

# RECEIPT

DATE

03/28/25

No.

927980

RECEIVED FROM

L.S. Blair Corporation

\$

350.00

Three hundred fifty and <sup>60</sup>/<sub>100</sub>

DOLLARS

☐ FOR RENT☒ FOR

DE-SW-2056

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY  
ORDER☐ CREDIT  
CARD

FROM

4820

TO

BY

M.M.



RECEIVED

MAR 28 2025

DNREC - WHS

STATE OF DELAWARE  
DEPARTMENT OF NATURAL RESOURCES  
AND ENVIRONMENTAL CONTROL  
DIVISION OF WASTE AND HAZARDOUS SUBSTANCES  
COMPLIANCE AND PERMITTING SECTION

89 KINGS HIGHWAY  
DOVER, DELAWARE 19901

TELEPHONE: (302) 739-9403  
FAX: (302) 739-5060

**SOLID WASTE TRANSPORTER PERMIT APPLICATION**

Language Preference:

**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 or money order payable to the "State of Delaware" must accompany this application and be sent to:

Delaware Department of Natural Resources and Environmental Control  
Compliance and Permitting Section  
89 Kings Highway  
Dover, DE 19901

**1. Type of Permit**

- ☐ New – **SCRAP TIRES ONLY** Submit a check or money order, payable to the "State of Delaware," in the amount of \$75.00.
- ☒ New – **ALL OTHERS** Submit a check or money order, payable to the "State of Delaware" in the amount of \$350.00.
- ☒ Renewal: Permit # DE-SW- 2056 Expiration Date June 30, 2025

Please indicate the term for which you desire your permit to be issued. Submit a check or money order, payable to the "State of Delaware," for the indicated permit fee.

**SCRAP TIRES ONLY**

- ☐ One Year - \$75.00
- ☐ Two Years - \$125.00
- ☐ Three Years - \$175.00
- ☐ Four Years - \$225.00
- ☐ Five Years - \$275.00

**ALL OTHERS**

- ☒ One Year - \$350.00
- ☐ Two Years - \$650.00
- ☐ Three Years - \$950.00
- ☐ Four Years - \$1250.00
- ☐ Five Years - \$1550.00

**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 L.S. Blair Corp

Location Address:	Mailing Address:
3 Warner Rd, New Hope, PA 18938	3 Warner Rd, New Hope PA 18938

Contact: Eric Blair Title: Operations Manager

Business Phone: 215-674-0659 Fax: 215-672-5421

E-mail: LSBlaircorp@comcast.net

24 hr Emergency Contact Phone [REDACTED]

**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**

(a). Check all that apply. Refer to Delaware's *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  
☐ Scrap Tires

(b). Does your company collect and transport residential (household) waste from single family homes, condominiums and apartment complexes in Delaware? ☐ Yes ☒ No

(c). If you answered "YES" to question 7.b., above, does your company provide recycling services to those customers? ☐ Yes ☐ No ☒ N/A

(d). If you offer recycling services, does your company collect and transport the recyclables separately from the waste generated by your customers? ☐ Yes ☒ No

(e). If you offer recycling services, are the recyclables ultimately taken to an incinerator (waste-to-energy) or landfill? ☐ Yes ☒ No



**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, commercial, industrial, and PHC-soils )
  - ☐ 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# 305419 MC# 41737

☐ N/A If N/A, please provide an explanation, on the following page, as to why you are not required to have a DOT or MC number.

**10. Proof of Financial Responsibility**

The transporter must submit proof of financial responsibility as established in section 7.2.4 of Delaware's *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, Compliance and Permitting Section** 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 checked="" type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Asbestos	\$1,000,000.00 + MCS-90 <input type="checkbox"/> (For Hire & Private)	\$350,000.00 <input type="checkbox"/>
Scrap Tires Only	\$350,000.00 <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, MANUFACTURER'S GVWR and OWNERSHIP** 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 CAPS in writing of any changes to information contained within this application, such as additions or deletions of vehicles, in accordance with conditions of the issued permit.**

☒ Vehicle List Attached

### 14. Vehicle Operator Information

Is a list of all vehicle operators attached? ☐ Yes

What tax form do you submit to the IRS for your vehicle operators?

