



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: **DNREC Office of Community Services_110124-25 ACCT.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 type="checkbox"/>	Septage	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 checked="" type="checkbox"/>	Portable Toilet Waste	20,000 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
vii.	<input type="checkbox"/>	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
<p>1. Attach a list of all Class F Licensees currently working for the company.</p> <p>If there are no Class F licensees currently working for the company, please note according to Section 4.1.6 of the State of Delaware Regulations Governing the Design, Installation and Operation of On-Site Wastewater Treatment and Disposal Systems, all individuals who will be responsible for removal, transportation or disposal of the solid and liquid contents of septic tanks, cesspools, grease traps, seepage pits, holding tanks, portable toilets or other wastewater treatment or disposal facilities must obtain a Class F license before pumping. In order for an individual to obtain a Class F license.</p>
<p>Class F Licenses uploaded:</p>

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

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: State of Delaware.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 <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** : 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
<p>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.</p>
<p>Operating Plan Upload: <i>oper plan.pdf</i></p>

Disposal Facilities
<p>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.</p>
<p>Disposal Facilities Upload: <i>Permits.pdf , 24-25 BOND RNWL 10124-25 DORCHESTER COUNTY SANITARY CONST.pdf , 1 NON-HAZARDOUS LIQUID TRANSPORTERS PERMIT NO. DE-OH - 235.pdf , 2 Bond Number B1029674.pdf , 3 sion and told i a lugust 225.pdf</i></p>

Proof of Bond (If applicable)
<p>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.</p>
<p>Proof of Bond Upload:</p>

8. Certification	
<p>I certify that all information submitted as part of this application is true and correct to the best of my knowledge and belief.</p>	
<p>Printed Name of Applicant: T Douglas Pierson</p>	<p>Date Submitted via DNREC ePermitting: 2025-08-20 13:22:10</p>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/21/2025

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).

PRODUCER Avery W. Hall Insurance Agency, Inc. 308 E. Main Street Salisbury MD 21801	CONTACT NAME: Talexis Hatton PHONE (A/C. No. Ext): 410-742-5111 E-MAIL ADDRESS: thatton@averyhall.com FAX (A/C. No): 410-742-5182
INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Selective Ins Co of America	12572
INSURER B : Selective Way Insurance Co.	26301
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 137939890 **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 OTHER:			S 2426416	11/1/2024	11/1/2025	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	11/1/2024	11/1/2025	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 DED <input checked="" type="checkbox"/> RETENTION \$ 0			S 2426416	11/1/2024	11/1/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
A	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 <input type="checkbox"/> N / A			WC 9109288	11/1/2024	11/1/2025	<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)
T Douglas Pierson is excluded for Workers Compensation.

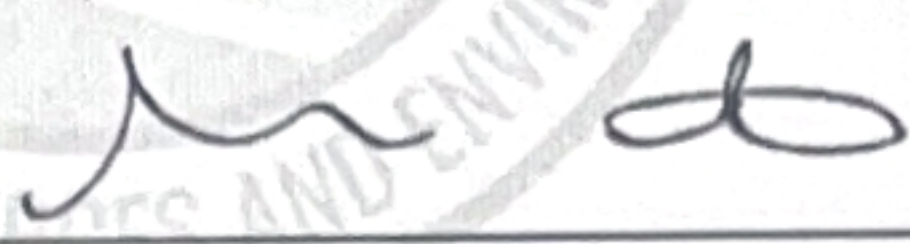
CERTIFICATE HOLDER**CANCELLATION**

DNREC, Division of Water
89 Kings Highway
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

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<p align="center">State of Delaware Department of Natural Resources and Environmental Control</p> <p align="center">This certifies that Kevin Horsey has been issued a On-Site Wastewater Liquid Waste Hauler (Class F) License License Number: 6231F Issued: 01/01/2025 Expires: 12/31/2025</p> <p align="center"></p> <p>Signature of Licensee Sarah Silves, Licensing Program Coordinator DNREC 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 align="center">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 align="center">For questions related to large systems, call 302-739-9948.</p> <p align="center">Division of Water Licensing Program 302-739-9116 • DOWLicensing@delaware.gov</p> <p align="center">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		



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.

