

## 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 (F  | or renewals only): |                         |  |                            |                          |                   |  |  |
|--|---|--------------------|-------------------------|--|----------------------------|--------------------------|-------------------|--|--|
| 2.   | 2. Company Information  |                    |                         |  |                            |                          |                   |  |  |
| Company Name: Bolt, LLC  |   |                    | Telephone: 302-381-7615 |  |                            |                          |                   |  |  |
|  |   |                    | Fax:                    |  |                            |                          |                   |  |  |
| Address (street, city, state and zip code): 34513 Hudson Road, Laurel, Delaware, 19956                         |   |                    |                         |  |                            |                          |                   |  |  |
| Company Email Address & Contact Name: belote75@gmail.com, Cody Belote  |   |                    |                         |  |                            |                          |                   |  |  |
| 3. Owner/President Business Information  |   |                    |                         |  |                            |                          |                   |  |  |
| Name: Cody Belote Business Telephone: 3023817615   |   |                    |                         |  |                            |                          |                   |  |  |
| 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<br>(Tank,<br>Trailer, Etc.) | License<br>Plate<br>Number | State of<br>Registration | Capacity<br>(gal) |  |  |
| 1  | Dodge   | Ram 3500           | 1996                    | Tank                                     | TBD-8636                   | Virginia                 | 600               |  |  |
| 2  | GMC   | Sierra 3500        | 2011                    | Trailer                                  | BELOTE                     | Delaware                 | 600               |  |  |
|  | * Please submit a Certificate of Insurance for each vehicle listed demonstrating commercial |                    |                         |  |                            |                          |                   |  |  |

Certificate of insurance uploaded: 1996 Dodge Commercial Insurance - 7225 CARD.pdf

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

|      | <b>✓</b> | Waste Type                                 | Quantity Collected |
|------|----------|--|--------------------|
| i.   |          | Septage                                    | gal/yr             |
| ii.  | <b>√</b> | Holding Tank Waste                         | 6,000 gal/yr       |
| iii. |          | Grease Trap Waste and/or Cooking Oil Waste | gal/yr             |
| iv.  | <b>✓</b> | 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             |

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

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

- Attach an Operation Plan detailing the following:
  - o a spill reporting and clean-up plan,
  - o plans for cleaning vehicles,
  - o 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:

Cody Belote On-Site Wastewater Liquid Waste Hauler (Class F)

License certificate.pdf

3. Quantity of portable toilets you own: 30

## **Municipal and Industrial Biosolids**

- 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**

- 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: **Bolt LLC Spill Control Procedures.pdf**, **Bolt, LLC Hours of Operation.pdf**, **Bolt, LLC Vehicle Cleaning and Recordkeeping Procedures.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: **BoltLLCApproval-to-Dump-LaurelDE.pdf**, **NOTARIZED - 25-26 Non-Hazardous Liquid Waste Transport Bond - 108332559.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: Cody Belote Date Submitted via DNREC ePermitting: 2025-08-27 14:04:12



## CERTIFICATE OF LIABILITY INSURANCE

**DATE (MM/DD/YYYY)** 09/02/2025

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).

