

# RECEIPT

DATE 07/09/24

No. 654500

RECEIVED FROM Hopkins Construction, Inc.

\$ 950.00

Nine Hundred Fifty and 00/100

DOLLARS

FOR RENT  
 FOR

DE-SW-0913D

ACCOUNT	
PAYMENT	
BAL. DUE	

CASH  
 CHECK  
 MONEY ORDER  
 CREDIT CARD

FROM # 1405

TO

BY E.W.

**Subject** : re: Delaware Solid Waste Transporter Permit  
**Date** : Monday, July 8, 2024 2:07 pm  
**From** : "SHARON KELLY" <sharon@hopkins-inc.com>  
**To** : WHStranporters <WHStranporters@delaware.gov>  
**Cc** : "Davis, DaQuan (DNREC)" <daquan.davis@delaware.gov>  
**Attachments** : C:\Office Folder\ADMIN\Licenses - Hopkins Construction\6, 6a, 6b, 6c, 8, 8a - DSWA\6 - 2024-2027 DSWA Transporters Permit\SW Transporters Permit Appl - As Submitted, C:\Office Folder\ADMIN\Licenses - Hopkins Construction\6, 6a, 6b, 6c, 8, 8a - DSWA\6 - 2024-2027 DSWA Transporters Permit\COPY of Check.pdf

Mr. Davis: Attached please find our application and a copy of the check for \$950 with regard to the Solid Waste Transporter Permit Application #DE-SW-0913D for Hopkins Construction, Inc. I am sending the original packet via UPS to delivery tomorrow.

Please give me a call with any questions or if you require any additional information.

Thank you,

Sharon

Sharon L. Kelly  
Admin. Assistant

Hopkins Construction, Inc.  
DBE, WBENC, WOSB, MDBE

18904 Maranatha Way, Unit 1  
Bridgeville, DE 19933

Office: (302) 337-3366  
Fax: (302) 337-8315

Have a Blessed Day! ☺

----- Original Message -----

**FROM:** "WHStranporters" <WHStranporters@delaware.gov>  
**TO:**  
**CC:** "Davis, DaQuan (DNREC)" <daquan.davis@delaware.gov>  
**DATE:** Fri, 31 May 2024 14:24:12 +0000

**SUBJECT:** Delaware Solid Waste Transporter Permit

Hello,

According to our database, it is time for your Delaware Solid Waste Permit to be renewed. I have attached the Solid waste transporter application to this email. Your renewal application is due by September 30, 2024. This allows sufficient processing time to ensure no lapse in your permit.

Please mail your completed application, with payment to:

DNREC-CAPS  
 89 Kings Highway  
 Dover, DE 19901  
 Attention: WHS Transporters

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)





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: English

**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- 0913D Expiration Date 9/30/2024

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 Hopkins Construction, Inc.

Location Address:	Mailing Address:
18904 Maranatha Way, Unit 1	Same
Bridgeville, DE 19933	

Contact: Sharon Kelly Title: Office Administrator

Business Phone: 302 337 3366 Fax: 302 337 8315

E-mail: sharon@hopkins-inc.com

24 hr Emergency Contact Phone: Keller Hopkins - ( [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: Bridgeville State: DE Date: 1988

- 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 4b

(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.

Only 1 location - 18904 Maranatha Way, Unit 1  
Bridgeville, DE 19933

- 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 **N/A**

**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) See 8b
  - 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# 242965 MC# 001590
- 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 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 See 11

### 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 See 12

**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      See Attachment 13

**14. Vehicle Operator Information**

Is a list of all vehicle operators attached?       Yes      See Attachment 14

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 Joann M. Hopkins Date 7-2-24  
Print Name Joann M. Hopkins Title President/CEO

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







**Delaware Solid Waste Permit Application: Attachments**

**4b.**

<b><u>Name</u></b>	<b><u>Title</u></b>	<b><u>Address</u></b>	<b><u>D.O.B.</u></b>	<b><u>% Ownership</u></b>
Joann M. Hopkins	President/ CEO	[REDACTED]	[REDACTED]	51%

**8b.**

DSWA – Southern Jones Crossroads Landfill  
Georgetown, DE  
DSWA – Central Sandtown Landfill  
Sandtown, DE

**12.**

All drivers are required to have their CDL's. As a part of the driver's application process, Hopkins Construction, Inc. looks at the potential driver's driving record, employer history, and requires all drivers to take a pre-employment DOT drug screen. At the time of hire, drivers are provided with a DOT Federal Motor Carrier Safety Regulation Handbook and a Driver Training Kit for Drug and Alcohol Testing Policies and Procedures. In addition, all hired drivers are placed in a random drug and alcohol testing program. All drivers are listed with the FMCSA Clearinghouse. Driver records for employed drivers are reviewed annually. Drivers are trained on how to haul waste and must carry a copy of the permit in the truck at all times.

**11.** See Separate Page

**13.** List of Vehicles:

- 1. Make/Model/Year:** 2005 Mack Hooklift Truck Tri-axle (TR0052)  
**Type:** Hooklift Truck  
**VIN#:** 1M2AG11C85M023648  
**License # and State of Registration:** CL109501 - State of DE  
**GVWR:** 73,280  
**Ownership:** Hopkins Construction, Inc.
- 2. Make/Model/Year:** 2005 Mack Dump Truck (TR0055)  
**Type:** Dump Truck  
**VIN#:** 1M2AG11C85M023651  
**License # and State of Registration:** CL109498 - State of DE  
**GVWR:** 73,280  
**Ownership:** Hopkins Construction, Inc.

