Sterling	A9500	2001	Tank Truck	C4016	Delaware	3,600

\* Please submit a Certificate of Insurance for each vehicle listed demonstrating commercial automobile liability insurance with a combined single limit of at least \$100,000.

*Certificate of insurance uploaded: **2024 Sterling COI.pdf***

## 5. Please Check Type(s) of Waste Being Transported and Provide the Information Requested in the Indicated Sections for Each Waste Type Checked

		Waste Type	Quantity Collected
	✓		
i.	✓	Septage	800,000 gal/yr
ii.	✓	Holding Tank Waste	20,000 gal/yr
iii.		Grease Trap Waste and/or Cooking Oil Waste	gal/yr
iv.	✓	Portable Toilet Waste	10,000 gal/yr
v.		Municipal or Industrial Biosolids	# wet tons/yr
vi.		Sludge From Package Treatment Plants	# wet tons/yr
vii.		Other Non-Hazardous Liquid Waste	gal/yr

**Documents required for all new permit applications *and* renewals:**

- Attach an Operation Plan detailing the following:
  - a spill reporting and clean-up plan,
  - plans for cleaning vehicles,
  - recordkeeping procedures and
  - days and hours of operation.
- Attach a list of all disposal facilities to be used. Include a copy of the permit/authorization letter from each disposal facility stating the company is currently authorized to discharge the requested waste stream (i.e. septage, holding tank waste, portable toilet waste, etc.) to the facility. Authorization documentation is required for both new and renewal applications.

**7 DelC §6023(d): No person shall haul, convey or transport any liquid waste in any container without a license issued by the Department.**

<b>Septage</b>
<p>1. Attach a list of all Class F Licensees currently working for the company.</p> <p>If there are no Class F licensees currently working for the company, please note according to Section 4.1.6 of the State of Delaware Regulations Governing the Design, Installation and Operation of On-Site Wastewater Treatment and Disposal Systems, all individuals who will be responsible for removal, transportation or disposal of the solid and liquid contents of septic tanks, cesspools, grease traps, seepage pits, holding tanks, portable toilets or other wastewater treatment or disposal facilities must obtain a Class F license before pumping. In order for an individual to obtain a Class F license.</p>
<p>Class F Licenses uploaded: <i>F Licensees.docx</i></p>

<b>Holding Tanks</b>
<p>1. Attach a list of all Class F Licensees currently working for the company.</p> <p>If there are no Class F licensees currently working for the company, please note according to Section 4.1.6 of the State of Delaware Regulations Governing the Design, Installation and Operation of On-Site Wastewater Treatment and Disposal Systems, all individuals who will be responsible for removal, transportation or disposal of the solid and liquid contents of septic tanks, cesspools, grease traps, seepage pits, holding tanks, portable toilets or other wastewater treatment or disposal facilities must obtain a Class F license before pumping. In order for an individual to obtain a Class F license</p>
<p>Class F Licenses uploaded: <i>F Licensees.docx</i></p>

<b>Grease Trap Waste and/or Cooking Oil Waste</b>
---

1. Attach a list of all disposal facilities to be used.

2. Attach a list of all Class F Licensees currently working for the company.

If there are no Class F Licensees currently working for the company, please note according to Section 4.1.6 of the State of Delaware Regulations Governing the Design, Installation and Operation of On-Site Wastewater Treatment and Disposal Systems, all individuals who will be responsible for removal, transportation or disposal of the solid and liquid contents of septic tanks, cesspools, grease traps, seepage pits, holding tanks, portable toilets or other wastewater treatment or disposal facilities must obtain a Class F license before pumping. For a Class F License application, please contact the Licensing Coordinator at 302-739-9948.