|   | s certificate does not confer rights to the   | certi                  | ficate                    | holder in lieu of s   | CONT                     |   | (s).                                       |  |            |            |
|---|---|------------------------|---------------------------|---|--------------------------|---|--|--|------------|------------|
| Sheets Insurance Agency, LLC                                    |   |                        |                           | NAME: Progressive Commercial Lines Customer and Agent Servicing   |                          |   |  |  |            |            |
| 254 FOX HUNT DRIVE, BEAR, DE 19701                              |   |                        |                           | PHONE [FAX (A/C, No, Ext): 1-800-444-4487 [A/C, No):  |                          |   |  |  |            |            |
|   |   |                        |                           |   | E-MAII<br>ADDRI          | Ess: progressi                          | vecommercial(                              | @email.progressive.com                       |            | •          |
|   |   |                        |                           |   |                          | INSUF                                   | RER(S) AFFORD                              | ING COVERAGE                                 |            | NAIC#      |
|   |   |                        |                           |   | INSUR                    | ER A: United I                          | Financial Casu                             | alty Company                                 |            | 11770      |
| INSU  |   |                        |                           |   | INSUR                    | ER B :                                  |  |  |            |            |
|   | LLC DBA: Bolt<br>3 Hudson Rd  |                        |                           |   | INSUR                    | ER C :                                  |  |  |            |            |
|   | I, DE 19956   |                        |                           |   | INSUR                    |   |  |  |            |            |
|   |   |                        |                           |   | INSUR                    | FR F :                                  |  |  |            |            |
|   |   |                        |                           |   | INSUR                    |   |  |  |            |            |
| COV   | ERAGES CERTIFIC   | `ATE                   | MIIM                      | BER: 4817722422968  |                          |   | 112  | REVISION NUMBER:                             |            | ı          |
| TH<br>INI<br>CE   | IS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUIR RTIFICATE MAY BE ISSUED OR MAY PERT CLUSIONS AND CONDITIONS OF SUCH POLICIES. | INSUF<br>REMEN<br>AIN, | RANCE<br>IT, TE<br>THE II | E LISTED BELOW HA<br>RM OR CONDITION<br>NSURANCE AFFORD   | VE BE<br>OF AN<br>OED BY | EN ISSUED T<br>NY CONTRAC<br>THE POLICI | TO THE INSUI<br>T OR OTHER<br>IES DESCRIBI | RED NAMED ABOVE FOR TO DOCUMENT WITH RESPE   | ECT TO V   | VHICH THIS |
| INSR<br>LTR   | TYPE OF INSURANCE   | ADDL<br>INSD           | SUBR<br>WVD               | POLICY NUMBER   |                          | POLICY EFF<br>(MM/DD/YYYY)              | POLICY EXP<br>(MM/DD/YYYY)                 | LIMI   | rs         |            |
|   | COMMERCIAL GENERAL LIABILITY  |                        |                           |   |                          |   |  | EACH OCCURRENCE                              | \$         |            |
|   | CLAIMS-MADE OCCUR   |                        |                           |   |                          |   |  | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | \$         |            |
|   |   |                        |                           |   |                          |   |  | MED EXP (Any one person)                     | \$         |            |
|   |   |                        |                           |   |                          |   |  | PERSONAL & ADV INJURY                        | \$         |            |
|   | GEN'L AGGREGATE LIMIT APPLIES PER:  |                        |                           |   |                          |   |  | GENERAL AGGREGATE                            | \$         |            |
|   | POLICY PRO-<br>JECT LOC   |                        |                           |   |                          |   |  | PRODUCTS - COMP/OP AGG                       | \$         |            |
|   | OTHER:  |                        |                           |   |                          |   |  |  | \$         |            |
|   | AUTOMOBILE LIABILITY  |                        |                           |   |                          |   |  | COMBINED SINGLE LIMIT (Ea accident)          | \$1,000,00 | 0          |
|   | ANY AUTO  |                        | N                         |   |                          |   |  | BODILY INJURY (Per person)                   | \$         |            |
| Α   | OWNED AUTOS ONLY X SCHEDULED AUTOS  | N                      |                           | 999651891   |                          | 07/02/2025                              | 07/02/2026                                 | BODILY INJURY (Per accident)                 | \$         |            |
|   | HIRED NON-OWNED AUTOS ONLY  |                        |                           |   |                          |   |  | PROPERTY DAMAGE<br>(Per accident)            | \$         |            |
|   |   |                        |                           |   |                          |   |  |  | \$         |            |
|   | UMBRELLA LIAB OCCUR   |                        |                           |   |                          |   |  | EACH OCCURRENCE                              | \$         |            |
|   | EXCESS LIAB CLAIMS-MADE   |                        |                           |   |                          |   |  | AGGREGATE                                    | \$         |            |
|   | DED RETENTION \$  |                        |                           |   |                          |   |  |  | \$         |            |
|   | WORKERS COMPENSATION  |                        |                           |   |                          |   |  | SERTUTE PIH-                                 | ,          |            |
|   | ANYPROPRIETOR/PARTNER/EXECUTIVE   | N/A                    |                           |   |                          |   |  | E.L. EACH ACCIDENT                           | \$         |            |
|   | OFFICER/MEMBEREXCLUDED? (Mandatory in NH)   |                        |                           |   |                          |   |  | E.L. DISEASE - EA EMPLOYEE                   | \$         |            |
|   | If yes, describe under DESCRIPTION OF OPERATIONS below  |                        |                           |   |                          |   |  | E.L. DISEASE - POLICY LIMIT                  | \$         |            |
|   | See ACORD 101 for additional coverage details.  |                        |                           |   |                          |   |  | \$   |            |            |
| Α   |   | N                      | N                         | 999651891   |                          | 07/02/2025                              | 07/02/2026                                 |  |            |            |
| DESC  | RIPTION OF OPERATIONS / LOCATIONS / VEHICLES  | (ACOF                  | RD 101,                   | Additional Remarks Sch  | nedule, n                | nay be attached                         | if more space is                           | required)                                    |            |            |
| CER   | TIFICATE HOLDER   |                        |                           |   | CANO                     | ELLATION                                |  |  |            |            |
| DNREC, Division of Water<br>89 Kings Highway<br>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 |                          |   |  |  |            |            |

