



# 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-123
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### 2. Company Information

Company Name: Johnson Electrical Construction Inc.	Telephone: 302-653-1212
	Fax: 3026531334

Address (street, city, state and zip code): 2611 Woodland Beach Rd, Smyrna, Delaware, 19997

Company Email Address & Contact Name: TJ1414@aol.com, Timothy Johnson

### 3. Owner/President Business Information

Name: Timothy Johnson	Business Telephone: 3026531212
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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	Imperial portable slide in unit	GMC 4500	2007	truck	C71938	Delaware	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: **24-25 COI - JEC\_DNREC.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	11,000 gal/yr
v.		Municipal or Industrial Biosolids	# wet tons/yr
vi.		Sludge From Package Treatment Plants	# wet tons/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:

<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:

<b>Portable Toilets</b>
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: <b>Class F Licensees.pdf</b>
3. Quantity of portable toilets you own: <b>49</b>

<b>Municipal and Industrial Biosolids</b>
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).

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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 : 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: ***Portable Toilet - Operation Plan.pdf***

### 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: ***Disposal Facilities.pdf , Septage Hauler Permit 2024.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:

### 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:  
Timothy Johnson

Date Submitted via DNREC ePermitting:  
2024-11-26 17:14:21



JOHNELE-01

TWILLIAMS

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

10/3/2024

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).

<b>PRODUCER</b> <b>L &amp; W Insurance Inc.</b> <b>1154 S Governors Ave</b> <b>Dover, DE 19904</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext): (302) 674-3500</b>	<b>FAX (A/C, No): (302) 674-2909</b>
	<b>E-MAIL ADDRESS: contact@lwinsurance.com</b>	
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A : Harford Mutual Insurance Co</b>		<b>14141</b>
<b>INSURED</b>  <b>Johnson Electrical Const Inc</b> <b>Tim Johnson</b> <b>PO Box 452</b> <b>Smyrna, DE 19977</b>	<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	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Contractual Liabili</b>  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BP10349151	4/24/2024	4/24/2025	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			CA10349021	4/24/2024	4/24/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CU10349274	4/24/2024	4/24/2025	EACH OCCURRENCE	\$ 2,000,000
							AGGREGATE	\$ 2,000,000
								\$
A	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	WC10348857	4/24/2024	4/24/2025	<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)

**CERTIFICATE HOLDER****CANCELLATION**

Delaware Department of Natural Resources  
 and Environmental Control  
 100 W. Water Street  
 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

CLASS F LICENSEES

RECEIVED

NOV 04 2019

GROUNDWATER

Daniel H. Barrett ✓

Gary L. Hickman ✓

Matthew K. Johnson ✓

## OPERATION PLAN

- 1) The following spill control and safety equipment will be carried in Vehicle:
  - a) Reflectors and/or flares
  - b) Fire Extinguisher
  - c) First Aid Kit
  - d) Heavy-duty gloves, hard hat
  - e) Flashlight
  - f) Shovel/broom
  
- 2) The driver will perform the following pre-trip inspections:
  - a) Normal truck pre-trip inspections including checking lights, tires, signals, brakes, etc.
  
- 3) Clean up/Spill Plan: 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:

Timothy S. Johnson  
Phone: (302) 653-1212 Office  
(302) 270-0609 Cell  
(302) 335-4006 Home

In the interim, in the event of a spill, the spill is to be isolated, contained and cleaned up by the driver.

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:

Phone: 911



(302) 739-9401  
(800) 662-8802

- 4) Driver will pump toilets, wash and disinfect with Pine One-Step (heavy duty cleaner & disinfectant). Final step is to Mix 6 oz. of Safe-T-Fresh to 5 gallons of water which is put back into toilets.
  
- 6) Driver will keep a daily log of all pick-ups and disposals and submit to office on a weekly basis.
  - Office will keep logs filed in chronological order in a dated folder in a secure filing cabinet. At the end of the year, files will be archived in a secure filing cabinet so they can be referenced if need be.
  
- 7) Trucks are deep cleaned bi-weekly and pressure washed at the shop.
  
- 8) Hours of operation:  
M – F 7:00 a.m. to 5:00 p.m.
  
- 9) This plan must be carried in all vehicles at all times.

## **DISPOSAL FACILITIES TO BE USED**

- Pumping Station # 1 (Smyrna)
- Pumping Station # 8 (Little Heaven)

(See attached Kent County Permit)

Kent



County

Department of Public Works  
Engineering Division  
www.kentcountyde.gov

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

Environmental Programs  
139 Milford Neck Road  
Milford, DE 19963

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

PERMIT NO. 50-00

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: Johnson Electrical Construction Inc  
Address: PO Box 452 2611 Woodland Beach Rd Smyrna DE 19977  
Phone/Fax: 302-653-1212 / 302-653-1334  
Owner: Timothy S Johnson tj1414@aol.com  
Company Contact: \_\_\_\_\_

Truck No: 01 Tank Capacity: 800

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