



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-WH-1010

2. Company Information

Company Name: Ken Burns Sanitation INC

Telephone: 410-634-1215

Fax: 4106348381

Address (street, city, state and zip code): 23835 Holsinger LN, Ridgely, Maryland, 21660

Company Email Address & Contact Name: kenburns591@gmail.com, Lori Burns

3. Owner/President Business Information

Name: Lori Burns

Business Telephone: 4106341215

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	Sterling	Acctera	2003	tank	450E79	Maryland	3,500
2	Sterling	Acctera	2006	tank	450E78	Maryland	3500

* 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: **COI Delaware.pdf***

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

	✓	Waste Type	Quantity Collected
i.	✓	Septage	64,800 gal/yr
ii.		Holding Tank Waste	gal/yr
iii.	✓	Grease Trap Waste and/or Cooking Oil Waste	282,000 gal/yr
iv.		Portable Toilet Waste	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

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>Class F 2025.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:</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: <i>Talbot Co Dump Permit 2025.pdf , Town of Hurlock 6-30-26.pdf , QAC dump permit June 2026.pdf</i> Class F Licenses Uploaded: <i>Class F 2025.pdf</i>

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.
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Sludge From Package Treatment Plants Laboratory Analysis Uploaded:

Other Non-Hazardous Liquid Wastes
1. Describe the source, nature and make-up of the non-hazardous liquid waste to be transported.
2. Will any of the wastes contain petroleum products (i.e. oil, gas, grease, etc.)? ____ Yes ____ No : * 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>Operating plan for transport (original).docx</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>Talbot co Dump Letter 2025 - 2026.pdf , Town of Hurlock 6-30-26.pdf , QAC dump permit June 2026.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>Delaware Bond November 2026.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>	
<p>Printed Name of Applicant: Lori Burns</p>	<p>Date Submitted via DNREC ePermitting: 2025-12-22 10:25:17</p>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/26/2025

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 Ashley Insurance 43 Denton Plaza Denton MD 21629	CONTACT NAME: Diana LaClair PHONE (A/C, No, Ext): (410) 479-2151 FAX (A/C, No): E-MAIL ADDRESS: diana@ashleyinsurance.com																					
INSURED Ken Burns Sanitation Inc. PO BOX 132 Ridgely MD 21660	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>PENN NATL SECURITY INS CO</td><td>32441</td></tr><tr><td>INSURER B:</td><td>PENNSYLVANIA NATL MUT CAS INS CO</td><td>14990</td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	PENN NATL SECURITY INS CO	32441	INSURER B:	PENNSYLVANIA NATL MUT CAS INS CO	14990	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																								
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		CL9 0700205	07/30/2025	07/30/2026	<table><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	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		\$	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$
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B	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	N / A	WC90700205	07/30/2025	07/30/2026	<table><tr><td>PER STATUTE</td><td>OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td><td>500,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td><td>500,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td><td>500,000</td></tr></table>	PER STATUTE	OTH-ER		E.L. EACH ACCIDENT	\$	500,000	E.L. DISEASE - EA EMPLOYEE	\$	500,000	E.L. DISEASE - POLICY LIMIT	\$	500,000												
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

2003 Sterling 2FZHANAK33AK76889
2006 Sterling 2FZHCHDC06AV89578

CERTIFICATE HOLDER**CANCELLATION**

DE Department of Natural Resources & Environmental Control 89 Kings Highway Dover DE 19901	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE Diana LaClair</p>
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ACORD 25 (2016/03)

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State of Delaware
Department of Natural Resources
and Environmental Control

This certifies that
Michael p Dehn


has been issued a

On-Site Wastewater Liquid Waste Hauler (Class F) License
License Number: **6169F**

Issued: 01/02/2025

Expires: 12/31/2025

Signature of Licensee


Sarah Silves, Licensing Program Coordinator
DNREC Division of Water

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.

For questions related to small systems in:

New Castle County
call 302-739-9947

Kent County
call 302-739-9947

Sussex County
call 302-856-4561

For questions related to large systems, call 302-739-9948.

Division of Water Licensing Program
302-739-9116 · DCWLicensing@delaware.gov

24 Hour Environmental Emergency Hotline:
800-662-8802

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



Continuing Education Credit

Delaware Rural Water Association

michael dehn

Ken Burns Sanitation INC

Awarded

Onsite Disposal Systems Inspection and Maintenance Guiding Practices

12/16/2024 to 12/16/2024

Onsite Disposal Systems Inspection and
Maintenance

Credits:

Type:

Date:

10.00 (of 10.00 possible) Wastewater - Direct, WASTE WITH CLASS A, B, C, E, F, 12/16/2024
H & I LICENSES & WASTEWATER OPERATORS

Details:

**THIS CLASS IS APPROVED FOR WASTE WITH CLASS A, B, C, E, F, H & I LICENSES (10 HRS) &
WASTEWATER OPERATORS (10 HRS - DIRECT)**

