



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):

2. Company Information

Company Name: Streett Septic Services

Telephone: 302-258-3164

Fax:

Address (street, city, state and zip code): PO Box 142, Greenwood, Delaware, 19950

Company Email Address & Contact Name: justin.streett@gmail.com, Justin Streett

3. Owner/President Business Information

Name: Justin Streett

Business Telephone: 3022583164

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 | Kenworth | W900B | 1985 | Truck Mount Vacuum Tank | C34078 | Delaware | 3,300 |

* 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: **20240726084344.pdf***

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

| | <input checked="" type="checkbox"/> | Waste Type | Quantity Collected |
|------|-------------------------------------|--|--------------------|
| i. | <input checked="" type="checkbox"/> | Septage | 3,300 gal/yr |
| ii. | <input type="checkbox"/> | Holding Tank Waste | gal/yr |
| iii. | <input type="checkbox"/> | Grease Trap Waste and/or Cooking Oil Waste | gal/yr |
| iv. | <input type="checkbox"/> | Portable Toilet Waste | gal/yr |
| v. | <input type="checkbox"/> | Municipal or Industrial Biosolids | # wet tons/yr |
| vi. | <input type="checkbox"/> | Sludge From Package Treatment Plants | # wet tons/yr |
| | <input type="checkbox"/> | | |

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: *Justin Streett On-Site Wastewater Liquid Waste Hauler (Class F) License.pdf*

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: |
| 3. Quantity of portable toilets you own: |

| 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 <i>Disposal Facilities:</i> |
| 2. Provide transportation routes from all generating facilities to all applicable disposal facilities. |
| Municipal and Industrial Biosolids <i>Transportation Routes:</i> |
| 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 :

* 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: ***Operating Plan (1).docx***

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: ***Streett Septic Services Discharge Letter 07.26.24.pdf***

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: ***BOND TO ACCOMPANY AND FOR STATE OF DELAWARE.pdf***

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:
Justin Streett

Date Submitted via DNREC ePermitting:
2024-07-31 22:52:28



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/26/2024

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 | | CONTACT NAME: Johanna Lynch | |
| Records - Gebhart Agency Inc. | | PHONE (A/C, No., Ext): (302) 653-9211 | FAX (A/C, No.): (302) 653-5803 |
| PO Box 1000 | | E-MAIL ADDRESS: kyle.recordsgebhart@gmail.com | |
| SMYRNA DE 19977 | | INSURER(S) AFFORDING COVERAGE | |
| | | INSURER A: SELECTIVE INSURANCE CO. OF THE SOUTHEAST | |
| | | INSURER B: | |
| | | INSURER C: | |
| | | INSURER D: | |
| | | INSURER E: | |
| | | INSURER F: | |
| INSURED | | NAIC # | |
| Streett Septic Services LLC | | 39926 | |
| PO Box 142 | | | |
| Greenwood DE 19950 | | | |

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 | |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|--------------|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | S2142651 | 09/19/2023 | 09/19/2024 | 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 |
| | | | | | | | | \$ |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | S2142651 | 09/19/2023 | 09/19/2024 | COMBINED SINGLE LIMIT (Ea accident) | \$ 500,000 |
| | | | | | | | BODILY INJURY (Per person) | \$ |
| | | | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| | UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE | \$ |
| | | | | | | | AGGREGATE | \$ |
| | | | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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)

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|--|
| DNREC Department of Natural Resources & Environmental Control 89 Kings Hwy Dover DE 19901 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: KYLE RECORDS RECORDS GEBHART AGENCY, INC. |
|--|--|

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| | | | | |
|--|---|---|---|---|
| <p>State of Delaware Department of Natural Resources and Environmental Control</p> <p>This certifies that Justin Streett has been issued a</p> <p>On-Site Wastewater Liquid Waste Hauler (Class F) License License Number: 5496F</p> <p>Issued: 07/16/2024 Expires: 12/31/2024</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><u>New Castle County</u> call 302-739-9947</td> <td><u>Kent County</u> call 302-739-9947</td> <td><u>Sussex County</u> 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> | <u>New Castle County</u> call 302-739-9947 | <u>Kent County</u> call 302-739-9947 | <u>Sussex County</u> call 302-856-4561 |
| <u>New Castle County</u> call 302-739-9947 | <u>Kent County</u> call 302-739-9947 | <u>Sussex County</u> call 302-856-4561 | | |
| <p>Signature of Licensee</p> | <p>Sarah Silves, Licensing Program Coordinator DNREC Division General</p> | | | |



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.

