



NON-HAZARDOUS LIQUID WASTE TRANSPORTERS PERMIT APPLICATION

Groundwater Discharges Section, Division of Water
DE Department of Natural Resources and Environmental
Control

89 Kings Highway, Dover DE 19901
(302) 739-9948

1. Permit Number (For renewals only):

2. Company Information

Company Name: Elvin Schrock and Sons, Inc.

Telephone: 302-349-4384

Fax:

Address (street, city, state and zip code): 10725 Beach Highway, GREENWOOD, Delaware, 19950

Company Email Address & Contact Name: schrocksons@verizon.net, Trever Schrock

3. Owner/President Business Information

Name: Trever Schrock

Business Telephone: 3025426021

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	Peterbilt	367	2011	Tank	C34921	Delaware	4,800

* 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: **CertificateofLiabilityInsurance.pdf**

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

	<input checked="" type="checkbox"/>	Waste Type	Quantity Collected
i.	<input checked="" type="checkbox"/>	Septage	500,000 gal/yr
ii.	<input checked="" type="checkbox"/>	Holding Tank Waste	20,000 gal/yr
iii.	<input type="checkbox"/>	Grease Trap Waste and/or Cooking Oil Waste	gal/yr
iv.	<input type="checkbox"/>	Portable Toilet Waste	gal/yr
v.	<input type="checkbox"/>	Municipal or Industrial Biosolids	# wet tons/yr
vi.	<input type="checkbox"/>	Sludge From Package Treatment Plants	# wet tons/yr
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: <i>List of Class F's.pdf</i></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: <i>List of Class F's.pdf</i></p>

Grease Trap Waste and/or Cooking Oil Waste
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1. Attach a list of all disposal facilities to be used.
2. Attach a list of all Class F Licensees currently working for the company. If there are no Class F Licensees currently working for the company, please note according to Section 4.1.6 of the State of Delaware Regulations Governing the Design, Installation and Operation of On-Site Wastewater Treatment and Disposal Systems, all individuals who will be responsible for removal, transportation or disposal of the solid and liquid contents of septic tanks, cesspools, grease traps, seepage pits, holding tanks, portable toilets or other wastewater treatment or disposal facilities must obtain a Class F license before pumping. For a Class F License application, please contact the Licensing Coordinator at 302-739-9948.
Grease Trap Waste Disposal Facilities to be used: Class F Licenses Uploaded:

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

Municipal and Industrial Biosolids
1. Identify all Facilities the company will service by attaching a table listing the following: Facility Name of Sludge Generator # Estimated Volume of Sludge to be Transported # Disposal Facility* * If sludge is to be land applied, include the current Agricultural Utilization Permit Number for that facility.
Municipal and Industrial Biosolids <i>Disposal Facilities</i> :
2. Provide transportation routes from all generating facilities to all applicable disposal facilities.
Municipal and Industrial Biosolids <i>Transportation Routes</i> :
3. Indicate any treatment the sludge has undergone before transportation (for example anaerobic digestion, aerobic digestion, lime stabilization, composting, or dewatering).
Sludge Treatment Description Upload:

4. Provide results of a laboratory analysis of a representative sample of the sludge which was obtained not more than 6 months before submission of the application unless these results would be submitted as a part of the land application program. The analysis shall include, as a minimum, percent solids, pH, and the dry weight concentration of total nitrogen, ammonium, nitrate, total phosphorous, total potassium, cadmium, copper, mercury, nickel, lead, zinc, arsenic, selenium, and molybdenum.

Sludge From Package Treatment Plants Laboratory Analysis Uploaded:

Sludge From Package Treatment Plants

1. Identify all Facilities the company will service by attaching a table listing the following:
Facility Name of Sludge Generator # Estimated Volume of Sludge to be Transported # Disposal Facility*
* If sludge is to be land applied, include the current Agricultural Utilization Permit Number for that facility.

Sludge From Package Treatment Plants *Disposal Facilities*:

2. Provide transportation routes from all generating facilities to all applicable disposal facilities.

Sludge From Package Treatment Plants *Transportation Routes*:

3. Indicate any treatment the sludge has undergone before transportation (for example anaerobic digestion, aerobic digestion, lime stabilization, composting, or dewatering).