Grease Trap Waste Disposal Facilities to be used:

Class F Licenses Uploaded:

### Portable Toilets

1. Attach a list of all Class F Licensees currently working for the company.

If there are no Class F Licensees currently working for the company, please note according to Section 4.1.6 of the State of Delaware Regulations Governing the Design, Installation and Operation of On-Site Wastewater Treatment and Disposal Systems, all individuals who will be responsible for removal, transportation or disposal of the solid and liquid contents of septic tanks, cesspools, grease traps, seepage pits, holding tanks, portable toilets or other wastewater treatment or disposal facilities must obtain a Class F license before pumping.

Class F Licenses uploaded:

**F Licensees.docx**

3. Quantity of portable toilets you own: **50**

### Municipal and Industrial Biosolids

1. Identify all Facilities the company will service by attaching a table listing the following:

Facility Name of Sludge Generator # Estimated Volume of Sludge to be Transported # Disposal Facility\*

\* If sludge is to be land applied, include the current Agricultural Utilization Permit Number for that facility.

Municipal and Industrial Biosolids *Disposal Facilities:*

2. Provide transportation routes from all generating facilities to all applicable disposal facilities.

Municipal and Industrial Biosolids *Transportation Routes:*

3. Indicate any treatment the sludge has undergone before transportation (for example anaerobic digestion, aerobic digestion, lime stabilization, composting, or dewatering).

Sludge Treatment Description Upload:

4. Provide results of a laboratory analysis of a representative sample of the sludge which was obtained not more than 6 months before submission of the application unless these results would be submitted as a part of the land application program. The analysis shall include, as a minimum, percent solids, pH, and the dry weight concentration of total nitrogen, ammonium, nitrate, total phosphorous, total potassium, cadmium, copper, mercury, nickel, lead, zinc, arsenic, selenium, and molybdenum.

Sludge From Package Treatment Plants Laboratory Analysis Uploaded:

### Sludge From Package Treatment Plants

1. Identify all Facilities the company will service by attaching a table listing the following:  
Facility Name of Sludge Generator # Estimated Volume of Sludge to be Transported # Disposal Facility\*  
\* If sludge is to be land applied, include the current Agricultural Utilization Permit Number for that facility.

Sludge From Package Treatment Plants *Disposal Facilities:*

2. Provide transportation routes from all generating facilities to all applicable disposal facilities.

Sludge From Package Treatment Plants *Transportation Routes:*

3. Indicate any treatment the sludge has undergone before transportation (for example anaerobic digestion, aerobic digestion, lime stabilization, composting, or dewatering).

Sludge Treatment Description Upload:

4. Provide results of a laboratory analysis of a representative sample of the sludge which was obtained not more than 6 months before submission of the application unless these results would be submitted as a part of the land application program. The analysis shall include, as a minimum, percent solids, pH, and the dry weight concentration of total nitrogen, ammonium, nitrate, total phosphorous, total potassium, cadmium, copper, mercury, nickel, lead, zinc, arsenic, selenium, and molybdenum.

Sludge From Package Treatment Plants Laboratory Analysis Uploaded:

### Other Non-Hazardous Liquid Wastes

1. Describe the source, nature and make-up of the non-hazardous liquid waste to be transported.

2. Will any of the wastes contain petroleum products (i.e. oil, gas, grease, etc.)?

\_\_\_\_\_ **Yes** \_\_\_\_\_ **No** : no

\* Transportation of liquid wastes containing any petroleum products will require a permit from the Division of Waste & Hazardous Substances (302-739-9400).

<b>Operating Plan</b>
Attach an Operation Plan detailing the following: a spill reporting and clean-up plan, plans for cleaning vehicles, recordkeeping procedures and days and hours of operation.
Operating Plan Upload: <i>Operations Plan.docx</i>

<b>Disposal Facilities</b>
Attach a list of all disposal facilities to be used. Include a copy of the permit/authorization letter from each disposal facility stating the company is currently authorized to discharge the requested waste stream (i.e. septage, holding tank waste, portable toilet waste, etc.) to the facility.
Disposal Facilities Upload: <i>Kent county waste hauler 2024.pdf , NCC waste hauler 2024.pdf</i>