- ☒ Form W-2  
☐ Form 1099-Misc  
☐ Other

### 15. 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

### 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 3-24-25  
Print Name Eric Blair Title Operations Manager

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

TRUCK #	Driver	Year/Make/Model	Type	VIN	PA LICENSE	GVWR	COMPANY	Ownership
LS05	Ron Morriss	2018 Mack GU64FR	Tri-Axle	1M2AX09CXJM038600	AG68002	73280	L.S. Blair	Laurie Blair
LS06	Nick Clendaniel	2018 Mack GU64FR	Tri-Axle	1M2AX09C3JM038602	AG68001	73280	L.S. Blair	Laurie Blair
LS07	Josh Wilkoski	2019 Mack GU64FR	Tri-Axle	1M2GR3GC3KM003178	AG77916	73280	L.S. Blair	Laurie Blair
LS08	Christian Mendez	2020 Mack GU64FR	Tri-Axle	1M2GR3GCXLM019640	AH41501	73280	L.S. Blair	Laurie Blair
LS09	Jim Rahill	2021 Mack GU64FR	Tri-Axle	1M2GR3GC6MM021774	AG28955	73280	L.S. Blair	Laurie Blair
LS10	Rob White	2024 Mack GU64FR	Tri-Axle	1M2GR3GC6SM047935	AH55165	73280	L.S. Blair	Laurie Blair



State of Delaware  
Department of Natural Resources  
and Environmental Control  
Compliance and Permitting Section  
89 Kings Highway  
Dover, DE 19901

Please be advised that we use a payroll service, Payroll Services Solutions for preparing our weekly payroll and submitting all tax deposits and returns. Payroll Services Solutions is responsible for keeping us up to date with any and all tax laws. Our Employees are paid an hourly rate ranging from \$20.00/hr. to \$25.00/hr, based on experience. All employees receive a W-2 form yearly.

*Laurie S. Blair*





Laurie Blair

Date of Birth



Title

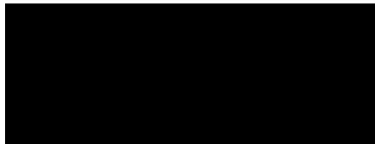
President

100% ownership

Office:

3 Warner Rd  
New Hope, PA 18938

Home:



100-343

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>L. S. Blair Corporation</b>	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) See instructions. <b>3 Warner Rd.</b>	Requester's name and address (optional)
	6 City, state, and ZIP code <b>New Hope, PA 18938</b>	
	7 List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
<div></div>	<div></div>
or	
Employer identification number	

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ► <b>L. S. Blair</b>	Date ► ././.
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



## **Spill Control Plan for Solid Waste Haulers**



The following outlines the spill control plan for L.S. Blair

**1. Spill Response Equipment (Spill-Kit)**

Reflectors  
Fire Extinguisher  
First Aid Kit  
Hard Hat  
Safety Vest  
Gloves Goggles  
Absorbent Pads & Garbage Bags  
Shovel  
Bungee Cords

The spill response kit will be kept in an easy to reach location and regularly inspected to make sure everything is readily available for use.

**2. Driver Preventive Measures**

All loads will be tarped to prevent accidental discharge of waste  
Drivers will obey posted speed limits and laws while operating the commercial vehicle.

### **3. Driver Immediate Corrective Actions**

Pre-trip and post-trip inspections will ne performed everyday

Air Lines

Battery

Brake Accessories

Drive Line

Engine

Exhaust

Fluids (Oil, Coolant and Hydraulic oil)

Front & Rear Axle

Fuel Tanks

Horn

Lights (Head, Tail, Turn Signals, Marker Lights)

Mirrors

Safety Equipment

Spill Kit

Suspension

Tarp

Tires / Rims

DVIR (Daily Vehicle Inspection Report)

### **4. Company Communications**

If a spill occurs, drivers need to act fast to stop the spill and mitigate damage. The driver will act fast to protect the public health and the environment of any such spills and immediately contact the emergency coordinator.

Contact (Emergency Coordinator) **Eric Blair**

Phone: [REDACTED] Office: 215-674-0659

Determine what spilled and use appropriate Personal Protective Equipment including gloves, eye protection, special protective clothing, etc.

Review Materials Safety Data Sheets (MSDS) to determine safe handling and clean up information

1. Call 911
2. Delaware 1-800-662-8802
3. DEP (484) 250-5900



5. The designated coordinator will contact the state and municipal authorities of the location of the accident or spill

1. Call 911

2. Delaware 1800-662-8802

3. DEP (484) 250-5900

6. The designated coordinator will contact clean-up services, if necessary.

7. L.S. Blair trucks will be equipped with a spill control manual, along with the Delaware Solid Waste Permit while working in the state of Delaware.



**Spill Control and Safety**

**Solid Waste**



L.S. Blair Trucks will be equipped with spill control manual, along with the Delaware Solid Waste Permit while working in the state of Delaware.

**Emergency coordinator – Eric Blair**

The designated coordinator will contact the state and municipal authorities of the location of the accident / spill,

**Emergency protocol and emergency numbers**

If there is an accident or other emergency the driver will contact the following:

1. Eric Blair [REDACTED]
2. Blair Office 215-674-0659
3. 911
4. Delaware 800-662-8802
5. DEP 484-250-5900
6. CEMCO 888-642-6710  
Custom Environmental Management

The designated coordinator will contact CEMCO for clean-up services.