Instructors

Hilary Valentine

210 Vickers Drive
Milford, Delaware 19963
United States
drwa.org

Ken Burns Sanitation INC
P. O. Box 132
Ridgely MD 21660
410-634-1215

Operation Plan / Spill Reporting

1. Report any sizable spill to the State of Delaware immediately **800-668-8802**.
 2. Dispatch our other pump truck to the scene to help with clean-up.
 3. Driver will attempt to contain the spill until other truck gets on site.
 4. Proper precautions for spill under 25 gallons: we would use kitty litter to absorb grease/septic and lime to reduce the PH. Clean spill with vacuum truck and dispose of, at a licensed waste disposal facility.
 5. Names and telephone numbers: Michael Dehn 410-805-1574
(Driver / Technician)
-
- Business Hours: Monday thru Friday 8:00 to 4:00
Emergency / on-call Evenings and weekends
 - All dump tickets are saved for 7 years.
 - Vacuum trucks are cleaned on a monthly / weekly basis
-
- Class F Employees
 1. Michael P. Dehn

QUEEN ANNE'S COUNTY
SANITARY DISTRICT
SEPTAGE DISCHARGE PERMIT

0013

EXPIRATION DATE: JUNE 30, 2026

2003
Sterling

QUEEN ANNE'S COUNTY
SANITARY DISTRICT
SEPTAGE DISCHARGE PERMIT

0014

EXPIRATION DATE: JUNE 30, 2026

2006
Sterling



TALBOT COUNTY
DEPARTMENT OF PUBLIC WORKS
ENVIRONMENTAL OPERATIONS DIVISION

929 CALVERT AVENUE
ST. MICHAELS, MARYLAND 21663
Ph.: (410) 745-9257, Fax: (410) 745-3743

June 17, 2025

Talbot County Dept. of Environmental Health
215 Bay Street, Suite 4
Easton, Maryland 21601

RE: Ken Burns Sanitation Inc.

Dear Talbot County Dept. of Environmental Health:

Please be advised that Ken Burns Sanitation Inc. is authorized to off load its septage at the Talbot County BioSolids Utilization Facility at 9786 Klondike Road, Easton, Maryland.

Thank you for your time in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Mandy Lauder". The signature is fluid and cursive, with the first name "Mandy" being more prominent than the last name "Lauder".

Mandy Lauder
Administrative Asst.

Cc: Ken Burns Sanitation Inc.

Septage Haulers Permit

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

COPY

pd
\$300.00
7/10/25
CK# 2746
BJB

Permit Number: 2025-5

Effective Date: 7-7-25

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: Ken Burns Sanitation INC
Address: P.O. Box 132 23835 Holsinger Ln
Fidgety md 21660

Phone No.: 410-634-1215

Email Address: Kenburns591@gmail.com

Signature: [Signature] 7-7-25

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.

BOND TO ACCOMPANY AND FOR STATE OF DELAWARE
NON-HAZARDOUS LIQUID TRANSPORTERS PERMIT NO. DE-WH-1010

Delaware Non-Haz Liquid Transporters Permit Number:		
Bond Number:	108169359	
Effective Date:	November 25, 2025	
Expiration Date:	November 25, 2026	
Principal Name, Address, and Phone Number:	Ken Burns Sanitation, Inc. P.O. Box 132, RIDGELY, MD 21660	
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	
Agent Name, Agent Number, Address, Phone Number:	ASHLEY INS INC 43 DENTON PLZ	DENTON, MD 21629

Bond Number: 108169359
Effective Date: November 25, 2025
Expiration Date: November 25, 2026

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

KNOW ALL MEN BY THESE PRESENTS that:

Ken Burns Sanitation, Inc. of
RIDGELY in the County of CAROLINE and State of
MARYLAND 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,
Ken Burns Sanitation, 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. DE-WH-1010, and dated 11-5-25, 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 17 day of August, 2025.

SIGNED, SEALED AND DELIVERED IN
the presence of:

CORPORATE SEAL

Witness: _____

Ken Burns Sanitation, Inc.

NAME OF PERMITTEE

BY: Ken Burns

Owner

TITLE

CORPORATE SEAL

Attest:



Travelers Casualty and Surety Company of America

NAME OF SURETY

BY: Russell E. Vance

Russell E. Vance

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: _____



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

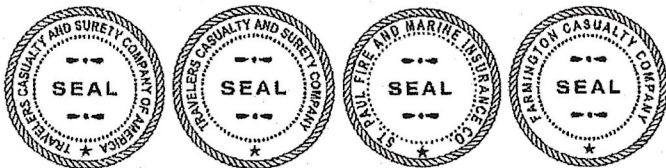
POWER OF ATTORNEY

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 Russell E. Vance of Hartford, CT 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.: 108169359

Principal: Ken Burns Sanitation, 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.

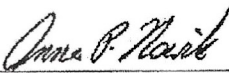
By: 
Bryce Grissom, Senior Vice President

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

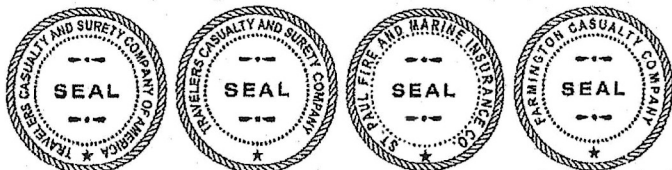
FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing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

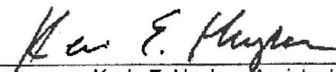
FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice 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 17 day of August, 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.