<b>Proof of Bond (If applicable)</b>
Proof of Bond - Part III B, Section 500 of the Guidance and Regulations Governing the Land Treatment of Wastes directs, as a requirement for keeping a permit issued under these Regulations, the permittee to file a bond or other security in the amount of Five Thousand Dollars (\$5,000) with the Department. The bond is to be payable to the Department and the obligation of the bond shall be conditioned upon the fulfillment of all requirements related to the permit. If this application is for permit renewal, please submit a copy of the current Transporters Bond certification.
Proof of Bond Upload: <i>L. E. Parsons Septic Bond Letter .pdf</i>

<b>8. Certification</b>	
I certify that all information submitted as part of this application is true and correct to the best of my knowledge and belief.	
Printed Name of Applicant: Stephen Parsons	Date Submitted via DNREC ePermitting: 2024-02-06 21:01:36



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/2/2024

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).

<b>PRODUCER</b> Commercial Insurance Associates, Inc. 260 Chapman Rd Suite 100B  Newark DE 19702		<b>CONTACT NAME:</b> Javi Mata Solis <b>PHONE (A/C, No, Ext):</b> 610-255-5200 <b>E-MAIL ADDRESS:</b> csr@insurance-cia.com		<b>FAX (A/C, No):</b> 610-255-5205	
<b>INSURED</b>  S Parsons LLC 476 Central Church Rd  Dover DE 19904		<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
		<b>INSURER A:</b> United Financial Casualty Company			11770
		<b>INSURER B:</b>			
		<b>INSURER C:</b>			
		<b>INSURER D:</b>			
		<b>INSURER E:</b>			
		<b>INSURER F:</b>			

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <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	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			04449153-1	7/7/2023	7/7/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ \$300,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

2001 Sterling 2FWBA2CG21AH20211

**CERTIFICATE HOLDER****CANCELLATION**

FOR INFORMATION PURPOSES ONLY

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

*Alexandra Hammond*

© 1988-2014 ACORD CORPORATION. All rights reserved.

# F Licensees

Stephen Parsons #5588

# Operations Plan

We will be open Monday through Friday 8-4 and on call weekends and holidays when available. Any spills under 50 gallons will be cleaned up and treated with lime. Any spills over 50 gallons we will call Sawyers Sanitation or Laws for assistance. Equipment will be cleaned on an as needed basis. All records will be held for a minimum of 1 year.



Kent



County

### Department of Public Works

Wastewater Facilities (302) 335-6000  
Engineering Division (302) 744-2430

139 Milford Neck Rd  
Milford DE 19963  
Fax (302) 335-0365

## DISCHARGE PERMIT FOR CLEANERS OF SEPTIC TANKS, CESSPOOLS, AND TEMPORARY TOILET FACILITIES

PERMIT NO. 84-00

Effective Date: July 1, 2023

Expiration Date: June 30, 2024

Issuing and Enforcement Authority: Kent County Levy Court  
Department of Public Works  
139 Milford Neck Rd.  
Milford, DE 19963

Business Name: L.E. Parsons Septic Service  
Address: 476 Central Church Rd, Dover, DE 19904  
Phone/Fax: 302-670-8007  
Owner: Stephen Parsons  
Company Contact: \_\_\_\_\_

Truck No: 01 Tank Capacity: 3,600 gallons

Permit Fee = \$125 per truck.

This is your company's permit to discharge sanitary wastes from residential/domestic septic tanks, cesspools and temporary toilet facilities, into the Kent County Sewer System at Pumping Station No. 1 (Smyrna) and Kent County Regional Resource Recovery Facility (Milford). The Public Works Director may, by written notice to the permit holders, reopen and modify this permit in any way and may change allowable discharge locations at any time.

