

STATE OF DELAWARE  
DEPARTMENT OF NATURAL RESOURCES  
& ENVIRONMENTAL CONTROL  
DIVISION OF AIR & WASTE MANAGEMENT  
89 KINGS HIGHWAY  
DOVER, DELAWARE 19901



SOLID & HAZARDOUS WASTE  
MANAGEMENT BRANCH

TELEPHONE: (302) 739-9403  
FAX NO.: (302) 739-5060

Dear Solid Waste Transporter:

Enclosed please find an application for a Delaware Solid Waste Transporter Permit. The Solid & Hazardous Waste Management Branch (SHWMB) has made several changes to the solid waste transporter program, and the enclosed application has been revised to reflect our efforts.

All transporters are required to complete the enclosed application, in its entirety, and return it to the SHWMB along with a check made payable to the *State of Delaware* for \$350.00. This fee covers the \$300.00 annual permit fee and a \$50.00 public notice fee. The public notice fee is required under Title 7 Del. C. § 6004, which states:

*"The applicant shall be responsible for the cost of any such advertisements and notices made by the Department as required by this section, not to exceed \$500.00."*

Once the permit is issued, it may be valid for a period of up to five years. In order for the permit to remain in effect for the full term, you must pay the invoiced \$300.00 annual permit fee each year and adhere to all provisions of the permit. You must remit the permit fee by the due date indicated on the invoice for permit to remain valid. Failure to pay the fee by the due date may result in revocation or denial of the permit.

If you are renewing a permit, permit applications must be received by this office no less than ninety (90) days prior to the expiration of your current permit in order to ensure that your permit is issued prior to the expiration of your current permit.

Please send all solid waste transporter applications and fees to:

Department of Natural Resources and Environmental Control  
Solid and Hazardous Waste Management Branch  
89 Kings Highway  
Dover, Delaware 19901

If you have any questions regarding the application, please feel free to contact me at 302.739.9403.

Sincerely,

A handwritten signature in cursive script that reads "Kenneth F. Green".

Kenneth F. Green  
Environmental Control Technician III  
Solid & Hazardous Waste Management Branch

*Delaware's good nature depends on you!*



## SOLID WASTE TRANSPORTER PERMIT APPLICATION

**Instructions:** You must complete this application in its entirety and attach all applicable documentation.

(Note: For applicants renewing an existing permit, this application requires the submission of updated information and documentation. References to material submitted under previous applications are no longer accepted.)

The application must be signed by the company owner or a corporate officer. A check payable to the "State of Delaware" must accompany this application.

### 1. Type of Permit

New     Renewal: Permit # DE-SW- \_\_\_\_\_ Expiration Date \_\_\_\_\_

### 2. Release to Public

Do you wish to be included on the list of transporters that is provided to persons requesting a list of Delaware permitted solid waste transporters?  Yes     No

### 3. Company Information

Company Name \_\_\_\_\_

Location Address:	Mailing Address:

Contact \_\_\_\_\_ Title \_\_\_\_\_

Business Phone No. \_\_\_\_\_ 24 hr. Emergency Phone No. \_\_\_\_\_

Fax No. \_\_\_\_\_ E-mail \_\_\_\_\_

**4. Company Ownership Information**

(a). Please indicate the company type:

- Proprietorship
- Partnership
- Corporation - If company is a corporation, indicate city, state, and date of incorporation.

City: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_

- Municipality
- Public institution
- Limited Liability Corporation (LLC) State: \_\_\_\_\_
- Other: (must specify) \_\_\_\_\_

(b). For each Owner, Partner, or Corporate Officer, attach a list with name, title, mailing address, date of birth, and % ownership. Include all stockholders owning greater than 5% outstanding shares.

Attachment \_\_\_\_\_

(c). If company is owned by or affiliated with a parent company, attach parent company name, address & mailing address, and % ownership.

- Attachment \_\_\_\_\_
- No parent company

**5. Company locations in Delaware**

List name and street address of each company location, including freight terminals, within the State of Delaware.

- Attachment \_\_\_\_\_
- No Delaware locations

**6. Company Affiliates**

List name, location and mailing addresses, nature of business relationship of all company Affiliates, which affiliates are engaged in the business of waste transport, treatment, storage, disposal, recovery or reclamation. (Affiliated companies are defined as those companies owned by the same owners, corporate officers, or parent company.)