**Spill Response Equipment (Spill Kit)**

Reflectors / Flairs

Fire Extinguisher

First Aid Kit

Hard hat, Safety Vest, Gloves (PPE)

Absorbent Pads-Garbage Bags

Shovel

Bungee Cords

The spill response kit will be kept in an easy to reach location and regularly inspected to make sure everything is readily available for use.

**Spill while on the road**

If a spill occurs, drivers need to act fast to stop the spill and mitigate damage. The driver will act fast to protect the public health and the environment of any such spills.

Contact (Emergency Coordinator)

Protect yourself and others at all times

Determine what spilled and use appropriate Personal Protective Equipment including gloves, eye protection, special protective equipment, etc.

Review Material Safety Data Sheets (MSDS) to determine safe handling and clean up information.

If it is safe, stop the source of the spill (make sure you have the proper protective clothing and equipment)

Control and contain the spill using absorbent materials and shovel

Call for help from clean cleanup contractors

**Reporting a Spill**

1. Your name and phone number
2. Exact address / location of spill
3. Date, time cause and type of incident (spill, fire, vehicle accident, etc.)
4. Name of material that was spilled
5. Quantity of material that was spilled
6. Injuries (if any)
7. Possible hazards to the public health and or environment outside the facility



## **Driver Training Summary for Solid Waste Haulers**





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/04/2025

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).

<b>PRODUCER</b> Regional Insurance Associates, Inc 1113A Washington Crossing Blvd  Washington Crossing PA 18977		<b>CONTACT NAME:</b> Heather Kingsmore <b>PHONE (A/C, No, Ext):</b> (215) 321-1900 <b>FAX (A/C, No):</b> (215) 321-1700 <b>E-MAIL ADDRESS:</b> hkingsmore@regionalinsurance.net																						
<b>INSURED</b> L S Blair Corporation 3 Warner Rd  New Hope PA 18938		<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Acuity Insurance</td><td>14184</td></tr><tr><td>INSURER B:</td><td>Clear Spring Property &amp; Casualty</td><td>11219</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:	Acuity Insurance	14184	INSURER B:	Clear Spring Property & Casualty	11219	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER C:																								
INSURER D:																								
INSURER E:																								
INSURER F:																								

**COVERAGES****CERTIFICATE NUMBER:** 24-25**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														
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Snow Plow & Ice Removal  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:				08/30/2024	08/30/2025	<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>\$ 10,000</td></tr><tr><td>PERSONAL &amp; 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></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	MED EXP (Any one person)	\$ 10,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
EACH OCCURRENCE	\$ 1,000,000																				
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000																				
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GENERAL AGGREGATE	\$ 2,000,000																				
PRODUCTS - COMP/OP AGG	\$ 2,000,000																				
	\$																				
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY				08/30/2024	08/30/2025	<table><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>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000																				
BODILY INJURY (Per person)	\$																				
BODILY INJURY (Per accident)	\$																				
PROPERTY DAMAGE (Per accident)	\$																				
	\$																				
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: <input checked="" type="checkbox"/> RETENTION \$ 0				08/30/2024	08/30/2025	<table><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 1,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	AGGREGATE	\$ 1,000,000		\$								
EACH OCCURRENCE	\$ 1,000,000																				
AGGREGATE	\$ 1,000,000																				
	\$																				
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> Y N/A				08/31/2024	08/31/2025	<table><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 500,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 500,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 500,000</td></tr></table>	<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						
<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)

**CERTIFICATE HOLDER****CANCELLATION**

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



STATE OF DELAWARE

DEPARTMENT OF NATURAL RESOURCES AND  
ENVIRONMENTAL CONTROL  
DIVISION OF WASTE AND HAZARDOUS SUBSTANCES  
89 KINGS HIGHWAY  
DOVER, DE 19901

RECEIVED  
APR 25 2024

BY: \_\_\_\_\_

COMPLIANCE &  
PERMITTING

PHONE: (302) 739-9403

FAX: (302) 739-5060

DELAWARE SOLID WASTE TRANSPORTER PERMIT  
PERMIT NUMBER DE-SW-2056

Effective Date: April 15, 2024                      Renewal Due Date: Mar 31, 2025  
Expiration Date: June 30, 2025  
Permittee: L.S. Blair Corporation                      Street Address: 3 Warner Road  
Mailing Address: 3 Warner Road                      New Hope, PA 18938  
New Hope, PA 18938

This permit, issued pursuant to the provisions of 7 Del. C. Chapters 60, shall remain in effect for the term stated above, provided the permittee is familiar with, and complies with, all terms and conditions herein.