10) All Class F licensees shall keep a copy of their Class F license identification card available for verification while performing any Class F license related work.

11) All Class F licensees shall enter into a "Sewage Holding Tank Maintenance Contract" with the property owner prior to pumping out holding tanks. A copy of the contract document must be submitted to the Department within 15 days of signing the contract.

12) All Class F licensees shall enter into a "Grease Trap Maintenance Contract" with the property owner prior to pumping out grease traps. A copy of the contract document must be submitted to the Department within 15 days of signing the contract. Class F licensees may not enter into a "Grease Trap Maintenance Contract" unless the Class F licensee has an approved facility to dispose of grease trap waste identified in the Non-Hazardous Liquid Waste Transporters Permit that he /she is operating under.

13) All Class F licensees shall not co-mingle septage and grease trap waste, unless specifically approved, in writing, by the facility(ies) that will be receiving the grease trap waste.

14) All Class F licensees shall conduct business in a manner that is compliant with the Safety, Tank Access and Tank Cleaning provisions of Section 7101 of the Delaware Administrative Code, as amended or revised.

15) All Class F licensees shall submit quarterly reports documenting the location, the 911 mailing address, and amount of septage removed in total gallons. This requirement becomes effective one (1) year after promulgation of these Regulations.

Operation Plan

Streett Septic Services, LLC

P.O. Box 142

Greenwood, DE 19950

302-258-3164

Hours of Operation:

8:00 am - 5:00 pm

Emergency Contact Information

Emergency Contact(s) for Spills Less than 20 gallons :

Sussex County
Clean Delaware
(302) 684 - 4221

Kent County
Weavers Sanitation
(302) 653 - 8777

Emergency Contact(s) for Spills Greater Than 20 gallons and up to 3300 :

Sussex County
DNREC
(302) 856 - 4561

Kent County
DNREC
(302) 739 - 9948

Emergency Contact(s):

Fire/Paramedics/Police/Hazmat: 911

National Spill Response Center: 1-800-424-8801

Spill Reporting and Clean-Up:

The following general requirements are to be followed. They include:

- Spill Management:
 - Restricted access should be established for immediate protection of individuals and pets in the area.
 - Individuals attempting to contain the area should wear protective gear (i.e. rubber gloves, rubber boots, goggles/protective eyewear, rainsuit/bodysuit, facemask) as these individuals may come in contact with sewage.
 - For spills less than 20 gallons:
 - An attempt to vacuum the spills should be made, if it can be done so safely.
 - If unable to vacuum the spill or contain the area, emergency contact should be made to the emergency contacts listed above.
 - The spill should be covered with calcium hydroxide (hydrated lime).
 - For spills greater than 20 gallons and up to 3300 gallons
 - An attempt should be made to contain and secure the spill by placing calcium hydroxide (hydrated lime) over the spill.
 - Additional materials such as: plastic tarps, dirt, sandbags, DOT reflective triangles around the perimeter of the spill should be utilized to prevent the spill from spreading.
 - Limiting the spread of the sewage, only if it can be done so safely.
 - Contact should be made with emergency personnel by contacting the emergency contact information above. If contact can not be made with DNREC, the National Response Center should be contacted (contact information listed above).
 - If immediate assistance is needed on a major highway 911 should be contacted
 - When reporting to emergency responders prepare to provide the following information:
 - Your name and telephone number from where you are calling;
 - Exact address of the spill and direction of travel
 - Date, time, cause and type of incident
 - Current condition of the area
 - Extent of injuries, if any; and whether a continuing danger to life exists at the scene
 - An attempt to move the vehicle should never be made, doing so will cause contamination or damage to the vehicle.
 - Repacking the sewage into leaking containers should not be made unless proper training by individual(s) has been completed.
 - Dispatchers and/or supervisors should be made for further instructions

Vehicle Cleaning:

The following general requirements will be followed. They include:

- Pre-trip and post-trip inspections will be made. They will include:
 - Checking the cargo/liquid waste vacuum tank(s) structural integrity.
- A 5 gallon bucket water bucket will be kept on board to keep vacuum hoses more sanitary.
 - This will limit the amount of untreated waste rinsed onto the soil.