| AGENCY CUSTOMER ID: |  |
|---------------------|--|
| LOC #:              |  |



## ADDITIONAL REMARKS SCHEDULE

Page <u>1</u> of <u>1</u>

| AGENCY                            |  | NAMED INSURED                         |  |
|-----------------------------------|--|---------------------------------------|--|
| Sheets Insurance Agency, LLC      |  | Bolt, LLC DBA: Bolt                   |  |
| POLICY NUMBER                     |  | 7 34513 Hudson Rd<br>Laurel, DE 19956 |  |
| 999651891                         |  | Eduloi, DE 10000                      |  |
| CARRIER                           |  | NAIC CODE                             |  |
| United Financial Casualty Company |  | EFFECTIVE DATE: 07/02/2025            |  |
| ADDITIONAL REMARKS                |  |                                       |  |

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

| FORM NUMBER: 25 FORM TITLE: Certifica              | ate of Liability Insurance                |  |  |
|--|---|--|--|
| Additional Coverages                               |   |  |  |
| Insurance coverage(s)                              | Limits                                    |  |  |
| Personal Injury Protection/Property Protection Ins | \$15,000/\$30,000 (\$10,000 PPI included) |  |  |
| Uninsured/Underinsured Motorist                    | \$100,000/\$300,000                       |  |  |
| Description of Location/Vehicles/Special           | Items                                     |  |  |
| Scheduled autos only                               |   |  |  |
| 1996 DODGE RAM 3500 1B6WC365XTJ179298              |   |  |  |
| Uninsured Motorist Property Damage                 | \$10,000 w/\$250 Ded                      |  |  |
| Roadside Assistance                                | Selected w/\$0 Ded                        |  |  |

# State of Delaware Department of Natural Resources and Environmental Control Division of Water 89 Kings Highway, Dover, Delaware, 19901

This certifies that

## Cody Belote

has been issued a

## On-Site Wastewater Liquid Waste Hauler (Class F) License License Number: 6311F

Valid from August 15, 2025 through December 31, 2025

In the State of Delaware 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, Section 1.0.



Sarah Silves, Licensing Program Coordinator DNREC Division of Water

This license may be revoked or suspended if the license holder violates any of the lawful rules or regulations of the board, any condition of this license, or the provisions of the act under which the license is issued.

### 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.



## **Spill Control**

- 1) Operator will immediately use proper PPE, and find the source of the spill / leak, and stop use of the leaking device until it has been properly repaired.
- 2) If there were a large enough spill, operator will confirm spill type and if over the threshold, will contact DNREC Emergency response at 800-660-8802.
- 3) Operator will then begin the clean up process utilizing the vacuum truck to gather what can be gathered, then will utilize straw bales to contain / soak up all remaining.
- 4) If the leak is still not contained, operator will contact CES in Delmar, MD and dispatch their on-call technician with proper trucks and equipment to assist with clean up.
- 5) If necessary, a pressure washer will be utilized to clean the remainder of materials to wash the non-hazardous material into the spill containment area.
- 6) Once contained and dry, operator will begin the final clean-up process with water, liquid detergent, bleach, brooms and shovels.
- 7) All contaminated soils, straw bales, and clean up rags will be disposed of properly at the local authorized landfill.
- 8) If spill is in a large area, to aid in killing of potential bacteria, lime may be used as well as sunlight exposure, then washing of area repeatedly, as necessary.
- 9) After completion of cleanup, a full written report will be kept on file in the office for 5 years, for reference of DNREC, which will be available upon request.
- 10) Moving forward, business leadership will make note of all safety concerns, and report back to all employees to prevent future spills. A thorough investigation into the leak on the affected vehicle, as well as an automatic re-inspection on all other vehicles to prevent spills in the future.