Sludge Treatment Description Upload:

4. Provide results of a laboratory analysis of a representative sample of the sludge which was obtained not more than 6 months before submission of the application unless these results would be submitted as a part of the land application program. The analysis shall include, as a minimum, percent solids, pH, and the dry weight concentration of total nitrogen, ammonium, nitrate, total phosphorous, total potassium, cadmium, copper, mercury, nickel, lead, zinc, arsenic, selenium, and molybdenum.

Sludge From Package Treatment Plants Laboratory Analysis Uploaded:

Other Non-Hazardous Liquid Wastes

1. Describe the source, nature and make-up of the non-hazardous liquid waste to be transported.

2. Will any of the wastes contain petroleum products (i.e. oil, gas, grease, etc.)?

_____ Yes _____ No :

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

Operating Plan
<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>Operation 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>Laurel Approval Scan_2239.pdf , Kent Co Waste Acceptance Letter 11.03.25.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: <i>Elvin Schrock SIGNED BOND 108383349 111325.pdf</i></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>		
<table border="1"> <tr> <td> <p>Printed Name of Applicant: Trever Schrock</p> </td> <td> <p>Date Submitted via DNREC ePermitting: 2025-11-13 14:43:58</p> </td> </tr> </table>	<p>Printed Name of Applicant: Trever Schrock</p>	<p>Date Submitted via DNREC ePermitting: 2025-11-13 14:43:58</p>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/13/2025

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 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 L & M Insurance Agency PO Box 308 Greenwood DE 19950		CONTACT NAME: Michael Beachy PHONE (A/C, No. Ext): (302)349-5003 E-MAIL ADDRESS: mcbeachy@comcast.net FAX (A/C, No): (302)349-9049	
INSURED Elvin Schrock & Sons Inc. 10725 Beach Highway Greenwood DE 19950		INSURER(S) AFFORDING COVERAGE INSURER A : Donegal Ins. INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
		NAIC # 13692	

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			1000144003	03/21/2025	03/21/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 \$	
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			1000144003	03/21/2025	03/21/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$	
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N / A						WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

2011 Peterbuilt 367 pump truck
VIN 1NP7XBEX6BD118746**CERTIFICATE HOLDER****CANCELLATION**

DNREC Div of Water 89 Kings Hwy Dover DE 19901	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Michael C Beachy</i>
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<p style="text-align: center;">State of Delaware Department of Natural Resources and Environmental Control</p> <p style="text-align: center;">This certifies that David A Craft has been issued a</p> <p style="text-align: center;">On-Site Wastewater Liquid Waste Hauler (Class F) License License Number: 5517F Issued: 01/01/2025 Expires: 12/31/2025</p> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 20px;"> <div style="border-top: 1px solid black; width: 150px; margin-bottom: 5px;"></div> <div style="text-align: center;">  Sarah Silves, Licensing Program Coordinator DNREC Division of Water </div> </div> <p style="font-size: small; margin-top: 5px;">Signature of Licensee</p>	<p style="font-size: small;">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> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p style="text-align: center; font-size: small;">For questions related to small systems in:</p> <table style="width: 100%; font-size: x-small;"> <tr> <td style="text-align: center; width: 33%;"> <u>New Castle County</u> call 302-739-9947 </td> <td style="text-align: center; width: 33%;"> <u>Kent County</u> call 302-739-9947 </td> <td style="text-align: center; width: 33%;"> <u>Sussex County</u> call 302-856-4561 </td> </tr> </table> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p style="font-size: small;">For questions related to large systems, call 302-739-9948.</p> <p style="text-align: center; font-size: x-small;">Division of Water Licensing Program 302-739-9116 · DOWLicensing@delaware.gov</p> <p style="text-align: center; font-weight: bold; font-size: small;">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.

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.