**Terms and Conditions:**

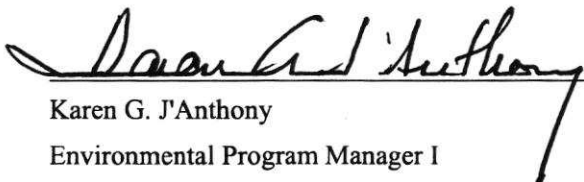
1. This permit authorizes the permittee to transport in, out of, or through the State of Delaware the following waste types (as defined in the *Delaware Regulations Governing Solid Waste*):  
Special Waste - Non-Hazardous Petroleum-Hydrocarbon Contaminated Soils; .
2. The permittee shall not transport the wastes identified in Condition 1 to facilities that are not authorized to receive, treat, store, transport, dispose, or recover said wastes.
3. Permittee shall submit, by April 1 of each calendar year, an annual report on a form provided by the Department. The report shall summarize for the preceding calendar year, actual amounts of solid waste by weight and type transported within, into, or out of the state and the destinations delivered.
4. Permits issued for a period greater than one year: Permittees holding multi-year permits have pre-paid the annual fees. The permit shall remain in effect until the expiration date identified above, unless the permit is cancelled by the permittee or revoked by the Secretary of the Department of Natural Resources and Environmental Control (DNREC).
5. A copy of this permit must be carried in each transport vehicle and presented upon request to any law enforcement officer or representative of the Delaware Department of Natural Resources and Environmental Control (DNREC).
6. Only those vehicles identified in the application for this permit shall be used to transport the wastes identified in Condition 1. All vehicles shall be operated in accordance with the *Delaware Regulations Governing Solid Waste* (DRGSW), Section 7: Transporters.
7. The permittee's name shall be prominently displayed on both sides of the vehicle (motorized and containerized units) in figures at least 3 inches high and of a color that contrasts with the color of the vehicle.

8. The permittee's permit number shall be prominently displayed on both sides and the rear of the vehicle (motorized and containerized units) in figures at least 3 inches high and of a color that contrasts with the color of the vehicle.
9. Safety and Emergency Equipment: All vehicles shall carry the safety and emergency equipment contained in the application for this permit in addition to any equipment required by DOT 49 CFR Motor Carrier Safety Regulations.
10. Spill Containment Equipment: All vehicles shall carry spill containment equipment appropriate for the type of waste being transported. All vehicles shall carry a copy of the Spill Control Plan.
11. Each vehicle engaged in the transportation of solid waste must be fully enclosed or covered to prevent the discharge or release of solid waste to the environment.
12. All personnel shall be properly trained prior to handling or transporting wastes for which this permit is being issued.
13. Permittee shall maintain insurance in compliance with requirements described in the DRGSW, Section 7: Transporters.
14. Permit amendments:
  - a. Permittee must notify DNREC in writing of any additions of waste types, waste destinations, or changes in operations or procedures at least ten working days before putting those changes into effect. If a permit amendment is required, written approval from DNREC must be obtained prior to putting those changes into effect. Changes requiring a permit amendment include (but are not limited to) additions of waste types, additions of waste destinations, and changes in company name or address.
  - b. Permittee must notify DNREC in writing of any changes in equipment (vehicle additions/deletions) at least five working days prior to putting those changes into effect.
15. This permit does not relieve the permittee of complying with any other applicable Federal, State or local regulations or ordinances, including, but not limited to, vehicle load restrictions pursuant to 21 Del. C. Chapter 45. Failure to comply may be grounds for suspension or revocation of this permit.
16. In the event that regulations governing the activity authorized in this permit are revised, this permit may be reopened and modified, after notice and opportunity for a public hearing. At that time, additional limitations, requirements, and/or special conditions may be included in the permit.
17. The provisions of this permit are severable, and if any provision of this permit, or the application of any provision of this permit to any circumstance is held invalid, the application of such provision to other circumstances and the remainder of this permit shall not be affected thereby.
18. Permittee shall immediately contact the Department in the event of a release of any waste material while in transport in or through Delaware. The 24 hr. numbers to call are 800.662.8802, 302.739.9401 or 911.
19. Any violation of the conditions of this permit, regulations promulgated by the Department of Natural Resources and Environmental Control, Secretary's Orders, or provisions of 7 Del. C. Chapter 60 will be grounds for suspension or revocation of this permit.

20. Environmental Violations: Permittee is responsible for reporting all proposed and final notices of violation, criminal citations, tickets, arrests, convictions, civil or administrative penalties proposed or assessed whether against the company, its owners or operators, corporate officers, and company employees including but not limited to drivers, operating under the authority of this permit involving any environmental statute, regulation, permit, license, approval or order. Such report shall be made to the Department within 15 days of the date issuance regardless of the state in which it occurred.

