



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-OH-235 |
|---------------------------------------|-----------|

2. Company Information

| | |
|--|-------------------------|
| Company Name: Pierson Comfort Group, LLC | Telephone: 410-634-8085 |
| | Fax: |

Address (street, city, state and zip code): 207 W Belle Rd, Ridgely, Maryland, 21660

Company Email Address & Contact Name: dougpierson@piersoninc.com, T Douglas Pierson

3. Owner/President Business Information

| | |
|-------------------------|--------------------------------|
| Name: T Douglas Pierson | Business Telephone: 4106348085 |
|-------------------------|--------------------------------|

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 | Ford | F550 | 2011 | truck | 7AW0441 | Maryland | 1,000 |

* 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: **certif of ins.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 | gal/yr |
| ii. | | Holding Tank Waste | gal/yr |
| iii. | | Grease Trap Waste and/or Cooking Oil Waste | gal/yr |
| iv. | ✓ | Portable Toilet Waste | 20,000 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.

| Septage |
|---|
| 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. In order for an individual to obtain a Class F license. |
| Class F Licenses uploaded: |

| Holding Tanks |
|--|
| 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. In order for an individual to obtain a Class F license |
| Class F Licenses uploaded: |

| Grease Trap Waste and/or Cooking Oil Waste |
|---|
|---|

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: **license.pdf**

3. Quantity of portable toilets you own: **1,500**

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:

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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 :

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

| |
|---|
| Operating Plan |
| 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>oper plan.pdf</i> |

| |
|---|
| Disposal Facilities |
| 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>MD approvals.pdf</i> |

| |
|--|
| Proof of Bond (If applicable) |
| 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: |

| | |
|--|--|
| 8. Certification | |
| 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: T Douglas Pierson | Date Submitted via DNREC ePermitting: 2024-07-18 12:34:28 |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/25/2024

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 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 Street Salisbury MD 21801 | CONTACT NAME: Lauren Willey PHONE (A/C No. Ext): 410-742-5111 E-MAIL ADDRESS: lwilley@averyhall.com | FAX (A/C, No): 410-742-5182 |
| | INSURER(S) AFFORDING COVERAGE | |
| License#: 104 PIERCOM-01 | INSURER A: Selective Ins Co of America | NAIC # 12572 |
| INSURED Pierson Comfort Group LLC 207 W Belle Rd Ridgely MD 21660 | INSURER B: Selective Way Insurance Co. | NAIC # 26301 |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

COVERAGES

CERTIFICATE NUMBER: 1029856786

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 | <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 checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER: | | | S 2426416 | 11/1/2023 | 11/1/2024 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$ |
| B | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | S 2426416 | 11/1/2023 | 11/1/2024 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0 | | | S 2426416 | 11/1/2023 | 11/1/2024 | EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$ |
| A | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | WC 9109288 | 11/1/2023 | 11/1/2024 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 T Douglas Pierson is excluded for Workers Compensation.

CERTIFICATE HOLDER**CANCELLATION**

DNREC Office of Community Services
 23530 Campbell Cir
 Georgetown DE 19947

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

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| | | | | |
|---|--|--|----------------------------------|------------------------------------|
| <p>State of Delaware Department of Natural Resources and Environmental Control</p> <p>This certifies that Kevin Horsey has been issued a On-Site Wastewater Liquid Waste Hauler (Class F) License License Number: 6231F restricted to use in duties as an employee of Pierson Comfort Group LLC</p> <p>Issued: 03/04/2024 Expires: 12/31/2024</p> <p>_____ Signature of Licensee Steven M. Smaller, Director, Division of Water</p> | <p>This license issued by the Secretary of the Department of Natural Resources and Environmental Control pursuant to the authorities set forth in 7 Del C Ch 60, Section 6023, Regulations Governing the Design, Installation and Operation of On-Site Wastewater Treatment and Disposal Systems Delaware Administrative Code 7101.</p> <p>For questions related to small systems in:</p> <table border="1"> <tr> <td>New Castle County call 302-739-9947</td> <td>Kent County call 302-739-9947</td> <td>Sussex County call 302-856-4561</td> </tr> </table> <p>For questions related to large systems, call 302-739-9948.</p> <p>Division of Water Licensing Program 302-739-9116 · DOWLicensing@delaware.gov</p> <p>24 Hour Environmental Emergency Hotline: 800-662-8802</p> | New Castle County call 302-739-9947 | Kent County call 302-739-9947 | Sussex County call 302-856-4561 |
| New Castle County call 302-739-9947 | Kent County call 302-739-9947 | Sussex County call 302-856-4561 | | |



License Card

Licensee, please cut your license card out and keep with you at all times when conducting business under this license.

