RECEIP	T DATE	08/13/24 No	654532
RECEIVED FROM Dela	awar	Landscaping Soucis.	\$ 350.00
		red Fifty and	
OFOR RENT Ne	w Si	w App	
ACCOUNT	CASH	# 7472	
PAYMENT	MONEY	FROM # 24221 TO_	
BAL. DUE	ORDER ORDER CARD	BY Z, W.	3

DE-5W-2086





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

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 Delaware," in the amount of \$75.00.	a check or money order, payable to the "State of
Wew – ALL OTHERS Submit a check of the amount of \$350.00. Contact 24221	or money order, payable to the "State of Delaware" in
Renewal: Permit # DE-SW	Expiration Date
Please indicate the term for which you de order, payable to the "State of Delaware,"	esire your permit to be issued. Submit a check or money "for the indicated permit fee.
SCRAP TIRES ONLY	ALL OTHERS
☐ One Year - \$75.00	✓ One Year - \$350.00
☐ Two Years - \$125.00	☐ Two Years - \$650.00
☐ Three Years - \$175.00	☐ Three Years - \$950.00
☐ Four Years - \$225.00	☐ Four Years - \$1250.00
☐ Five Years - \$275.00	☐ Five Years - \$1550.00

Attachment ______No parent company

2.	Relea	ase to Public	
		ou wish to be included on the list of transpoware permitted solid waste transporters?	rters that is provided to persons requesting a list of Yes No
3.	Com	pany Information	
	Com	pany Name JT Snow Removal, Inc dba D	Pelaware Landscaping Services
Loc	cation	Address:	Mailing Address:
Lov			
	800	New Burton Rd Dover, DE 19904	same
Co	ntact:	Jerry Taylor Titl	e: president
Bu	siness	Phone: (302) 697-6000 Fax	С:
	mail		
24	hr Em	nergency Contact Phone: (302) 270-8780	
4.	Com	pany Ownership Information	
	(a).		on, indicate city, state, and date of incorporation. te: DE Date: 5-3-2021
		☐ Municipality ☐ Public institution ☐ Limited Liability Corporation (LLC) St ☐ Other: (must specify)	tate:
	(b).	For each Owner, Partner, or Corporate Of	fficer, attach a list with name, title, mailing address, l stockholders owning greater than 5% outstanding
		Attachment A	
	(c).	If company is owned by or affiliated with a address & mailing address, and % ownersh	parent company, attach parent company name, ip.

Solid Waste Transporter Application Page ${\bf 3}$ of ${\bf 6}$

5. Company locations in Delaware

	List name and \underline{street} address of each company location, including freight terminals, within the State of Delaware.
	✓ Attachment A 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 A 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? \square Yes \square No \square 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

Solid Waste Transporter Application Page ${\bf 4}$ of ${\bf 6}$

8.	Trea	tment, Storage, and Disposal Facilities						
	(a).	Do you cross state lines with the waste? \square Yes \square No						
	(b).	Identify in an attachment all solid waste Treatment, Storage, D. Facilities and Transfer Stations to which the waste will be trans		Reclamation				
		Delaware Solid Waste Authority locations: (attachment) Clean Earth of New Castle, Inc. (thermal treatment facility Delaware Recyclable Products, Inc. (dry waste, commerci Other in-state solid waste facilities, including private facil Out of state solid waste TSD facilities: (attachment)	y for PHC-soils) al, industrial, and I ities: (attachment)	PHC-soils)				
9.	Othe	er Transporter Permits						
	(a).	Attach a copy of your home state solid waste transporter permit home state.)	t. (N/A if Delawar	re is your				
		☐ Attachment Not applicable-No transporter permit required for these solid	id waste types in ou	ur 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# <u>2053320</u> MC#						
	□ 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.	Proo	of of Financial Responsibility						
	Dela Insur Depa	transporter must submit proof of financial responsibility as ware's <i>Regulations Governing Solid Waste</i> . This proof may rance, with MCS-90 endorsement where applicable, or by artment. (The Certificate of Insurance must identify the Departmental Control, Compliance and Permitting Section as the state of the control of	be established by a other means app ment of Natural R	Certificate of proved by the esources and				
	(a).	Are you for-hire in interstate commerce? Yes No (For business of transporting, for compensation or payment, wastes than your own.)						
	(b). (c).	Do you transport in the State of Delaware Only (Intrastate)? Do you transport Interstate?		No No				