21. Special conditions:

A. Business License: Permittee shall, upon obtaining and servicing customers in the State of Delaware, obtain a Delaware Business License from the State Division of Revenue as required by 30 Del. C., Chapter 21. The Division of Revenue may be contacted at 302.577.5800. Upon receipt of this license, the permittee shall submit a copy of the license to the Department of Natural Resources and Environmental Control, Solid and Hazardous Waste Management Section. This requirement applies to all transporters.



Karen G. J'Anthony

Environmental Program Manager I

Solid and Hazardous Waste Management Section

15 APRIL 2021

Date

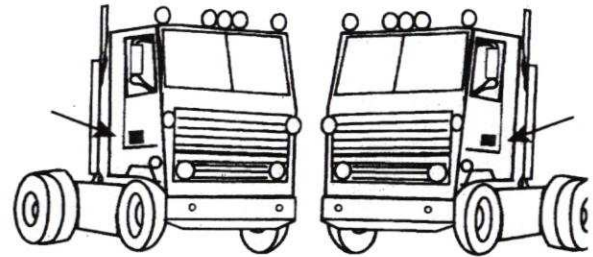
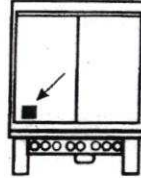
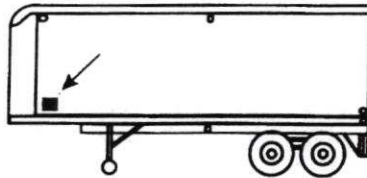
LS BLAIR

**DE - SW - 2056**



W-05

Apply stickers to a clean, dry surface. It may take 24 hours for adhesive to reach full tack. Do not remove stickers once they are applied.



Each qualified waste vehicle is issued two (2) stickers. Place the stickers on the vehicle as shown in the diagram.

170



# COMMONWEALTH OF PENNSYLVANIA

## Waste Transportation Safety Program

### Written Authorization

8921256001

Phone No. (215) 674-0659

VIN# 1M2AX09CXJM038600  
WH18921  
Expires Oct 2025

L S BLAIR  
ERIC BLAIR  
3 WARNER RD  
NEW HOPE, PA 18938-9226

THIS WRITTEN AUTHORIZATION MUST BE KEPT WITH THE WASTE TRANSPORTATION VEHICLE AT ALL TIMES. If lost or damaged contact DEP immediately at 717-783-9258. A replacement fee is required. Duplication or Photocopies of this original documentation are not valid.

DOCUMENT SECURITY BACKGROUND IS PRINTED IN BLUE INK ON WHITE PAPER & INCLUDES PINK THERMO-INK KEYSTONE AT RIGHT

## CAUTION! REMOVE STICKERS CAREFULLY.

Applied stickers take 24 hours to reach full tack



#### APPLICATION INSTRUCTIONS

1. Clean Surface To Which Sticker Will be Applied of Dirt, Grease or Oily Substances.
2. Remove Sticker From Carrier Sheet.
3. Position Sticker, Then Press Firmly Until Tightly Affixed To Surface.

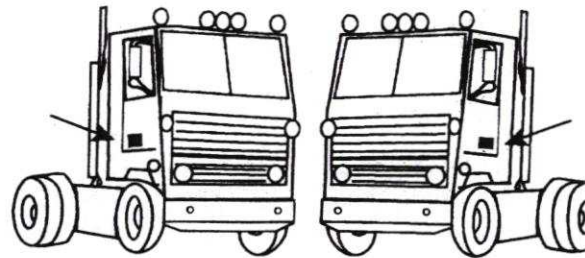
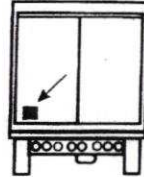
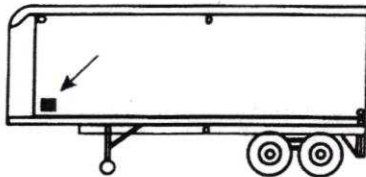


PEEL HERE

PEEL HERE



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**COMMONWEALTH OF PENNSYLVANIA**  
**Waste Transportation Safety Program**  
**Written Authorization**

8921256021

Phone No. (215) 674-0659

VIN# 1M2AX09C3JM038602  
 WH18921  
 Expires Oct 2025

L S BLAIR  
 ERIC BLAIR  
 3 WARNER RD  
 NEW HOPE, PA 18938-9226

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**CAUTION! REMOVE STICKERS CAREFULLY.**