Record Keeping Procedures

- Record keeping will be done manually and electronically.
 - Documents and records will be kept in file folders and computer software will be utilized to

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

July 26, 2024

Streett Septic Services LLC
P.O. Box 142
Greenwood, DE 19950

RE: Discharge to Kent County Sanitary Sewer System

Dear Mr. Streett:

This letter will authorize Streett Septic Services to discharge septage waste from your truck(s) once you obtain your State of Delaware Non-Hazardous Liquid Waste Transporters Permit and obtain your Kent County Septage Haulers Permit. This will allow you to discharge at either our Pump Station No. 1 located on US 13 in Smyrna, DE or at Kent County Regional Recourse Recovery Facility, 139 Milford Neck Rd., Milford, DE.

We look forward to working with you.

If you have any questions, or desire additional information do not hesitate to call this office at 302-335-6000.

Sincerely,

A handwritten signature in blue ink that reads "F. James Burk". The signature is fluid and cursive, with the first and last names being the most prominent.

F. James Burk
Environmental Program Manager
jim.burk@kentcountyde.gov

cc: Amanda Lockerman

BOND TO ACCOMPANY AND FOR STATE OF DELAWARE
NON-HAZARDOUS LIQUID TRANSPORTERS PERMIT NO. DE WH-405

| | |
|---|--|
| Delaware Non-Haz Liquid Transporters Permit Number: | DE WH-405 |
| Bond Number: | 7901200191 |
| Effective Date: | July 31, 2024 |
| Expiration Date: | July 30, 2025 |
| Principal Name, Address, and Phone Number: | Justin L Street 103 Mill St , Greenwood, DE 19950 302-258-3164 |
| Obligee Name and Address: | Delaware Department of Natural Resources and Environmental Control Division of Water Resource Protection Section 89 Kings Highway, Dover DE 19901 (302) 739-9116 |
| Surety Name, Address, Phone Number: | Nationwide Mutual Insurance Company 1100 Locust Street, Department 2006, Des Moines, IA 50391 866-387-0457 |
| Agent Name, Agent Number, Address, Phone Number: | MICHAEL D FRANKOS AGENCY 375 W NORTH ST STE A, STE A, DOVER, DE 19904-6748 (302) 531-0831 |

Bond Number: 7901200191
Effective Date: July 31, 2024
Expiration Date: July 30, 2025

BOND TO ACCOMPANY AND FOR STATE OF DELAWARE
NON-HAZARDOUS LIQUID TRANSPORTERS PERMIT NO. DE WH-405

KNOW ALL MEN BY THESE PRESENTS that:

Justin L Street of
103 Mill St Greenwood in the County of Sussex and State of
DE as principal, and Nationwide Mutual Insurance Company
of 1100 Locust Street, Department 2006 Des Moines in the County of Polk and State of
IA 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,
Justin L Street, 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. DE WH-405, and dated 7 31 20²⁰²⁴, 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 State of Delaware Regulations Governing the Design, Installation, and Operation of On-Site Wastewater
Treatment and Disposal Systems (Section 5.3.32.4) and Permit No. DE WH-405, then this obligation shall
be void or else to remain in full force and virtue.

Signed and sealed this 31st day of July, 2024.

SIGNED, SEALED AND DELIVERED IN
the presence of:

CORPORATE SEAL

Witness: Barbara Glover

Justin L Street
NAME OF PERMITTEE

BY: Justin L. Street
Owner

TITLE

CORPORATE SEAL

Attest:

Nationwide Mutual Insurance Company
NAME OF SURETY

Heather Ann Nicholas

BY: Heather Ann Nicholas
HEATHER ANN NICHOLAS
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: _____