Elvin Schrock & Sons Inc.**10725 Beach Highway • Greenwood, DE 19950****(302) 349-4384 • Fax: (302) 349-5729 • Email: schrocksons@verizon.net****Operation Plan****Spill Response, Reporting, and Clean-Up****(Plan Updated Annually)****11/25/2025**

Hours of Operation: Monday - Friday (7 AM-5PM)- Weekend and Evening Hours available for Emergency Service

Contact Information: Trever Schrock and/or Brent Schrock

Contact Phone Number: 302-349-4384 (Office), 302-542-6021 (Trever), 302-542-6788 (Brent)

Spill Reporting and Clean-Up Plan including Notification and Initial Spill Response:

Elvin Schrock and Sons, Inc. staff has been trained to respond to Spill Response, Reporting, and Clean-Up. In the event of a spill, the following actions should be taken

(Please note: the order of actions may depend on the existing conditions):

- Notify 24 hour Delaware Department of Natural Resources and Environmental Control (DNREC) Compliant and Spill Notification Line at 1-800-662-8802
- Notify Elvin Schrock and Sons, Inc. Office at 302-349-4384
- Elvin Schrock and Sons, Inc. Office will notify immediate supervisor of Class F licensee to be dispatched to the site of the spill.

Elvin Schrock & Sons Inc.**10725 Beach Highway • Greenwood, DE 19950****(302) 349-4384 • Fax: (302) 349-5729 • Email: schrocksons@verizon.net**

- Class F licensee to check cause and stop source of spill when possible without undue risk of personal injury.
- Restrict all sources of ignition without undue risk to personal injury.
- Make spill scene OFF LIMITS to unauthorized personnel.
- Report to acting “on-scene” coordinator upon spill response team arrival and provide assistance until response team is fully operational.
- Incident Report (Safety Tracking Tool) must be completed for Spill Incident.

Record Keeping, Reporting Protocol and Response Information:

When notifying the DNREC Complaint and Spill Notification Line and the Office of Elvin Schrock and Sons, Inc., the following information should be provided if known or can be reasonably determined:

1. Name of individual reporting spill.
2. Date and time spill occurred (estimated time is acceptable).
3. Number of injured personnel and nature of injuries.
4. Location of spill.
5. Substance spilled or released.
6. Amount spilled (estimated).
7. Extent in which the spill has traveled.
8. Has spill been contained? Signs posted?
9. Any other pertinent information (i.e. other potential hazards).

Elvin Schrock & Sons Inc.**10725 Beach Highway • Greenwood, DE 19950****(302) 349-4384 • Fax: (302) 349-5729 • Email: schrocksons@verizon.net**

Information will be recorded on an Incident Reporting (Safety Tracking) form. The supervisor shall be responsible to review report and implement corrective action to prevent repeat incidents. In the event of worker injury, the Risk Management contact must be notified to initiate Workers' Compensation process.

Emergency Response Equipment/Procedures:

- Warning signs are posted where hazardous materials are stored, handled, or spill has occurred.
- Refer to Emergency Response Manual and MSDS (Material Safety Data Sheets) file located in the Shop area of Elvin Schrock and Sons, Inc.
- Supervisory personnel will perform routine inspections of equipment to ensure equipment is in good working order (no signs of wear and tear, leakage, etc.) and spill kit and emergency kit is located on vehicle prior to each use of the vehicle.
- Spill kit to be located on vehicle within easy access of driver.
- Spill kit to include Personal Protective Equipment for driver and supervisor that includes, gloves, shoe covers, pants and shirt cover-up, goggles and mask. Spill kit also to include disposal drum, absorbent material, shovel and bag to cover shovel after use and bag to dispose of protective equipment.

Containment, Cleanup, and Disposal:

Elvin Schrock & Sons Inc.

10725 Beach Highway • Greenwood, DE 19950

(302) 349-4384 • Fax: (302) 349-5729 • Email: schrocksons@verizon.net

- Due to the material composed of in the spill: Containment, Cleanup, and Disposal of the material of the spill at location and cleaning of vehicle will be coordinated with DNREC Emergency Response Team (1-800-662-8802).