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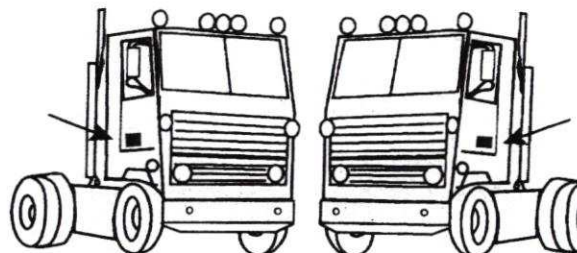
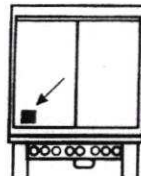
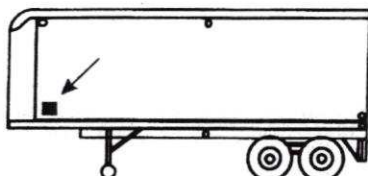
**APPLICATION INSTRUCTIONS**

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2. Remove Sticker From Carrier Sheet.
3. Position Sticker, Then Press Firmly Until Tightly Affixed To Surface.





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167



# COMMONWEALTH OF PENNSYLVANIA

## Waste Transportation Safety Program

### Written Authorization

8921251781

Phone No. (215) 674-0659

VIN# 1M2GR3GC3KM003178  
WH18921  
Expires Oct 2025

L S BLAIR  
ERIC BLAIR  
3 WARNER RD  
NEW HOPE, PA 18938-9226

THIS WRITTEN AUTHORIZATION MUST BE KEPT WITH THE  
WASTE TRANSPORTATION VEHICLE AT ALL TIMES.  
If lost or damaged contact DEP immediately at 717-783-9258.  
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DOCUMENT SECURITY BACKGROUND IS PRINTED IN BLUE INK ON WHITE PAPER & INCLUDES PINK THERMO-INK KEYSTONE AT RIGHT

## CAUTION! REMOVE STICKERS CAREFULLY.

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8921251781  
**WH18921**  
**EXP OCT 2025**  
VIN-1M2GR3GC3KM003178

**PA WTSP**

DEP-S25B

#### APPLICATION INSTRUCTIONS

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8921251781  
**WH18921**  
**EXP OCT 2025**  
VIN-1M2GR3GC3KM003178

**PA WTSP**

DEP-S25B

PEEL HERE

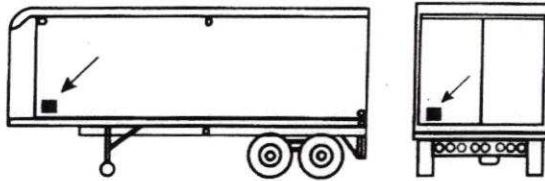
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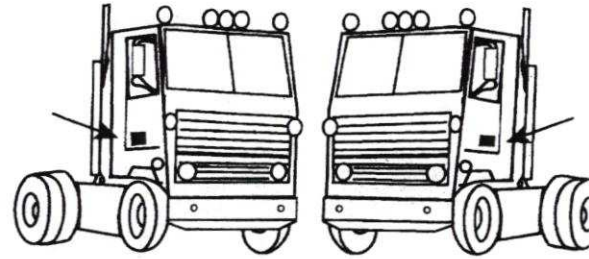
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Waste Trailers

LS-08



Trucks and Truck Tractors



Each qualified waste vehicle is issued two (2) stickers. Place the stickers on the vehicle as shown in the diagram.

169



**COMMONWEALTH OF PENNSYLVANIA**  
**Waste Transportation Safety Program**  
**Written Authorization**

8921256401

Phone No. (215) 674-0659

VIN# 1M2GR3GCXLM019640  
WH18921  
Expires Oct 2025

L S BLAIR  
ERIC BLAIR  
3 WARNER RD  
NEW HOPE, PA 18938-9226

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8921256401  
**WH18921**  
**EXP OCT 2025**  
VIN-1M2GR3GCXLM019640  
**PA WTSP**

DEP-325B

**APPLICATION INSTRUCTIONS**

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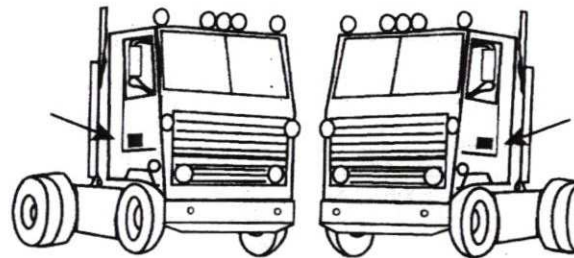
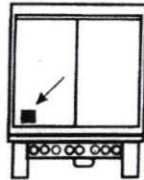
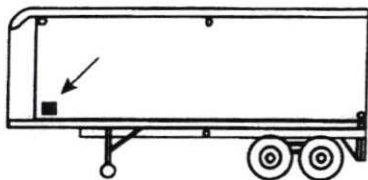
8921256401  
**WH18921**  
**EXP OCT 2025**  
VIN-1M2GR3GCXLM019640  
**PA WTSP**

DEP-325B





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168



# COMMONWEALTH OF PENNSYLVANIA

## Waste Transportation Safety Program

### Written Authorization

8921257741

Phone No. (215) 674-0659

VIN# 1M2GR3GC6MM021774  
WH18921  
Expires Oct 2025

L S BLAIR  
ERIC BLAIR  
3 WARNER RD  
NEW HOPE, PA 18938-9226

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## APPLICATION INSTRUCTIONS

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L.S. Blair Trucks will be equipped with spill control manual, along with the Delaware Solid Waste Permit while working in the state of Delaware.