License Conditions

- 1) All activity shall be performed in accordance with The Regulations Governing the Design, Installation and Operation of On-Site Wastewater Treatment and Disposal Systems, amended January 11, 2014.
- 2) The activity authorized by the license shall only be performed under the name of the person on the face of the license.
- 3) The licensee is responsible for correct and complete information submitted to the Department (address, telephone number, employer, etc.).
- 4) The licensee is responsible for providing proof of ten (10) annual continuing education training hours relating to wastewater. Carryover credit hours from a previous year are not accepted.
- 5) For all new licensees, please refer to the chart below for continuing education training requirements for the current calendar year only.
If your license is issued in:
 - * January - April (required to complete 10 hours)
 - * May - July (required to complete 8 hours)* August - October (required to complete 6 hours)
 - * November - December (required to complete 0 hours)
- 6) Licenses issued are not transferable and expire on December 31st of each year.
- 7) All Class F licensees shall operate under a valid State of Delaware Non-Hazardous Liquid Waste Transporters Permit.
- 8) All Class F licensees shall be knowledgeable of the Non-Hazardous Liquid Transporters Permittee's Plan for the Prevention, Control and Clean-up of Accidental Discharges. A copy of the Plan is to be maintained on file with the Department.
- 9) All Class F licensees shall operate under a \$5,000 performance bond, or other form of security, is maintained on file with the Department for the duration of licensing.

Pierson's Comfort Group

Vehicle Cleaning

All vehicles are sprayed off daily, with a full wash weekly. Pre-Trip inspections are done for Federal Guidelines every morning.

Record Keeping

All discharges are returned to the office on the discharge papers daily.

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JUN 24 2019

GROUNDWATER

Hours of Operation

The hours of operation for employees is 7am-7pm. Business hours are 9am-4pm. These hours are Monday to Friday.

SEWAGE OVERFLOW EMERGENCY RESPONSE PLAN

This Plan establishes proper clean-up procedures and safety measures to be followed during sewage spill and remediation efforts. These procedures are designed to protect employees, the public, and the environment from the potentially harmful effects associated with sewage spills

Response Personnel

Operations personnel are primary responders to sewage spills. Responsibilities include determining the cause of, and stopping, a sewage spill, proper cleanup and disposal of spilled sewage and, when necessary, conformance with lock-out tag-out and confined space procedures appropriate for the situation. OPC supervisors shall be responsible for ensuring that response personnel are trained prior to engaging in sewage spill clean-up efforts and that sewage spill clean-up efforts are done in accordance with this Plan.

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GROUNDWATER

Response Time

Given company internal reporting procedures and resources (on staff personnel for clean ups) during business hours first responders will be on scene of a report, and mitigation resources will be available within fifteen minutes. Off hours and weekends mitigation resources will be available in an hour or less.

Proper Hygiene

Wear waterproof gloves

Wash your hands thoroughly after clean up work. Use plenty of soap, scrub

for at least 30 seconds, and rinse thoroughly. The California Department of Health Services states: "frequent, routine hand washing is the most important safeguard in preventing infection by agents present in sewage."

Do not touch fecal matter or raw sewage with bare hands. Wear waterproof gloves and use an instrument such as tongs or a spade when direct contact with fecal material is necessary.

Do not touch your nose, mouth eyes or ears with your hands unless you have just washed.

Do not smoke, eat, drink, apply lip treatments, or chew gum while cleaning up fecal matter or raw sewage.

Reduce exposure by keeping those who are not properly protected from coming in contact with the material.

Clean everything, including clothes, tools, and footwear, that came in contact with the fecal matter or raw sewage. Use "H2Orange" to wash down contaminated surfaces and clean-up equipment.

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Clean Up Procedure

GROUNDWATER

1. Evaluate how big the spill is (or may become) and take actions to contain the spill in the smallest area possible. If possible, prevent the spill from entering a storm drain.
2. Secure area against unauthorized entry.
3. Investigate the potential for electrical hazards and de-energize electrical circuits as necessary.
4. Determine if confined space procedures are required and implement as necessary.
5. Follow the "Proper Hygiene" section of this document during any clean-up activities.
6. Acquire all appropriate Personal Protective Equipment (PPE) and clean up equipment.
7. Prepare "H2Orange" or other disinfectant detergent, in bucket(s) and/or Hudson Sprayer(s), in accordance with the manufacturer's directions.
- 8.