Posting Requirements:

- Hazard warning Informational Signs and Placards are posted at the site of the spill.
- Site-specific contingency plan and MSDS will be posted in prominent locations at Elvin Schrock and Sons, Inc. shop area and within the Pumping Vehicle.
- Spill plan is updated on an annual basis or anytime there is a change in operations or materials stored or at any time the plan has failed. Plan will be reviewed at this time for State and Federal Regulations compliance.
- Employees to receive annual training of requirements or anytime there is a change in operations or anytime the plan has failed.

General Cleaning Procedures

- **Develop a written schedule:** Create a documented cleaning and decontamination schedule.
- **Use proper PPE:** Wear appropriate personal protective equipment, such as gloves and eye protection. For some situations, a disposable gown and face shield are recommended.
- **Ensure proper ventilation:** Open doors and windows to ensure good air circulation.

Elvin Schrock & Sons Inc.

10725 Beach Highway • Greenwood, DE 19950

(302) 349-4384 • Fax: (302) 349-5729 • Email: schrocksons@verizon.net

- **Use safe cleaning agents:** Stick to non-combustible agents for cleaning. Low flashpoint solvents should be avoided, while high flashpoint solvents may be used with caution. Follow manufacturer instructions for mixing.
- **Prevent spills:** Use bins or buckets to keep cleaning supplies organized and to avoid spills.
- **Secure loose items:** Secure all loose items inside the truck to prevent them from falling or shifting during cleaning.

Specific Cleaning Tasks

- **Interior:** Vacuum or sweep up loose debris first. Scrub stains with warm soapy water or an upholstery cleaner. Use a glass cleaner for interior windows to improve visibility.
- **Exterior:** For tanker trucks, follow a two-step process: first, apply a low pH (acid) detergent, then apply a high pH (alkaline) detergent over the first layer.
- **Decontamination:** For decontamination, physical removal of gross contamination should be followed by a wash/rinse process using cleaning solutions. Use disposable cleansing towels to clean exposed skin surfaces.

Record Keeping Procedures

- All Spill and Clean-Up Incidents, Truck Cleaning, and Pump-Outs will be kept on record in the Elvin Schrock and Sons, Inc. Office and will also be scanned and stored on Office Computer and Jump Drive kept in Fire Proof Location to the best of our ability.

Elvin Schrock & Sons Inc.**10725 Beach Highway • Greenwood, DE 19950****(302) 349-4384 • Fax: (302) 349-5729 • Email: schrocksons@verizon.net****Acknowledgement of receipt of Spill Response, Reporting, Clean-Up Policy, and Record****Keeping: Class F Licensee (Liquid Waste Transporter)**

Print Name: _____ Signature: _____

Elvin Schrock and Sons, Inc. Authorized Representative

Print Name: _____ Signature: _____

Reviewed and Updated: 11/25/25

KENT COUNTY

555 Bay Rd Dover, DE 19901 ♿



LEVY COURT

(302) 744-2300 www.kentcountytide.gov

DEPARTMENT OF PUBLIC WORKS

Environmental Programs

(302) 335-6000

Fax (302) 335-0365

139 Milford Neck Rd., Milford, DE 19963

November 3, 2025

Elvin Schrock & Sons, Inc.
10725 Beach Highway
Greenwood, DE 19950

Dear Mr. Schrock:

This letter is confirmation and authorization that Elvin Schrock & Sons, Inc. can be permitted to discharge septage waste from your truck(s) once the application is accepted with the required forms, the appropriate fees submitted and inspection of the vehicle(s). Approval and permit must be issued by DNREC. Please make sure that you notify DNREC and maintain your DNREC Waste Hauler's permit. The locations for you to discharge are either at Pump Station No. 1 located off US 13, 205 Mill St, Smyrna, DE or at Kent County Regional Recourse Recovery Facility, 139 Milford Neck Rd., Milford, DE.

We look forward to working with you.

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

Sincerely,

A handwritten signature in blue ink, appearing to read "F. James Burk".

F. James Burk

Environmental Program Manager

Serving Kent County With Pride!