**Emergency coordinator – Eric Blair**

The designated coordinator will contact the state and municipal authorities of the location of the accident / spill,

**Emergency protocol and emergency numbers**

If there is an accident or other emergency the driver will contact the following:

1. Eric Blair [REDACTED]
  2. Blair Office 215-674-0659
  3. 911
  4. Delaware 800-662-8802
  5. DEP 484-250-5900
  6. CEMCO 888-642-6710
- Custom Environmental Management

The designated coordinator will contact CEMCO for clean-up services.

**Spill Response Equipment (Spill Kit)**

Reflectors / Flairs

Fire Extinguisher

First Aid Kit

Hard hat, Safety Vest, Gloves (PPE)

Absorbent Pads-Garbage Bags

Shovel

Bungee Cords

The spill response kit will be kept in an easy to reach location and regularly inspected to make sure everything is readily available for use.

### **Spill while on the road**

If a spill occurs, drivers need to act fast to stop the spill and mitigate damage. The driver will act fast to protect the public health and the environment of any such spills.

Contact (Emergency Coordinator)

Protect yourself and others at all times

Determine what spilled and use appropriate Personal Protective Equipment including gloves, eye protection, special protective equipment, etc.

Review Material Safety Data Sheets (MSDS) to determine safe handling and clean up information.

If it is safe, stop the source of the spill (make sure you have the proper protective clothing and equipment)

Control and contain the spill using absorbent materials and shovel

Call for help from clean cleanup contractors

### **Reporting a Spill**

1. Your name and phone number
2. Exact address / location of spill
3. Date, time cause and type of incident (spill, fire, vehicle accident, etc.)
4. Name of material that was spilled
5. Quantity of material that was spilled
6. Injuries (if any)
7. Possible hazards to the public health and or environment outside the facility



The following outlines the spill control plan for L.S. Blair

**1. Spill Response Equipment (Spill-Kit)**

Reflectors  
Fire Extinguisher  
First Aid Kit  
Hard Hat  
Safety Vest  
Gloves Goggles  
Absorbent Pads & Garbage Bags  
Shovel  
Bungee Cords

The spill response kit will be kept in an easy to reach location and regularly inspected to make sure everything is readily available for use.

**2. Driver Preventive Measures**

All loads will be tarped to prevent accidental discharge of waste  
Drivers will obey posted speed limits and laws while operating the commercial vehicle.



### **3. Driver Immediate Corrective Actions**

Pre-trip and post-trip inspections will be performed everyday

Air Lines

Battery

Brake Accessories

Drive Line

Engine

Exhaust

Fluids (Oil, Coolant and Hydraulic oil)

Front & Rear Axle

Fuel Tanks

Horn

Lights (Head, Tail, Turn Signals, Marker Lights)

Mirrors

Safety Equipment

Spill Kit

Suspension

Tarp

Tires / Rims

DVIR (Daily Vehicle Inspection Report)

### **4. Company Communications**

If a spill occurs, drivers need to act fast to stop the spill and mitigate damage. The driver will act fast to protect the public health and the environment of any such spills and immediately contact the emergency coordinator.

Contact (Emergency Coordinator) **Eric Blair**

**Phone:** [REDACTED] **Office: 215-674-0659**

Determine what spilled and use appropriate Personal Protective Equipment including gloves, eye protection, special protective clothing, etc.

Review Materials Safety Data Sheets (MSDS) to determine safe handling and clean up information

1. Call 911
2. Delaware 1-800-662-8802
3. DEP (484) 250-5900

5. The designated coordinator will contact the state and municipal authorities of the location of the accident or spill

1. **Call 911**
2. **Delaware 1800-662-8802**
3. **DEP (484) 250-5900**

6. The designated coordinator will contact clean-up services, if necessary.
7. L.S. Blair trucks will be equipped with a spill control manual, along with the Delaware Solid Waste Permit while working in the state of Delaware.