Your signature on the Kent County Septage Hauler Permit Application verifies that you agree to the conditions set forth in this permit and all attachments, all relevant County Ordinances and the Code of Kent County. If a violation of any of the terms of the above occurs it may result in the suspension or revocation of this permit. It is further understood that subsequent amendments to the Code of Kent County are to be adhered to.

Approval:  Date: 05/11/23  
Public Works Director or Authorized Designee

Kent



County

Engineering Division  
Ph: (302) 744-2430  
Fax: (302) 736-2100

Department of Public Works  
Wastewater Facilities Division  
Phone: 302-335-6000 Fax: 302-335-0365

139 Milford Neck  
Milford, DE 19

Septic Tank Haulers Inspection Worksheet

Business Name: L E Parsons septic service  
County Permit: HAUL # L 84-00  
State Hauler Permit #: DE-wh-1006  
Vehicle Make/Model: 2001 Sterling A  
Vehicle Tag #: 960075  
Vehicle GVWR: 32,000

Inspection Per County Sanitary Code (Pass/Fail or other comments)

- 1. Permanent Display of Hauler Truck Number: YES, # 01 NO
- 2. Pressure Relief Valve Test (must be at 5 psi & gauge legible):  PASS  FAIL
- 3. Tank Capacity Permanently Displayed:  YES, 3600 gallons NO
- 4. Other features or observable concerns (leaks or holes in hoses, etc.)

[Signature]  
INSPECTOR SIGNATURE

05/11/2023  
DATE

NEW CASTLE COUNTY  
Department of Public Works  
87 Reads Way  
New Castle, Delaware 19720

## WASTE HAULER PERMIT

In accordance with the provisions of the New Castle County Code, Chapter 38, entitled "Discharge of Hauled Waste", and any applicable Federal or State law or regulation:

Company Name and Address: L.E. PARSONS  
476 CENTRAL CHURCH ROAD  
DOVER, DE 19904-

Contact Name:

Contact Phone:

is granted permission to discharge wastewater into the New Castle County Sewer System at the Sanitary Waste Depository located at the Airport Pump Station on McCathur Drive, New Castle, Delaware for the vehicle designated as:

New Castle County Permit Number: 407  
Transponder Access Button: 415342  
State of Registration: DE  
Vehicle License Number: C60075  
Maximum Capacity (Gallons): 3,600

subject to the permit conditions established herein.

Effective Date: 1/1/2024  
Expiration Date: 12/31/2024

Date: January 11, 2024

Signed: Michael D. Harris

Michael D. Harris  
Stormwater & Environmental Programs Division Manager

## WASTE HAULER PERMIT

### PERMIT CONDITIONS

#### A. General

1. The named permit holder shall be expressly subject to all provisions of Chapter 38 of the New Castle County Code, all related Federal and State laws and regulations, fees, and user charges, as well as penalties and enforcement actions brought or assessed for violating permit conditions.
2. The discharge from the permitted vehicle shall be limited to the effluent quality, quantity, and source limitations as they appear on the approved application form.
3. The green (original) copy of this permit shall be maintained within the permitted vehicle AT ALL TIMES. This wastehauler permit is issued in the name of the permit holder and shall not be reassigned or transferred or sold to a new owner, new user, or a new or changed operation.
4. This permit holder may be held liable for any damages or additional expenses caused in full or in part by the permit holder. The Manager of Special Services may recover reasonable attorneys fees, court costs, monitoring, and other expenses associated with enforcement activities.
5. All reports and correspondence related to this permit shall be submitted to the following Address:

Stormwater & Environmental Programs Division Manager  
New Castle County Department of Public Works  
187-A Old Churchmans Road  
New Castle, DE 19720

By Fax at 302-395-5802

#### B. Monthly Discharge Reports

A report containing the date, time, and source of each individual discharge for this permitted vehicle shall be filed with the Department of Public Works EACH MONTH. The reports shall be completed in the attached format and must be received by this Department not later than the 20th of the following month. The preferred method of transmittal of these reports shall be by Fax. A copy of the monthly discharge report is enclosed. All records and information resulting from the reporting activities required by this permit shall be retained for three (3) years.