Cleanup steps

1. **Remove solid waste:** Use a shovel or scoop to collect solids (feces, toilet paper, etc.) and place them into heavy-duty trash bags.
2. **Clean up the liquid:** For spills under 25 gallons, a mop and bucket can be used to remove the liquid waste. For spills involving larger volumes, mechanical methods like pumping or vacuuming are likely needed, and it's best to contact an environmental cleanup contractor.
3. **Properly dispose of sewage:** Dispose of the collected sewage in a permitted treatment system.
4. **Disinfect the affected area:** Use a bleach solution (1 tablespoon of bleach per gallon of water) to clean hard surfaces like floors, walls, and non-porous items. Alternatively, use an EPA-approved cleaning solution with antimicrobial properties.
5. **Dry the area:** After disinfecting, dry the area as quickly as possible to prevent mold growth and reduce odors. Use fans and open windows to increase air circulation.
6. **Dispose of contaminated materials:** Discard porous materials like carpets, rugs, and upholstery that have been exposed to sewage, as they can retain bacteria and are difficult to sanitize. Place disposable contaminated items (paper, cardboard) in plastic bags and dispose of them with regular municipal garbage.
7. **Post-cleanup hygiene:** Wash hands thoroughly with soap and water after each cleanup session. Wash cleanup clothes separately in hot water or dry clean them. Disinfect cleanup tools with a bleach solution.

*******Contact DNREC if any spills should take place.*******

Vehicle cleaning options:

- **Clean tools and equipment:** Thoroughly clean all tools and equipment used in the cleanup process with disinfectants designed to kill bacteria and viruses.

- **Commercial car wash:** Take the vehicle to a commercial car wash where the wash water is discharged to the sanitary sewer system.
- **Onsite cleaning (with permit or specific containment):** If washing the vehicle onsite, Alternatively, you can contain and collect the wash water for off-site treatment and disposal, or discharge it to the sanitary sewer through a permitted connection.



207 W Belle Rd
Ridgely, MD 21660

If you're dealing with a sewage spill of over 25 gallons here's a summary of the cleanup and reporting procedures

1. Safety first and immediate action

- **Evacuate** unprotected individuals and workers from the affected areas until the sewage is removed and disinfectants are applied.
- **Prevent further contamination:** Control and minimize the spill by shutting off or not using water, particularly on private property, and prevent it from entering gutters, storm drains, and public waterways.
- **Contain the spill:** Use sandbags, dirt, and/or plastic sheeting to contain the spilled sewage.
- **Stop the source:** Identify the cause of the spill (e.g., blockage in a pipe) and repair the issue. Consider contacting a plumbing professional for this purpose.
- **Wear protective gear:** Those cleaning up the spill should wear an organic vapor HEPA respirator, rubber gloves, splash goggles, and boots.
- **Keep children and pets out:** Ensure that children and pets are kept away from the spill area until cleanup is fully completed.

2. Cleanup and decontamination

For larger spills requiring mechanical methods like pumping or vacuuming, it's recommended to hire an environmental clean-up contractor. Contaminated porous materials like carpet, furniture, and paper should be discarded. After removing physical waste, clean and disinfect affected areas. A bleach solution can be used on hard surfaces, but never mix bleach with ammonia or other cleaners. Ensure proper disposal of sewage in a permitted system and discarded materials at designated centers.

*****Contact DNREC if any spills should take place. *****

Vehicle cleaning options:

- **Clean tools and equipment:** Thoroughly clean all tools and equipment used in the cleanup process with disinfectants designed to kill bacteria and viruses.
- **Commercial car wash:** Take the vehicle to a commercial car wash where the wash water is discharged to the sanitary sewer system.
- **Onsite cleaning (with permit or specific containment):** If washing the vehicle onsite, Alternatively, you can contain and collect the wash water for off-site treatment and disposal, or discharge it to the sanitary sewer through a permitted connection.

Portable Toilet Cleaning Procedure/ Business Procedure

Units are pumped by high pressure Vac Trucks to a holding tank. Units are then washed with disinfectant and sprayed down with water from a separate water tank. This water is from town public water supply. Next the toilet chemical is added to the toilet tank which provides odor control and disinfecting property, it is not toxic or a hazard. Last tissue is added if needed to the holder which holds two rolls.