(d). Certificate of Insurance must be attached and include minimum automobile liability coverage as follows:

	FOR-HIRE INTERSTATE	ALL OTHERS
Residential Waste	\$750,000.00 + MCS-90	\$350,000.00
Commercial Waste	\$750,000.00 + MCS-90	\$350,000.00
Industrial Waste	\$750,000.00 + MCS-90	\$350,000.00
Dry Waste	\$750,000.00 + MCS-90 [\$350,000.00 🗹
Ash	\$750,000.00 + MCS-90	\$350,000.00
Infectious Waste	\$1,000,000.00 + MCS-90	\$750,000.00 + MCS-90
Non-Hazardous Petroleum Contaminated Soils	\$750,000.00 + MCS-90 [\$350,000.00
Asbestos	\$1,000,000.00 + MCS-90 [(For Hire & Private)	\$350,000.00
Scrap Tires Only	\$350,000.00	\$350,000.00

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.

V	Driver	Training,	attachment	C
V	Driver	Training,	attachment	C

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	ATTACHMENT	D
	What tax form do you submit to the IRS for your Form W-2 Form 1099-Misc Other	vehicle ope	erators?	

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 t	he 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.

**Signatures Date 8-12-2029

Print Name Jerry Taylor Title president

^{**}A legal owner or corporate officer must sign the application**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/12/2024

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).

RODUCER _ & W Insurance Inc. PO Box 918 Dover DE 19903		CONTACT Jeff Eanes PHONE (A/C, No, Ext): 302-674-3500 E-MAIL ADDRESS:	FAX (A/C, No):	
		INSURER(S) AFFORDING O	OVERAGE	NAIC#
		INSURER A: Harford Mutual Insurance C	0	14141
INSURED	JTSNOWR-01	INSURER B:		
JT Snow Removal Inc. Delaware Landscaping Services		INSURER C:		
800 New Burton Rd		INSURER D :		
Dover DE 19904		INSURER E :		
		INSURER F:		
COVERACES	CERTIFICATE NUMBER, 4070244240	DEVI	CION NUMBER	

CERTIFICATE NUMBER: 1878314316

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.

	TYPE OF INSURANCE			POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
X	CLAIMS-MADE X OCCUR			MP10765289	5/4/2024	5/4/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$1,000,000
GEN							GENERAL AGGREGATE	\$2,000,000
	POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:							\$
AUT	OMOBILE LIABILITY			CA10360026	5/4/2024	5/4/2025	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
X	ANY AUTO						BODILY INJURY (Per person)	\$
	AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
X	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
X	UMBRELLA LIAB X OCCUR			CU10360255	5/4/2024	5/4/2025	EACH OCCURRENCE	\$ 3,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$3,000,000
	DED X RETENTION \$ 0							\$
	EMPLOYEDS: LIABILITY			WC10359945	5/4/2024	5/4/2025	X PER OTH-	
ANYF	PROPRIETOR/PARTNER/EXECUTIVE N	N/A					E.L. EACH ACCIDENT	\$1,000,000
(Man	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
DES(s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
	X X X X X X X X X X X X X X X X X X X	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X HIRED AUTOS ONLY X UMBRELLA LIAB EXCESS LIAB DED X RETENTION \$ 0 WORKERS COMPENSATION AND EMPLOYERS: LIABILITY Y N WORKERS COMPENSATION AND EMPLOYERS: LIABILITY Y N	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRODICT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTIONS OF CLAIMS-MADE MORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) [f yes, describe under]	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- DOTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY X AUTOS ONLY X LOCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 0 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIET OR PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR MP10765289 CA10360026 X ANY AUTO AUTOS ONLY X NON-OWNED AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTIONS 0 MORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPOOPIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) (If yes, describe under	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 0 WORKERS COMPENSATION AND EMPLOYERS: LIABILITY Y / N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TYPE OF INSURANCE INSD WYD POLICY NUMBER (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRODUCY X AUTOS ONLY X PRODUCY X P	TYPE OF INSURANCE NSD WYD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY

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

CERT	TIFICA	ATE H	IOLD	ER

CANCELLATION

Department of Natural Resources Compliance and Permitting Section 89 Kings Highway SW Dover DE 19901

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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ATTACHMENT A

Ownership Jerry Taylor—president

100%

Company Location

JT Snow Removal, Inc dba Delaware Landscaping Services
800 New Burton Road Dover, DE 19904

Company Affiliates
Delaware Demolition, Inc
800 New Burton Rd Dover, DE 19904

Disposal Facilities
Delaware Solid Waste Authority
1107 Willow Grove Rd
Felton, DE 19943

Coker Concrete LLC 949 Horsepond Rd #A Dover, DE 19901

TACHMENT B

SPILL CONTROL PLAN FOR SOLID 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). REFLECTIVE VEST
- (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). INSPECT VEHICLE AND/OR ROLL OFF CONTAINER
- 2). CONFIRM ALL SPILL CONTROL AND SAFETY EQUIPMENT ARE PRESENT IN VEHICLE
- (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: FRRY AYLOR Phone: (302) 270-8780

(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:

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: N/A New Jersey: N/A

- (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.

ATTACHMENT C

Driver Training

Drivers are required to have a CDL license. Weekly safety meetings are conducted to refresh safety expectations with each employee. Employees are expected to fill out a DOT inspection form each time they are going to drive a vehicle before the use of the vehicle.

Driving records are checked yearly in the month of April or May. Employees are required to notify the company owner if there are any changes with their drivers license or if they receive any driving violations that may impact their clearance to drive company vehicles.

Drivers are required to pull tarps over loads in roll off containers or beds of trucks. Tarps must be securely fastened on all sides. Loads must not exceed the top of the container or truck bed.

A copy of the company spill control plan is provided to each employee and a representative of the company reviews the plan with each employee. Employees are provided an opportunity to ask questions about the plan. A copy of the plan is placed in each truck for the driver's reference. Drivers are informed that a current solid waste transporter permit is required to be placed in each truck.

VEHICLE INFORMATION - See Item 13 of the application.
Use this form, or other format which provides the same information, to answer the VEHICLE IDENTIFICATION requirement of the application. List all vehicles, both motorized and container (if a license plate is required on the container) to be used to haul solid waste in the state of Delaware. In addition, list the vehicle owner, owner's address, and domicile address if different from the company address provided in the application.

MAKE - MODEL - YEAR	TYPE	VIN # (Serial Number)	LICENSE PLATE # and STATE of REGISTRATION	mfgr's GVWR	OWNERSHIP
1991 MACK TRUCK	ROLL OFF	1M2B225C9mm00244D	CL 86866 DE	62000	JERRY LAYLOR -100%
					, , ,
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		The state of the s		-	
		THE STREET CONTROL OF THE PROPERTY OF THE PROP		-	

Davis, DaQuan (DNREC)

From: Sent:	Delaware Landscaping Services <pre></pre>
To: Subject:	WHStransporters Per Delaware Solid Waste Transporter Application
Subject.	Re: Delaware Solid Waste Transporter Application
Hi! Sorry about that!	
Section 8we take concrete Section 14the only operato	only to Coker Concrete r we have at this time is Richard Haass Jr
Please let me know if you ne help with this!	eed any further information or details from us. Thanks so much for your
Sherry Taylor JT Snow Removal, Inc DBA Delaware Landscaping Servi (302) 697-6000 office pranceracres@aol.com www.delawarelandscapings	
On Wednesday, August 14, 2024 a	at 02:49:52 PM EDT, WHStransporters <whstransporters@delaware.gov> wrote:</whstransporters@delaware.gov>
Hi Mr. Taylor,	
	plication to renew your Delaware solid waste transporter permit. Upon review, I have issing or needs to be updated. Please address the items listed below:
	aste do you take to Coker Concrete, LLC.? e a list of your vehicle operators.
Please provide the information re	equested 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
- 89 Kings Hwy SW, Dover, DE 19901
- dnrec.delaware.gov