## **HOURS OF OPERATION**

## Monday through Friday 6:00 PM to 10:00 PM Saturday 8:00 AM to 12:00PM

24 Hour On-Call Emergency Pumping Service at 302-448-8181



August 26, 2025

Bolt, LLC 34513 Hudson Road Laurel, Delaware 19956

RE: Town of Laurel: Septic/Liquid Hauler Permit

Dear Mr. Belote,

The Town of Laurel received your Septic Hauling Application pertaining Bolt, LLC on August 18, 2025. Please be advised you have been granted permission to haul liquid waste at the Town of Laurel's Wastewater Treatment Plant pending DNREC's authorization and approval. Once you have received all the state approvals the town will draft an invoice in the amount of \$275.00 pertaining to a hauler's permit.

Per the state you must submit the Town of Laurel's Septic Hauling Application along with the Town of Laurel's letter of approval when applying for a Non-Hazard Transporters Permit.

If you have any further questions, please feel free in reaching out at Laurel Town Hall at 302-875-2277

Sincerely,

Alexis Oliphant Operations Manager Town of Laurel

lufe C. Olphus





July 9, 2025

Bolt, LLC 34513 Hudson Road Laurel, DE 19956

REFERENCE: Sewage Dumping

To Whom It May Concern:

Please be advised permission is granted under the following conditions to discharge wastewater for calendar year 2025 into The Town of Laurel's wastewater treatment facility:

- 1. This annual permit shall have an effective date of January 1, 2025. The fee for this permit is \$275.00 for new haulers.
- Request for each annual permit must be made each year at least thirty (30) days prior to the end of each calendar year.
- Spot random samples may be taken from selected loads.
   Only residential wastewater from Delaware will be accepted.
- 4. You will be given a password, which will permit access to the sewage acceptage receiving unit.
- 5. The hours of operations are weekdays from 7:00 a.m. 4:30 p.m., weekends/holidays are 8:00 a.m. 12:00 p.m. The dumping fees is \$0.07 normal septic waste and \$0.09 for portable toilets for each gallon dumped. Should there be a need for after hours dumping you are to call the after hours phone. Please specify which type of waste you will be dumping (check one): normal septic \_\_\_\_\_ or portable toilets\_\_\_\_\_\_.



- 6. The after/weekends hours phone numbers are: (1) 302-853-5323.
- A current valid Class F license from The State of Delaware, Department of Natural Resources and Environmental Control, is required. License number and date of expiration 6311F - 12/31/2025
- 8. This permit may be withdrawn or amount being dumped daily reduced, if dumping or wastewater is interfering with the operation of the treatment plant, as may be determined by The Town of Laurel.
- 9. The town will bill you the first of each month for the preceding month. Bill is due upon receipt and if not paid within thirty (30) days, interest will be imposed at twenty five percent (25%) on any unpaid balance.

Please sign both copies, fill in item number 7 and return to this office for final processing. A copy will be returned to you for your files.

Sincerely,

THE TOWN OF LAUREL

Smil 7. Smil

Jamie T. Smith Town Manager

Cc: Sarah Silves, DNREC

Cody Belote

Jamie Smith Town Manager

8/18/2025

Date

Date





## **Vehicle Cleaning & Recordkeeping Procedures**

## **Vehicle Cleaning Procedures**

- -The truck is equipped with a liquid-tight tank, the tank is cleaned regularly and monitored closely to confirm there are no leaks.
- -The truck is washed bi-weekly with a power washer and vehicle soap, or as necessary in case of emergency situations.
- -The truck will be equipped with hand sanitizer whenever being used
- -The pump, hoses, valves and tanks are checked thoroughly each day of use prior to leaving the office.
- -The truck is visually inspected after each stop to confirm there is no debris, and the truck has no leaks or weeps.
- -The truck will have all trash removed from it following the completion of each day.