Standing sinks are filled with treated water, paper towels and soap. It is for hand washing purposes only.

For waste spillage cleanup, first alert others and evacuate the immediate area to protect yourself and others. Then, put on appropriate personal protective equipment (PPE). Stop the source of the spill if possible, and contain it with absorbent materials. Clean the spill using absorbent materials and dispose of everything in a designated, leak-

proof, and labeled container. Finally, thoroughly decontaminate the area and report the incident to your supervisor or emergency response team.

The trucks are power washed with soap and disinfectant and inspected to make sure everything is in working order.

Our technicians sign and date a Service Record located in the units.

We are not required to keep a record keeping procedure in the state of maryland as we do not pump out septic tanks.

We also do not dump in the State of Delaware

Our vehicles are inspected by our techs daily and entered into a Driver's Vehicle Inspection Report Book

Days & Hours of Operation

Monday thru Saturday 8am- 4pm

Our Business Record Keeping Procedure is done through QuickBooks



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:

207 W Belle St

Street

Ridgely

City

MD

State

21660

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.

001

License #

1/1/2025

License Issued

12/31/2025

License Expires

Health Officer

Director of Environmental Health

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



CAROLINE COUNTY
HEALTH DEPARTMENT
Caring for Caroline

Division of Environmental Health

403 S 7th Street, Rm 248, Denton, MD 21629

SEWAGE HAULER TRUCK INSPECTION

Thomas D. Pierson
T/A Pierson Comfort Group, LLC
207 W. Belle St
Ridgely, MD 21660

License # 001

PERMITTING YEAR: 2025

	TRUCK # 14 ✓	TRUCK # 15 ✓	TRUCK # 16 ✓	TRUCK # 22 ✓
Vehicle Make/Model/Year	Ford F450	Ram 3500	2011 Ford F550	2012 Ford F550
Tag #	6EE7344	3FD0225	6FB0673	1BZ2698
Tank Capacity(gallons)	Sewage: 540 Fresh: 260	Sewage: 540 Fresh: 260	Sewage: 900 Fresh: 300	Sewage: 1000 Fresh: 300
COMAR 26.04.02.09	✓	✓	✓	✓
B.(2)(a) Is vehicle clean and sanitary? Tank & Pump in good repair Free of cracks or leaks Hoses and couplings in good repair	✓	✓	✓	✓
Percentage of liquid in tank of time of inspection	✓	✓	✓	✓
B.(3)(a) – Legible lettering on both sides of vehicle at least 3" in height Business name	✓	✓	✓	✓
B.(3)(b) – At least 4" in height, words "SEWAGE ONLY" on rear of vehicle	✓	✓	✓	✓
Additional Comments:	N/A	N/A	N/A	N/A

12/13/24 - Mr. Pierson received copy of
Sewage Hauler Truck Inspection
form + Sewage Hauler + Disposal
License. 12/13/24

David L. Hs 12/13/24
Inspecting Environmental Health Specialist and Date

Revised-January 2019

403 S 7th Street, Rm 248, Denton, MD 21629

www.carolinehd.org

PHONE: 410/479-8045

FAX: 410/479-4082



CAROLINE COUNTY
HEALTH DEPARTMENT
Caring for Caroline

Division of Environmental Health

403 S 7th Street, Rm 248, Denton, MD 21629

SEWAGE HAULER TRUCK INSPECTION

Thomas D. Pierson
T/A Pierson Comfort Group, LLC
207 W. Belle St
Ridgely, MD 21660

License # 001

PERMITTING YEAR: 2025

	TRUCK # 7 ✓	TRUCK # 11 ✓	TRUCK # 12 ✓	TRUCK # 13 ✓
Vehicle Make/Model/Year	2008 Ford F450	2012 Ford F550	2013 Ford F550	Chevy 3500
Tag #	6EE2221	6FB0657	5CD8256	3FH7255
Tank Capacity(gallons)	Sewage: 540 Fresh: 260	Sewage: 300 Fresh: 150	Sewage: 1000 Fresh: 300	Sewage: 540 Fresh: 260
COMAR 26.04.02.09	✓	✓	✓	✓
B.(2)(a) Is vehicle clean and sanitary? Tank & Pump in good repair Free of cracks or leaks Hoses and couplings in good repair	✓	✓	✓	✓
Percentage of liquid in tank of time of inspection	✓	✓	✓	✓
B.(3)(a) – Legible lettering on both sides of vehicle at least 3" in height Business name	✓	✓	✓	✓
B.(3)(b) – At least 4" in height, words "SEWAGE ONLY" on rear of vehicle	✓	✓	✓	✓
Additional Comments:	N/A	N/A	N/A	N/A