- Attachment \_\_\_\_\_
- No affiliates

**7. Type of Waste to be Transported**

Check all that apply. Refer to the *Delaware Regulations Governing Solid Waste* for definitions of waste categories.

- Residential waste
- Commercial waste (from **non-manufacturing, non-processing** businesses and offices)
- Industrial waste (from a manufacturing or industrial process)
- Dry waste:     [ ] construction/demolition debris  
                          [ ] trees/stumps  
                          [ ] other (must specify) \_\_\_\_\_
- Ash:     [ ] municipal incinerator  
                  [ ] coal ash  
                  [ ] other (must specify) \_\_\_\_\_
- Infectious waste
- Non-hazardous petroleum-hydrocarbon contaminated soils
- Asbestos-containing waste

**8. Treatment, Storage, and Disposal Facilities**

- (a). Do you cross state lines with the waste?    Yes    No
  
- (b). Identify in an attachment **all** solid waste Treatment, Storage, Disposal Facilities, Reclamation Facilities and Transfer Stations to which the waste will be transported.
  - Delaware Solid Waste Authority locations: (attachment) \_\_\_\_\_
  - Clean Earth of New Castle, Inc. (thermal treatment facility for PHC-soils)
  - Delaware Recyclable Products, Inc. (dry waste only landfill)
  - Other in-state solid waste facilities, including private facilities: (attachment) \_\_\_\_\_
  - Out of state solid waste TSD facilities: (attachment) \_\_\_\_\_

**9. Other Transporter Permits**

- (a). Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)
  - Attachment \_\_\_\_\_
  - Not applicable-No transporter permit required for these solid waste types in our home state.
  
- (b). List solid waste transporter permits held in other states.
  - Attachment \_\_\_\_\_
  - No transporter permits in other states
  
- (c). Indicate your Federal DOT number and Motor Carrier number:  
DOT# \_\_\_\_\_ MC# \_\_\_\_\_

**10. Proof of Financial Responsibility**

The transporter must submit proof of financial responsibility as established in section 7.B.4 of the *Delaware Regulations Governing Solid Waste*. This proof may be established by a Certificate of Insurance, with MCS-90 endorsement where applicable, or by other means approved by the Department. (The Certificate of Insurance must identify the **Department of Natural Resources and Environmental Control, Solid and Hazardous Waste Management Branch** as the certificate holder.)

- (a). Are you for-hire in interstate commerce?  Yes  No (For-Hire means you are in the business of transporting, for compensation or payment, wastes generated by a company other than your own.)
- (b). Do you transport in the State of Delaware Only (Intrastate)?  Yes  No
- (c). Do you transport Interstate?  Yes  No
- (d). Certificate of Insurance must be attached and include minimum automobile liability coverage as follows:

	<b>FOR-HIRE INTERSTATE</b>	<b>ALL OTHERS</b>
Residential Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Industrial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Dry Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Ash	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Infectious Waste	\$1,000,000.00 + MCS-90 <input type="checkbox"/>	\$750,000.00 + MCS-90 <input type="checkbox"/>
Non-Hazardous Petroleum Contaminated Soils	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Asbestos	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>

**11. Spill Control and Safety**

List all spill control and safety equipment which will be carried on each vehicle. (**Note:** Separate lists by type of vehicle and type of waste may be required.) Attach a copy of the Spill Control Plan. The Spill Control Plan **must** contain the following elements: (1) List of safety and spill control equipment carried in the vehicle, (2) Driver preventive measures, (3) Driver immediate corrective actions, (4) Company internal communications, (5) Company external communications including the **Delaware Emergency Reporting Numbers: 1-800-662-8802 and 302-739-9401**, and (6) Cleanup and decontamination measures.

Spill Control Plan: Attachment \_\_\_\_\_

## 12. Driver Training

**IN SUMMARY OR OUTLINE FORM**, describe the procedures that your company takes to ensure that all company drivers are safe and competent drivers. Small owner-operators may describe their years of experience and driving record in lieu of a formal program.

- (a). Include requirements for special licenses (e.g. CDL, including any special endorsements), any special training received, including dates training was received (e.g. asbestos training), and any ongoing company programs. (e.g. weekly safety meetings or annual refresher courses);
- (b). Include your company procedure for periodic checks of the driver's records for moving violations, and your company policy on progressive counseling/discipline based on points;
- (c). Describe how drivers are instructed in the following:
  - (i) Knowledge of proper handling procedures for the type of solid waste being transported.
  - (ii) Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)
  - (iii) Familiarity with the conditions of the solid waste transporter's permit.