#### C. Sewer User Charges

1. Annual Permit Fees (Each Vehicle): \$127.00
2. User Fees (based on 80% of the vehicle capacity for each discharge): \$ 60.00 per 1000 gallons.

**BOND TO ACCOMPANY AND FOR STATE OF DELAWARE  
NON-HAZARDOUS LIQUID TRANSPORTERS PERMIT NO. \_\_\_\_\_**

Delaware Non-Haz Liquid Transporters Permit Number:	
Bond Number:	SB0371014
Effective Date:	02/24/2023
Expiration Date:	02/24/2024
Principal Name, Address, and Phone Number:	L.E. Parsons Septic Service 26326 Lockwood Chapel Rd Dover, DE 19904
Obligee Name and Address:	Groundwater Discharges Section Division of Water Resources State of Delaware, Department of Natural Resources and Environmental Control 89 Kings Highway, Dover DE 19901 (302) 739-9948 fax: (302) 739-7764
Surety Name, Address, Phone Number:	Pennsylvania National Mutual Casualty Insurance Company P.O. Box 2243 Harrisburg, PA 17105
Agent Name, Agent Number, Address, Phone Number:	Commercial Insurance Associates, Inc. 1547 New London Rd Landenberg, PA 19350

Bond Number: SB037014  
Effective Date: 02/24/2023  
Expiration Date: 02/24/2024

**BOND TO ACCOMPANY AND FOR STATE OF DELAWARE  
NON-HAZARDOUS LIQUID TRANSPORTERS PERMIT NO. \_\_\_\_\_**

KNOW ALL MEN BY THESE PRESENTS that:

\_\_\_\_\_  
L.E. Parsons Septic Service

of Dover in the County of  
Kent

and State of Delaware as principal, and

\_\_\_\_\_  
Pennsylvania National Mutual Casualty Insurance Company

of Harrisburg in the County of  
Dauphin

and State of Pennsylvania as surety, legally authorized to do

business in the State of Delaware, are held firmly bound unto the State of Delaware in the sum of Five Thousand Dollars (\$5,000), to be paid to the said State of Delaware for the use and benefit of the Department of Natural Resources and Environmental Control of said State, for which payment well and truly to be made, we do bind ourselves, our and each and every of our heirs, executors, administrators, successors, and assigns, jointly and severally for and in the whole firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH that if the said above bounden principal,

\_\_\_\_\_  
L.E. Parsons Septic Service

who has been issued by the Department of Natural Resources and Environmental Control of the State of Delaware a certain permit designated as Permit No. \_\_\_\_\_, and dated \_\_\_\_\_ February 24 \_\_\_\_\_ 2023, for the transportation of non-hazardous liquid waste, and is required to file with the Department of Natural Resources and Environmental Control a bond or other security, shall fulfill all the requirements of 7 Del. C. Chapter 60, the Guidance and Regulations Governing the Land Treatment of Wastes, and Permit No. \_\_\_\_\_, then this obligation shall be void or else to remain in full force and virtue.

Signed and sealed this 24th day of February, 2023.

SIGNED, SEALED AND DELIVERED IN  
the presence of:

CORPORATE SEAL

Witness: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

L.E. Parsons Septic Service  
NAME OF PERMITTEE

BY: \_\_\_\_\_

\_\_\_\_\_  
TITLE

CORPORATE SEAL

Attest: \_\_\_\_\_  
[Signature]  
\_\_\_\_\_  
\_\_\_\_\_

Pennsylvania National Mutual Casualty Insurance Company  
NAME OF SURETY

BY: Russell C. Tester

Russell C. Tester, Attorney-In-Fact

NOTE: If Attorney-In-Fact does not hold a current Delaware Agent's License (Resident or Non-Resident), this bond must be countersigned below:

\_\_\_\_\_

NAME OF DELAWARE LICENSE AGENT  
(Resident or Non-Resident)

\_\_\_\_\_

LICENSE NUMBER

BY:

\_\_\_\_\_



ADDRESS:

---

---

PENNSYLVANIA NATIONAL MUTUAL CASUALTY INSURANCE COMPANY  
Harrisburg, Pennsylvania

0505

POWER OF ATTORNEY

Know All Men By these Presents, That PENNSYLVANIA NATIONAL MUTUAL CASUALTY INSURANCE COMPANY, a corporation of the Commonwealth of Pennsylvania, does hereby make, constitute and appoint RUSSELL C. TESTER, OF WEST CHESTER, PENNSYLVANIA (EACH) its true and lawful Attorney(s)-in-Fact to make, execute, seal and deliver for and on its behalf, as surety, as its act and deed:

ANY AND ALL BONDS AND UNDERTAKINGS PROVIDED THE AMOUNT OF NO ONE BOND OR UNDERTAKING EXCEEDS THE SUM OF THREE MILLION DOLLARS ----- (\$3,000,000.00) ALL POWER AND AUTHORITY HEREBY CONFERRED SHALL HEREBY EXPIRE AND TERMINATE WITHOUT NOTICE AT MIDNIGHT ON JANUARY 31, 2027, AS RESPECTS EXECUTION SUBSEQUENT THERETO.

And the execution of such bonds in pursuance of these presents shall be as binding upon said Company as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the Company at its office in Harrisburg, Pennsylvania, in their own proper persons.

This appointment is made by and under the authorization of a resolution adopted by the Board of Directors of the Company on October 24, 1973 at Harrisburg, Pennsylvania which is shown below and is now in full force and effect.

RESOLVED, that (1) the President, any Vice President, the Secretary, or any Department Secretary shall have power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Company, and affix the Company's seal thereto, bonds, undertakings, recognizance's, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any of such Officers of the Company may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-Fact with authority to execute waivers and consents on behalf of the Company, and (3) the signature of any such Officer or of any Assistant Secretary or Department Assistant Secretary and the Company seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seal when so used whether heretofore or hereafter, being hereby adopted by the Company as the original signature of such Officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

In Witness Whereof: PENNSYLVANIA NATIONAL MUTUAL CASUALTY INSURANCE COMPANY has caused these presents to be signed and its corporate seal to be hereto affixed on January 13, 2017.

PENNSYLVANIA NATIONAL MUTUAL CASUALTY INSURANCE COMPANY



*Mark Fitzgerald*  
Mark Fitzgerald, Vice President - Surety

Commonwealth of Pennsylvania, County of Dauphin – ss:

On January 13, 2017, before me appeared Mark Fitzgerald to me personally known, who being by me duly sworn, did say that he resides in the New Jersey, that he is the Vice President – Surety of PENNSYLVANIA NATIONAL MUTUAL CASUALTY INSURANCE COMPANY, that he is the individual described in and who executed the preceding instrument, and that the seal affixed to said instrument is the corporate seal of said Company, and that said instrument was signed and sealed on behalf of said Company by authority and direction of said Company, and the said office acknowledged said instrument to be the free act and deed of said Company.



COMMONWEALTH OF PENNSYLVANIA  
Notarial Seal  
Claire E Martin, Notary Public  
Lower Allen Township, Cumberland County  
My Commission Expires May 18, 2018  
Member, Pennsylvania Association of Notaries

*Claire E. Martin*  
Notary Public

I, Mark Fitzgerald, Vice President – Surety of the PENNSYLVANIA NATIONAL MUTUAL CASUALTY INSURANCE COMPANY, a corporation of the Commonwealth of Pennsylvania, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by the said Company, which is still in full force and effect.

In Witness Whereof, I have hereunto set my hand and affixed the corporate seal of said Company on February 24, 2023.

*Mark Fitzgerald*  
Vice President - Surety