Don C. Lewis LEHS 12/13/24
Inspecting Environmental Health Specialist and Date



Erica Plank -MDH- <erica.plank@maryland.gov>

MDE Hauler Verification

4 messages

Erica Plank -MDH- <erica.plank@maryland.gov>
To: Seth Eisenstein -MDE- <seth.eisenstein@maryland.gov>

Thu, Dec 12, 2024 at 2:07 PM

Name: Pierson's Comfort Group
Expires: 12/2024

Spoke to the accountant and she stated that the MDE check was cashed back in September/October.

Can you verify please?
(For future requests, if there is any more information you need, let me know)

Thanks!

Erica Plank
Caroline County Health Department
Division of Environmental Health
403 S. 7th St. Room 248
Denton, MD 21629
PH: 410-479-8045
FX: 410-479-4082
erica.plank@maryland.gov
www.carolinehd.org

Seth Eisenstein -MDE- <seth.eisenstein@maryland.gov>
To: Erica Plank -MDH- <erica.plank@maryland.gov>

Thu, Dec 12, 2024 at 2:21 PM

I have a Thomas Pierson expiring 12/31/26.

The best way for me to look people up is by their name, not the company.

[Quoted text hidden]

[Quoted text hidden]

NOTICE: This message and the accompanying documents are intended only for the use of the individual or entity to which they are addressed and may contain information that is privileged, or exempt from disclosure under applicable law. If the reader of this email is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, disseminating, distributing, or copying this communication. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

Seth Eisenstein -MDE- <seth.eisenstein@maryland.gov>
To: Erica Plank -MDH- <erica.plank@maryland.gov>

Thu, Dec 12, 2024 at 2:22 PM

Thomas from Pierson's Comfort Group, that is.

[Quoted text hidden]

Erica Plank -MDH- <erica.plank@maryland.gov>
To: Seth Eisenstein -MDE- <seth.eisenstein@maryland.gov>

Thu, Dec 12, 2024 at 2:25 PM

Thanks!



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/14/2024

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

COVERAGES

CERTIFICATE NUMBER: 1471618558

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 SUBR INSD 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	11/1/2024	11/1/2025	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	11/1/2024	11/1/2025	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	11/1/2024	11/1/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
A	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 <input type="checkbox"/> N/A		WC 9109288	11/1/2024	11/1/2025	<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)
T Douglas Pierson is excluded for Workers Compensation.

CERTIFICATE HOLDER**CANCELLATION**

Caroline County Dept of Health Division of Environmental Health
403 South 7th Street
Denton MD 21629

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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CAROLINE COUNTY
HEALTH DEPARTMENT
Caring for Caroline

Division of Environmental Health

403 S 7th Street, Rm 248, Denton, MD 21629

Robin L Cahall, B.H.S. C.P.H Health Officer

SANITARY CONSTRUCTION AND/OR SEWAGE HAULER LICENSE APPLICATION

DIRECTIONS: Complete items A-M attach fee and attach the certificate of commercial liability insurance & workmen's compensation naming Caroline County Environmental Health Department as a certificate holder.

INCOMPLETE APPLICATION WILL NOT BE PROCESSED

A. Name of Business: Pierson Comfort Group LLC

B. Owner of Business (one person) Thomas D Pierson
FIRST NAME LAST NAME

C. Mailing Address: 207 W Belle Rd Ridgely MD 21660
Street address or P.O. Box number, City, State, ZIP--this is where permit and renewal applications will be sent.