Put on appropriate PPE

Exposure and First Aid

If you believe that raw sewage has come into direct contact with your eyes, mouth, ears, nose, or a cut, abrasion, puncture, etc., immediately and thoroughly wash the exposed area with copious amounts of soap and water and seek the care of an authorized Occupational Physician.

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GROUNDWATER

TALBOT COUNTY BIO-SOLIDS UTILIZATION FACILITY
9786 Klondike Rd., Easton, Maryland 21601
(410) 820-5074

46044

Manifest No:

MANIFEST

Date/Time: _____

Waste Hauler

Piersons

(Corp., Co., Firm, Etc.)

Vehicle Permit No. 3070

Truck ID No. 9

Tag No. _____

| | | | |
|---|---|--|--|
| <input type="radio"/> SINGLE SOURCE LOAD | | <input type="radio"/> MULTIPLE SOURCE LOAD | |
| TYPE OF WASTE <input checked="" type="radio"/> Septage <input type="radio"/> Grease <input type="radio"/> Other _____ | SOURCE OF WASTE <input type="radio"/> Home/Apt. <input type="radio"/> Septic Tank <input checked="" type="radio"/> Portable Toilet <input type="radio"/> Other _____ | <input type="radio"/> Office/Commercial <input type="radio"/> Holding Tank <input type="radio"/> Grease Trap | |

ORIGIN OF WASTE: (Use separate line for each Service Invoice Number)

| Date | Waste Hauler's Service Invoice Number | Generator's Location | Name/Code (Optional) |
|----------------|---------------------------------------|----------------------|----------------------|
| <u>7-24-24</u> | | <u>TALBOT</u> | |
| | | | |
| | | | |
| | | | |

[Signature]
Driver's Signature

Joe C1039
Driver's Printed Name Here

The hauler certifies that the above information is accurate in accordance with TCBUF Regulations, Section II, Line 8. Falsification of information on the form could result in revocation of discharge privileges.

Receipt/Invoice No: 46044

RECEIPT/INVOICE

(To be completed by Bio-solids Facility Technician)

Date: 7/24/24

HAULER

Piersons

(Corp., Co., Firm, Etc.)

PERMIT NO. 3070

TAG NO. _____

MANIFEST NO. 46044

pH READING _____

Gallons 963

Rate \$.09

\$ _____

Total Price 86.67

\$ _____

TOTAL DUE UPON RECEIPT

\$ 86.67

Driver Signature: [Signature]

Technician: [Signature]



Division of Environmental Health

403 S. 7th Street, Room 248 - Denton, MD 21629

Sewage Hauler & Disposal License

This is to certify that a Septic System Construction license has been granted to:

Pierson Comfort Group, LLC

Name

whose business is located at:

| | | | |
|-----------------------|----------------|-----------|--------------|
| <u>207 W Belle St</u> | <u>Ridgely</u> | <u>MD</u> | <u>21660</u> |
| Street | City | State | Zip |

To engage in the business of sewage hauling and disposal in Caroline County, Maryland.

This license is granted and accepted under the condition that the person(s) to whom it is issued shall fulfill and conform to all applicable state and county requirements for Sanitary Construction, as set forth in Code of Maryland Regulation COMAR 26.04.06, and the Caroline County Code.

This license is non-transferable.

| | | |
|------------|-----------------|-------------------|
| <u>001</u> | <u>1/1/2024</u> | <u>12/31/2024</u> |
| License # | License Issued | License Expires |

Robin A Cahall
Health Officer

Joshua L Parker
Director of Environmental Health

Pierson Comfort Group, LLC
207 W Belle St
Ridgely, MD
21660

Kent



County

Ph: (302) 335-6000
Fax: (302) 335-0365

Department of Public Works
Engineering Division
www.kentcountyde.gov

Environmental Programs
139 Milford Neck Road
Milford, DE 19963

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

PERMIT NO. 34-00

Effective Date: July 1, 2024

Expiration Date: June 30, 2025

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

Business Name: Pierson Comfort Group
Address: 207 W Belle St Ridgely MD 21660
Phone/Fax: 800-461-0032 / 410-754-0136 or 410-754-0139
Owner: Doug Pierson dougpierson@piersoninc.com
Company Contact: _____

Truck No: 12 Tank Capacity: 1,000 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: Amanda Lockerman Date: 06/18/24
Public Works Director or Authorized Designee