Town of LAUREL DELAWARE

November 7, 2025

Elvin Schrock & Sons
10725 Beach Hwy
Greenwood, Delaware 19950

ATTENTION: Mr. Trevor Schrock

RE: Town of Laurel: Septic Hauler Permit

Dear Mr. Schrock,

The Town of Laurel received your Septic Hauling Application pertaining Elvin Schrock & Sons on November 3, 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 haulers 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 permit

If you have any questions pertaining this matter please feel free in contacting Laurel Town Hall at 302-875-2277.

Sincerely,

Alexis Oliphant
Operations Manager
Town of Laurel

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

Delaware Non-Haz Liquid Transporters Permit Number:	
Bond Number:	108383349
Effective Date:	November 13, 2025
Expiration Date:	November 13, 2028
Principal Name, Address, and Phone Number:	ELVIN SCHROCK AND SONS, INC. 10725 BEACH HWY, GREENWOOD, DE 19950-5710 (302)349-4384
Obligee Name and Address:	Delaware Department of Natural Resources and Environmental Control Division of Water Resource Protection Section 89 Kings Highway, Dover DE 19901 (302) 739-9116
Surety Name, Address, Phone Number:	Travelers Casualty and Surety Company of America One Tower Square, Hartford, CT 06183 (800)842-8496
Agent Name, Agent Number, Address, Phone Number:	DELMARVA UNDERWRITERS LTD, T/A THE BOND AGENCY 846 WALKER RD STE 31-1 R. CLAY FOLTZ (302)678-9399 DOVER, DE 19904

Bond Number: 108383349
Effective Date: November 13, 2025
Expiration Date: November 13, 2028

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

KNOW ALL MEN BY THESE PRESENTS that:

ELVIN SCHROCK AND SONS, INC. of
GREENWOOD in the County of SUSSEX and State of
DELAWARE as principal, and Travelers Casualty and Surety Company of America
of Hartford in the County of Hartford and State of
CONNECTICUT 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,
ELVIN SCHROCK AND SONS, INC., 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 _____, 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 13 day of November, 2025.

SIGNED, SEALED AND DELIVERED IN
the presence of:

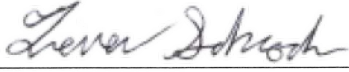
CORPORATE SEAL

Witness:



ELVIN SCHROCK AND SONS, INC.
NAME OF PERMITTEE

BY:



TREVER SCHROCK, GENERAL MANAGER
TITLE

CORPORATE SEAL

Attest:

Travelers Casualty and Surety Company of America
NAME OF SURETY


Katrina Kelsch Biter, Witness

BY:



R. Clay Foltz, Attorney-In-Fact



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

R. Clay Foltz

NAME OF DELAWARE LICENSE AGENT
(Resident or Non-Resident)

124251

LICENSE NUMBER

BY:

Delmarva Underwriters Ltd t/a The Bond Agency

ADDRESS:

846 Walker Rd, Suite 31-1

Dover, DE 19904



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

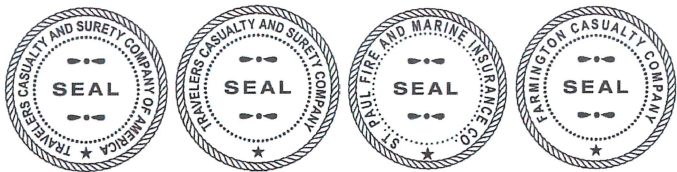
POWER OF ATTORNEY

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 **R. Clay Foltz** 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.: 108383349


Principal: ELVIN SCHROCK AND SONS, INC.

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.

By: 
Bryce 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

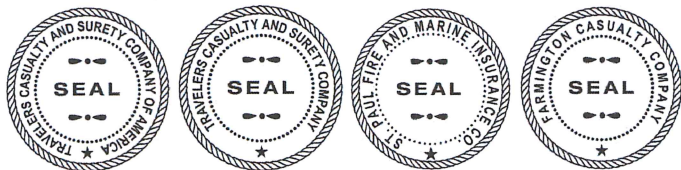
FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing 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 13 day of November, 2025.




Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.