D. PHONES: DAY: 410-634-8085 CELL: 410-819-9077 FAX: _____

E. EMAIL: acct@piersoninc.com

F. TYPE OF LICENSE (select ONE of the following):

- ☐ Installer only (\$250 fee)
☒ Hauler only (\$250 fee)
☐ Both Sewage Hauler and Septic System Installer (\$500 fee)

Please make cash, check, or money order payable to CAROLINE COUNTY HEALTH DEPARTMENT

G. List on back mechanical equipment you own to install and/or pump septic systems.

H. Provide copy of the application/cancelled check from the MDE Wastewater Professional Renewal

I. List on back other licenses (past or current) you hold or have held relating to sanitary construction.

J. List on back the names of individuals in your firm who you are authorizing to sign on your behalf for permits to construct on-site septic systems

K. Describe on back any experience you have relating to sanitary construction and/or hauling sewage.

L. If hauler, attach copy of most recent truck inspection (if inspected in another Maryland county). If your truck(s) is not inspected by a Maryland county, call 410/479-8045 to schedule an inspection--this application, insurance and fee must be received *before* the time of inspection. **Written agreement to dump waste at approved facility required also.**

M. If Installer: Certifications: ☐ BAT ☐ Sand Mound ☐ At-Grade ☐ Other: _____

Please submit a copy of ALL certifications

Checklist: ☐ Application Signed & Dated ☐ Certifications attached ☐ Other: _____
☐ Fee enclosed ☐ Reverse is completed to best of ability

N. Signature: Thomas D Pierson Date: 12/11/24
Scanned, emailed, e-signs, and faxed are NOT acceptable

HEALTH DEPARTMENT ONLY

DATE REC'D: <u>12/12/24</u>	RECEIPT#: <u>8254</u>	LICENSE ID#: <u>001</u>	<input checked="" type="checkbox"/> At-Grade
REC'D BY: <u>EP</u>	\$ AMOUNT: <u>250</u>	PERMIT ISSUED: <u>12/13/24</u>	BAT/ Sand Mound <input type="checkbox"/> B <input type="checkbox"/> M

Septage Haulers Permit

Town of Hurlock
PO Box 327
Hurlock, MD 21643
410-943-4181

Pl. 7-21-25
\$300.00
CK #25071
75

Permit Number: 2025-16
Effective Date: 7-1-25
Expiration Date: 6-30-26

Pursuant to the provisions of Dorchester County Code 131, Sanitary Construction Ordinance, and COMAR 26.04.06.15 Scavenger regulations, the Town of Hurlock does hereby authorize

Company Name: Pierison Construction Group LLC

Address: 207 W. Belle Rd
Ridgely MD 21660

Phone No.: 410 634 8085

Email Address: acct@pierisoninc.com

Signature: [Signature]

A. To discharge to the Jackson Street Pump Station and Hurlock Wastewater Plant in accordance with the following special and general conditions.

1. Obtained annual Dorchester County Health Department License.
2. All trucks used for hauling septage in the County and using the approved dumpsite must be inspected annually by Health Department.
3. **A copy of your Dorchester County License for each truck must be included with your permit. Permit will not be issued if Dorchester County License is not included with payment.**

B. General Discharge Prohibitions:

1. No user shall discharge any pollutant or wastewater, which will interfere with the operation or performance of the public owned treatment works. A user may not discharge the following:
 - a) Pollutants, which create a fire or explosion, hazard.
 - b) Petroleum oil, cutting oil, or products of mineral oil origin.
 - c) Noxious or malodorous liquids, gases, or solids.
 - d) Wastewater containing any radioactive wastes.
 - e) Grease pits that have not been pumped in the last three months or that are too thick that it will damage equipment shall not be permitted. **Note: All grease pits will be dumped at the wastewater treatment plant on a set schedule of Monday through Friday between 7 a.m. and 1:30 p.m. only.**

C. Charges:

1. Annual **non-refundable** fee of \$300.00 payable to the Town of Hurlock.

2. Septic billings based on charge of \$60.00 per 1,000 gallons.
3. Grease pits will be charged \$110.00 per 1,000 gallons.
4. Haulers will be charged a minimum of 1,000 gallons per load. Anything over will be charged in 100-gallon increments.