Driver Training, attachment \_\_\_\_\_

## 13. Vehicle Identification

On the form provided with this application, list **MAKE, MODEL, YEAR, SERIAL NUMBER, LICENSE PLATE NUMBER, STATE OF REGISTRATION, and MANUFACTURER'S GVWR** of all vehicles used for the transportation of solid waste. You must list both motorized and container units. (If you maintain a list of company vehicles in a computer database you may submit a print out of the vehicles provided it contains the information requested herein.)

**NOTE: You must notify the SHWMB in writing of any changes to information contained within this application, additions or deletions of vehicles, or use of sub-contractors, in accordance with conditions of the issued permit.**

Vehicle List Attached

## 14. Environmental Record

List all criminal citations, arrests, convictions, civil or administrative violations, and civil or administrative enforcement actions, and the disposition(s) thereof for the violation or alleged violation of any environmental statute, regulation, permit, license, approval, or order, regardless of the state in which it occurred. Indicate whether it was a local, state, or federal violation or alleged violation. List all such items for the applicant, and if the applicant is other than an individual, for any employee while employed by the applicant, or any partner, officer, or director of the applicant as an individual or for any former business of such partner, officer, or director. For civil or administrative violations or alleged violations, list all such items for the last five (5) years from the date of the application. Information submitted under this section is subject to verification. **Failure to submit complete and accurate information may lead to permit denial or revocation.**

Attachment \_\_\_\_\_

No violations within the specified time period

**15. Annual Report Form**

Summarize total tons transported, with origin or destination in Delaware, for the preceding calendar year. Please use the enclosed form. (Infectious waste transporters use a different form that is mailed directly to you in January.)

You will be mailed an Annual Report Form each year during the term of the permit. This Annual Report Form must be completed in order to maintain your permit.

- Completed Form, attachment \_\_\_\_\_
- Not applicable – new applicant
- Not applicable – company transports infectious wastes exclusively

**16. Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, upon personal knowledge and information, the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information.

**\*\*Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**\*\*A legal owner or corporate officer must sign the application\*\***

**SAMPLE - IF YOU ALREADY HAVE A SPILL CONTROL PLAN, THROW THIS AWAY!**

If you need to write a spill control plan, you may use this one as a guideline. **Add/delete whatever necessary to make this written procedure match you company's actual instructions to the drivers.** This is a **SAMPLE** plan only. Spill control plans are reviewed for the following elements: (1) List of safety and spill control equipment carried in the vehicle, (2) Driver preventive measures (pre-trip inspections), (3) Driver immediate corrective actions, (4) Company internal communications, (5) Company external communications, and (6) Cleanup and decontamination measures.

**GENERIC SPILL CONTROL PLAN FOR WASTE HAULERS**

- (1) Spill control and safety equipment carried in each vehicle:
  - 1). Reflectors and/or flares
  - 2). Fire extinguisher
  - 3). First aid kit
  - 4). Heavy-duty gloves, hard hat
  - 5). Flashlight
  - 6).
  
- (2) All loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the disposal facility.
  
- (3) The driver will perform the following pre-trip inspections:
  - 1).
  - 2).
  
- (4) If there is an accident or other emergency which causes a portion of the load to be spilled, the driver, if uninjured, will contact the following designated company coordinator:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_
  
- (5) The designated coordinator will contact the state and municipal authorities where the accident occurred. If the accident or spill has the potential to cause environmental damage, (either due to the nature of the waste, location of the accident, or additional factors such as leaking oil, gasoline, or hydraulic fluid) the person contacted will notify the state emergency response team, by calling one of the following numbers:  
**Delaware: 911, (302) 739-9401 or 1-800-662-8802** (*Other numbers may be listed as follows, however, the listed Delaware numbers **must** be included in the spill control plan.*)  
Maryland:  
New Jersey:
  
- (6) The designated coordinator will contract for clean-up services with another company. (*This is optional, however, if another company is to be contracted, please append a list of cleanup companies by either region or state.*)
  
- (7) This plan will be carried in all vehicles, along with the permit.

**SAMPLE - IF YOU ALREADY HAVE A SPILL CONTROL PLAN, THROW THIS AWAY!**