### **1. Driver Requirements**

- a. Valid class A or B Commercial Drivers License
- b. Air Brake Endorsement
- c. Valid Medical Card
- d. During the hiring process each potential new-hire will be required to pass a road exam to determine if the driver is safe and competent to operate a commercial vehicle.
- e. Throughout the year and every week LS Blair has Safety Meetings and refresher courses to ensure our drivers are trained and prepared for the changing environment of the trucking industry.
- f. All Drivers will undergo a pre employment drug and alcohol test.
- g. LS Blair is currently enrolled with a DOT Qualified Drug/Alcohol test Program

### **2. Procedures for Periodic Driving Records Check**

- a. LS Blair uses Foley Services to review any traffic violations( other than Parking Tickets) in which the driver has been convicted off in the preceding 12 months.
- b. LS Blair determines disciplinary actions or counseling needs on an individual basis

### **3. Solid Waste Instruction**

- a. Proper handling procedures are reviewed on a quarterly basis
- b. Spill control plans are reviewed on a quarterly basis and provided in each truck
- c. Solid Waste transporters permit conditions are reviewed on a quarterly basis

**Davis, DaQuan (DNREC)**

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**From:** Thom Crawford <Dispatch@rpblairtrucking.com>  
**Sent:** Thursday, April 17, 2025 10:17 AM  
**To:** Davis, DaQuan (DNREC)  
**Subject:** L S Blair  
**Attachments:** RP Blair\_325041710270.pdf

--

**Sincerely**

**Thom Crawford**

**The R.P Blair Companies**

1956 Stout Drive | Ivyland, PA | 18974 Phone 215.674.0659 | Fax 215.672.5421

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**P Please consider the environment before printing this e-mail!**

## Davis, DaQuan (DNREC)

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**From:** Davis, DaQuan (DNREC) on behalf of WHStranporters  
**Sent:** Thursday, April 3, 2025 4:09 PM  
**To:** LSBlaircorp@comcast.net  
**Subject:** Incomplete DE SW Transporter Permit Application (DE-SW-2056)

**Categories:** Egress Switch: Unprotected

Hello Mr. Blair,

Thank you for submitting your application to renew your Delaware solid waste transporter permit. Upon review, I have found that some information is missing or needs to be updated. Please address the items listed below:

- **Section 13-** What state are all the vehicles registered in?
- **Section 14-** You did not provide a list of vehicle operators.
- **Section 16-** Please have the owners sign and date the application.

Please provide the information requested above via e-mail within five (5) days.

Thank you,



**DaQuan L. Davis**

Environmental Scientist I

**Division of Waste and Hazardous Substances**

☎ 302-739-9403

✉ [daquan.davis@delaware.gov](mailto:daquan.davis@delaware.gov)

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 [dnrec.delaware.gov](http://dnrec.delaware.gov)





April 17, 2025

To Whom It May Concern:

We the undersigned, hereby authorize Eric Blair as Vice President to act on behalf of L. S. Blair Corporation. in all manners relating to the business, including signing of all documents relating to these matters. Any and all acts carried out by Eric Blair on our behalf shall have the same effect as acts of our own.

This authorization is valid until further written notice from L. S. Blair Corporation.

Sincerely,

A handwritten signature in dark ink that reads "Laurie S. Blair". The signature is written in a cursive, flowing style.

Laurie S. Blair  
President

## Davis, DaQuan (DNREC)

---

**From:** Thom Crawford <Dispatch@rpblairtrucking.com>  
**Sent:** Thursday, April 17, 2025 10:51 AM  
**To:** Davis, DaQuan (DNREC)  
**Subject:** Re: DE SW Transport Permits

They do not

On Thu, Apr 17, 2025 at 10:49 AM Davis, DaQuan (DNREC) <[daquan.davis@delaware.gov](mailto:daquan.davis@delaware.gov)> wrote:

Now, I just await the information regarding the signature. I also assumed that R.P. Blair and L.S. Blair Corp are not for-hire carriers. "For-hire" refers to transporting passengers, regulated property, or household goods owned by others for compensation. Do they transport any of these? If they do, I will need an MCS-90 endorsement form for both companies.



### DaQuan L. Davis

Environmental Scientist I

Division of Waste and Hazardous Substances

📞 302-739-9403

✉ [WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 [dnrec.delaware.gov](http://dnrec.delaware.gov)



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**From:** Thom Crawford <[Dispatch@rpblairtrucking.com](mailto:Dispatch@rpblairtrucking.com)>  
**Sent:** Thursday, April 17, 2025 10:10 AM



**To:** Davis, DaQuan (DNREC) <[daquan.davis@delaware.gov](mailto:daquan.davis@delaware.gov)>

**Subject:** DE SW Transport Permits

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**Sincerely**

**Thom Crawford**

**The R.P Blair Companies**

1956 Stout Drive | Ivyland, PA | 18974 Phone [215.674.0659](tel:215.674.0659) | Fax [215.672.5421](tel:215.672.5421)

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**P Please consider the environment before printing this e-mail!**

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**Sincerely**

**Thom Crawford**

**The R.P Blair Companies**

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