D. Permit Termination:

1. This permit may be terminated for:
 - a) Falsifying information
 - b) Discharging to system without properly notifying the Town Office.
 - c) Failure to properly maintain equipment to safely and effectively discharge to system. (Hoses, valves, tank, etc.)
 - d) Discharging at sites other than those approved by the Town.
 - e) Failure to pay charges in a timely manner. Payment is expected 30 days from billing date.
- a. Trucks that spill wastes outside of the containment area are responsible for clean-up.
- b. If company fails to clean up their spill, they will be fined \$1,000.
- c. If second incident occurs, company will be terminated from dump site.

E. Permit Transfer:

1. This permit is issued to a specific user for a specific operation and time period, and therefore not transferable to another operation. In the event of change of ownership, a new permit application would be required, regardless of expiration date.

F. Permit Action:

1. This permit may be modified, revoked and reissued or terminated as deemed necessary to the best interest of the Town of Hurlock.

Attention!
Effective January 1, 2025, if we can't read the
written gallons on your manifest ticket, we will
charge you the full capacity of the truck number
that we have on file.

This permit and the authorization to discharge shall expire on midnight on the expiration date on Page 1. Permittee shall not discharge after the date of expiration. In order to receive authorization to discharge beyond the above date of expiration, the permittee shall submit such information and fees as are required by the Town no later than 30 days prior to the above date of expiration.

Approved by:

Michael Gould
Superintendent of Wastewater
Town of Hurlock

REVISED 7/2/25

scan_rhonda.fletcher_2025-01-22-...

Done



SEPTAGE HAULER LICENSE

Dorchester County Health Department
Cambridge, Maryland

In accordance with Dorchester County Code Chapter 131, Sanitary System Construction, this license has been issued to

Pierson Comfort Group

Name	Address	City	State	Zip
where business is located at	207 W Belle Rd	Ridgeley	MD	21660

to engage in the business of **Septage Hauling** in Dorchester County, Maryland

This license is issued with the condition that the licensee shall comply with all requirements of the Dorchester County Sanitary System Construction Ordinance and the State of Maryland Regulations of COMAR 26.04.02.

License #: 30

License issued: 01/16/2025

License Expires: 10/01/2025

Health Officer

Director of Environmental Health

TownofHurlock

From: Pierson <acct@piersoninc.com>
Sent: Monday, August 4, 2025 6:47 AM
To: TownofHurlock
Subject: Re: Dorchester County Health Dept. License

Morning

I believe this is what you are looking for?

Let me know if not

Thank you, have a great day
Susan
Pierson Comfort Group

On Aug 1, 2025, at 2:46 PM, TownofHurlock <TownofHurlock@townofhurlock.org> wrote:

Good afternoon,

We received your Town of Hurlock Septage Haulers Permit along with your payment, however, we need a copy of your Dorchester County Health Dept. Septage Hauler License.

Thanks so much!

Terri C. Era
Town of Hurlock
410-943-4181

Bond Number: B 1338980
Effective Date: 8/25/2025
Expiration Date: 8/25/2026

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

KNOW ALL MEN BY THESE PRESENTS that:

Pierson Comfort Group, LLC
of

207 W. Belle Road, Ridgely, MD 21660
in the County of Caroline and State of Maryland
as principal, and
Selective Insurance Company of America
Sussex and State of

40 Wantage Avenue, Branchville, NJ 07890
in the County of Sussex
New Jersey
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,
Pierson Comfort Group, LLC
who has been issued by the

Department of Natural Resources and Environmental Control of the State of Delaware a certain permit
designated as Permit No. _____, and dated August 25, 2025, 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. _____, then this obligation shall
be void or else to remain in full force and virtue.

Signed and sealed this 25 day of August, 2025.