## Vehicle Recordkeeping Procedures

- -The truck has a pre-trip inspection checklist, and is also visually checked at the end of each day of usage.
- -Records of the pre-trip inspections are kept for 6 months in the office, and digitally for one year.
- -There is a mileage report filed at the end of each day, to keep track of miles traveled and fuel economy.
- -We keep a record of all gallons pumped, date of units serviced, estimated gallons and the licensee who completed the pumping.
- -Each customer will receive an invoice each month from Quickbooks with projected dates if prebilled, or actual dates if post-billed.

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

| Delaware Non-Haz<br>Liquid Transporters<br>Permit Number: |  |
|---|--|
| Bond Number:  | 108332559  |
| Effective Date:   | August 15, 2025  |
| Expiration Date:  | August 15, 2026  |
| Principal Name,<br>Address,<br>and Phone Number:          | Bolt, LLC<br>34513 HUDSON RD, LAUREL, DE 19956-3096  |
| Obligee Name and Address:                                 | Delaware Department of Natural Resources and Environmental Control<br>Division of Water<br>Resource Protection Section<br>89 Kings Highway, Dover DE 19901<br>(302) 739-9116 |
| Surety Name, Address,<br>Phone Number:                    | Travelers Casualty and Surety Company of America One Tower Square, Hartford, CT 06183  |
| Agent Name, Agent<br>Number, Address,<br>Phone Number:    | L & W INSURANCE INC PO BOX 918 DOVER, DE 19903-0918  |

Bond Number: 108332559

Effective Date: August 15, 2025

Expiration Date: \_\_\_August 15, 2026

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

KNOW ALL MEN BY THESE PRESENTS that:

| Bolt, LLC  |   | of                        |  |  |  |
|--|---|---------------------------|--|--|--|
| LAUREL   | in the County of SUSSEX                                     | and State of              |  |  |  |
| DELAWARE   | as principal, and Travelers Casualty and Surety Co          | empany of America         |  |  |  |
| of Hartford  | in the County of Hartford                                   | and State of              |  |  |  |
| CONNECTICUT  | as surety, legally authorized to do business in the         | ne State of Delaware, are |  |  |  |
| held firmly bound unto the Stat  | e of Delaware in the sum of Five Thousand Dollars (\$5      | 5,000), to be paid to the |  |  |  |
| said State of Delaware for the u   | se 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 ourselv       | es, 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,  |  |  |  |
| 2.1  | , who has be  |                           |  |  |  |
|  | es and Environmental Control of the State of Delaware a     |                           |  |  |  |
|  | , and dated   |                           |  |  |  |
|  | liquid waste, and is required to file with the Departmen    |                           |  |  |  |
|  | nd or other security, shall fulfill all the requirements of |                           |  |  |  |
|  | ns Governing the Design, Installation, and Operation of     |                           |  |  |  |
|  | s (Section 5.3.32.4) and Permit No,                         |                           |  |  |  |
| be void or else to remain in full t  |   | <u> </u>                  |  |  |  |

| Signed and sealed this 18 day of August,  | 2025 .   |
|---|--|
| SIGNED, SEALED AND DELIVERED IN the presence of:  | CORPORATE SEAL   |
| Witness: Della Scharita BY:   | Bolt, LLC NAME OF PERMITTEE  COPY BELOTE  PRESIDENT  TITLE       |
| CORPORATE SEAL  | IIILE  |
| Attest:    Attest:   BY:  | NAME OF SURETY  Listing L. Mayer                                 |
|   | MATTHEW G MAYER  |
| NOTE: If Attorney-In-Fact does not hold a current I Resident), this bond must be countersigned by | Delaware Agent's License (Resident or Non-<br>below:             |
|   | NAME OF DELAWARE LICENSE <u>AGENT</u> (Resident or Non-Resident) |
|   | LICENSE NUMBER   |
| BY:<br>ADDRESS:   |  |



Travelers Casualty and Surety Company of America Travelers Casualty and Surety Company St. Paul Fire and Marine Insurance Company Farmington Casualty Company

### POWER OF ATTORNEY

Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and the Companies do hereby make, constitute and appoint MATTHEW G MAYER of DOVER, DE their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond or undertaking, and any riders thereto:

Surety Bond No.: 108332559

Principal: Bolt, LLC

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this 16th day of February, 2024.



State of Connecticut

City of Hartford ss.

Grissom, Senior Vice President

On this the 16th day of February, 2024, before me personally appeared Bryce Grissom, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the 30th day of June, 2026

Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, Kevin E. Hughes, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 18 day of August, 2025.