Wednesday, July 3, 24

3. **Make/Model/Year:** 1992 Mack Rolloff Truck (TR0051)  
**Type:** Rolloff Truck  
**VIN#:** 2M2P264C6NC010351  
**License # and State of Registration:** CL123959 - State of DE  
**GVWR:** 62,000  
**Ownership:** Hopkins Construction, Inc.







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/28/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


<b>PRODUCER</b> HMS Insurance Associates, Inc. 20 Wight Ave Suite 300 Hunt Valley MD 21030	<b>CONTACT NAME:</b> Justin Pelletreau <b>PHONE (A/C, No, Ext):</b> 410-785-1687 <b>FAX (A/C, No):</b> 443-632-3471 <b>E-MAIL ADDRESS:</b> Justin.pelletreau@marshmma.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
<b>INSURED</b> Hopkins Construction, Inc. 18904 Maranatha Way Unit 1 Bridgetown DE 19933	<b>INSURER A :</b> The Cincinnati Insurance Company      10677	
	<b>INSURER B :</b> Federal Insurance Co.      20281	
	<b>INSURER C :</b> Evanston Insurance Company      35378	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
<b>INSURER F :</b>		

**COVERAGES**      **CERTIFICATE NUMBER:** 457942282      **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"/> Contractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: 250 Prop Dmg Ded	Y		EPP 0494174	7/1/2024	7/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 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 \$
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 checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			EBA 0494174	7/1/2024	7/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			EPP 0494174 MCGX100913-01	7/1/2024 7/1/2024	7/1/2025 7/1/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
A	<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	N/A	EWC 0446375	7/1/2024	7/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B A	Leased/Rented Equip Total BPP			6615520 EPP 0494174	7/1/2024 7/1/2024	7/1/2025 7/1/2025	Limit: 50,000 Limit: 322,948 Ded: 1,000 Ded: 1,000

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

<b>CERTIFICATE HOLDER</b>  Delaware Solid Waste Authority Solid & Hazardous Waste Management Section PO Box 455 1128 S. Bradford St. Dover DE 19903	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  

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**Davis, DaQuan (DNREC)**

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**From:** SHARON KELLY <sharon@hopkins-inc.com>  
**Sent:** Wednesday, July 17, 2024 7:48 AM  
**To:** WHStranporters  
**Subject:** re: Delaware Solid Waste Transporter Permit  
**Attachments:** Attachments.pdf

Mr. Davis: Attached please find the following attachment consisting of:

1. Correct COI
2. Spill Plan
3. List of Drivers

I wasn't sure what information was required for the drivers list. Please let me know if you need additional information such as home address, drivers license number, birthdate, etc.

Thank you and my apologies for not including this information initially.

Sharon

Sharon L. Kelly  
Admin. Assistant

Hopkins Construction, Inc.  
DBE, WBENC, WOSB, MDBE

18904 Maranatha Way, Unit 1  
Bridgeville, DE 19933

Office: (302) 337-3366  
Fax: (302) 337-8315

Have a Blessed Day! 😊

----- **Original Message** -----

**From:** "WHStranporters" <[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)>  
**To:** "[sharon@hopkins-inc.com](mailto:sharon@hopkins-inc.com)" <[sharon@hopkins-inc.com](mailto:sharon@hopkins-inc.com)>  
**Cc:**  
**Date:** Tue, 16 Jul 2024 18:54:38 +0000  
**Subject:** **Delaware Solid Waste Transporter Permit**

Hi Ms. Kelly,

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:

- Item 10- Provide an updated Certificate of Insurance and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section the address is 89 Kings HWY, Dover, DE 19901.
- Item 11- The spill control plan was not provided. Please provide this.
- Item 14- No list of vehicle operators was provided. Please provide this.



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

Thank you,  
DaQuan Davis



## 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)





HOPKINS CONSTRUCTION, INC.  
SPILL CONTROL PLAN FOR WASTE HAULERS

1. Spill Control and safety equipment carried in each vehicle:
  - a. **Reflectors and/or flares**
  - b. **Fire extinguisher**
  - c. **First aid kit**
  - d. **Heavy-duty gloves, hard hat**
  - e. **Flashlight**
  
2. All loads will be enclosed, covered, or tarped to prevent accidental discharge for the waste during transport to the disposal facility.
  
3. The driver will perform the following pre-trip inspections:
  - a. **Check Tarp**
  - b. **Chain Gate**
  - c. **All other CDL pre-trip inspections applicable**
  
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 Hopkins Construction, Inc. coordinator:

**Name: Devon Lones      Phone #: [REDACTED]**
  
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**
  
6. The designated coordinator will contract for clean-up services with another company:

**Guardian  
1280 Porter Road, Bear, DE 19701  
(302) 834-1000 or (302) 398-5800 (Cell)**
  
7. This plan will be carried in all vehicles, along with the permit.

Wednesday, July 17, 24

**14. List of Drivers**

1. Sean Riley
2. Dean Morris
3. Stephen Seiler
4. Dean Heck