SIGNED, SEALED AND DELIVERED IN the presence of:

Witness:

[Signature]

CORPORATE SEAL

Attest:

[Signature]

BY:

Shawn Weisman, Attorney-in-Fact

Selective Insurance Co of America
NAME OF SURETY

TITLE

BY:

Pierson Comfort Group, LLC
NAME OF PERMITTEE

CORPORATE SEAL

NOTE:

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

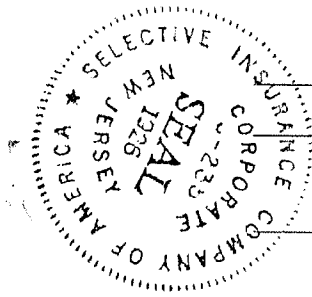
NAME OF DELAWARE LICENSE AGENT

(Resident or Non-Resident)

LICENSE NUMBER

BY:

ADDRESS:



SELECTIVE
BE UNIQUELY INSUREDSM

Selective Insurance Company of America
40 Wantage Avenue
Branchville, New Jersey 07890
Bound No. B 1338980 973-948-3000

POWER OF ATTORNEY
Non-Hazardous Liquid Transporter

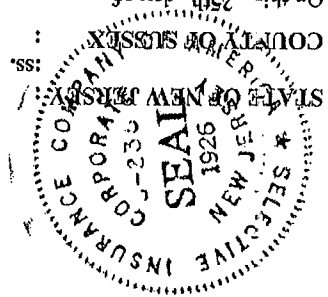
SELECTIVE INSURANCE COMPANY OF AMERICA, a New Jersey corporation having its principal office at 40 Wantage Avenue, in Branchville, State of New Jersey ("SICA"), pursuant to Article VII, Section 1 of its By-Laws, which state in pertinent part:

The Chairman of the Board, President, Chief Executive Officer, any Executive Vice President, any Senior Vice President or any Corporate Secretary may, from time to time, appoint attorneys in fact, and agents to act for and on behalf of the Corporation and they may give such appointee such authority, as his/her certificate of authority may prescribe, to sign with the Corporation's name and seal with the Corporation'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 may, at any time, remove any such appointee and revoke the power and authority given him/her.

does hereby appoint **Shawn Wehman**

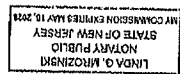
, its true and lawful attorney(s)-in-fact, full authority to execute on SICA's behalf fidelity and surety bonds or undertakings and other documents of a similar character issued by SICA in the course of its business, and to bind SICA thereby as fully as if such instruments had been duly executed by SICA's regularly elected officers at its principal office, in amounts or penalties not exceeding the sum of: **Five Thousand Dollars (\$5,000.00)**

Signed this 25th day of August, 2025



ss. Branchville
COUNTY OF SUSSEX

On this 25th day of August, 2025 before me, the undersigned officer, personally appeared **Brian C. Sarsky**, who acknowledged himself to be the **Sr. Vice President** of SICA, and that he, as such **Sr. Vice President**, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as **Sr. Vice President** and that the same was his free act and deed and the free act and deed of SICA.



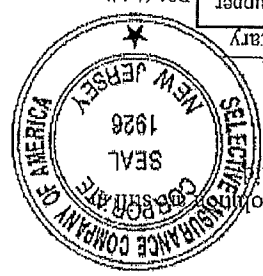
Notary Public
[Signature]



The power of attorney is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of SICA at a meeting duly called and held on the 6th of February 1987, to wit:

"RESOLVED, the Board of Directors of Selective Insurance Company of America authorizes and approves the use of a facsimile corporate seal, facsimile signatures of corporate officers and notarial acknowledgements thereof on powers of attorney for the execution of bonds, recognizances, contracts of indemnity and other writing obligatory in the nature of a bond, recognizance or conditional undertaking."

CERTIFICATION



[Signature]
Michael H. Lanza, SICA Corporate Secretary

Signed this 25th day of August, 2025

Important Notice: If the bond number embedded within the Notary Seal does not match the number in the upper right-hand corner of this Power of Attorney, contact us at 973-948-3000.
B91 (4-14)

SELECTIVE
BE UNIQUELY INSUREDSM

ALL NOTICES REGARDING CLAIMS AGAINST
THIS BOND MUST BE MAILED OR FAXED TO:

SELECTIVE INSURANCE COMPANY OF AMERICA
Attention: BOND CLAIMS
P.O. Box 7265
London, KY 40742

Email address: CSVPRIORITY@selective.com

Telefax: (877) 352-6541

Phone: (866) 455-9969

For all other inquiries not related to claims, contact:
Selective Insurance Company of America
40 Wantage Avenue
Branchville, NJ 07890
1 (800) 777-9656
1 (973) 948-3000