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RECEIVED FROM	n Const	ruction Co.		\$35000
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OFOR RENT	SW-1	289D		
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BAL. DUE	CREDIT	BY M, M		3-11



Concrete and General Construction



P.O. BOX 904 ■ 1420 E. LEBANON RD. ■ DOVER, DE 19903
PHONE: 302-697-2124 Fax: 302-697-2242 E-mail: office@mittenconstruction.net

October 18, 2024

RECEIVED

OCT 3 0 2024

DNREC

Division of Waste and Hazardous Substances Solid and Hazardous Waste Management Section 89 Kings Highway Dover, DE 19901 DNREC - WHS

RE:

Delaware Solid Waste Transporter Permit Application - DE-SW-0289D Expiration 12-31-2024

To whom it may concern:

Enclosed, please find our Delaware Solid Waste Transporter Permit Application for permit # DE-SW-289D with the current expiration date of December 31, 2024. Our new certificate of insurance will be sent directly to you from our insurance company upon the policy renewal. I have attached our current certificate of insurance.

If you have any questions or need additional information, please contact the office. Thank you.

Sincerely,

Mitten Construction Co.

Jackie M. Roberts

Sr. Vice President/ Secretary-Treasurer



RECEIVED

OCT 3 0 2024

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

☐ Five Years - \$275.00

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 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. Expiration Date 12-31-2024 Renewal: Permit # DE-SW- 289D 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 ALL OTHERS** ✓ One Year - \$350.00 ☐ One Year - \$75.00 ☐ Two Years - \$650.00 ☐ Two Years - \$125.00 ☐ Three Years - \$950.00 ☐ Three Years - \$175.00 Four Years - \$1250.00 ☐ Four Years - \$225.00

☐ Five Years - \$1550.00

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2.	KA	ease	tΛ	P_{11}	nı	10
	110	Case	w	ı u		

		you wish to be included on the list of transpo ware permitted solid waste transporters?		d to persons requesting a list of			
3.	Con	npany Information					
	Com	npany Name Mitten Construction Co.					
Lo	cation	Address:	Mailing Address:				
		1420 E. Lebanon Road		PO Box 904			
		Dover, DE 19901	D	over, DE 19903			
Со	ntact:	Jackie Roberts Titl	e: Sr. VP				
		Phone: 302-697-2124 Fax					
E-1	mail: ˈ	office@mittenconstruction.net					
24	hr En	nergency Contact Phone: 302-697-2124					
4.	Con	npany Ownership Information					
	(a).	Please indicate the company type: ☐ Proprietorship ☐ Partnership ☐ Corporation - If company is a corporation	on, indicate city, st	ate, and date of incorporation.			
		City: Dover Sta	te: DE	Date: June 1968			
		☐ 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 address & mailing address, and % ownersh		ttach parent company name,			
		☐ Attachment No parent company					

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

5.	Company locations in Delaware
	List name and <u>street</u> address of each company location, including freight terminals, within the State of Delaware.
	Attachment on page 2 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

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

ð.	Trea	itment, Storage, and Disposal Facilities
	(a).	Do you cross state lines with the waste?
	(b).	Identify in an attachment <i>all</i> solid waste Treatment, Storage, Disposal Facilities, Reclamation Facilities and Transfer Stations to which the waste will be transported.
		 □ Delaware Solid Waste Authority locations: (attachment) Sandtow □ 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.	Oth	er 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# <u>379757</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.	Prod	of of Financial Responsibility
	Dela Insui Depa	transporter must submit proof of financial responsibility as established in section 7.2.4 of ware's <i>Regulations Governing Solid Waste</i> . This proof may be established by a Certificate of rance, with MCS-90 endorsement where applicable, or by other means approved by the artment. (The Certificate of Insurance must identify the Department of Natural Resources and ironmental Control, Compliance and Permitting Section as the certificate holder.)
	(a).	Are you for-hire in interstate commerce?
		Do you transport in the State of Delaware Only (Intrastate)? Yes No Do you transport Interstate? Yes 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.

/	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 ✓ Yes Is a list of all vehicle operators attached? 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.

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



Concrete and General Construction



P.O. BOX 904 ■ 1420 E. LEBANON RD. ■ DOVER, DE 19903
PHONE: 302-697-2124 Fax: 302-697-2242 E-mail: office@mittenconstruction.net

#4. Company Ownership Information

b.

Wendy K. Mitten
President
P.O. Box 904, Dover, DE 19903

% Ownership: 60%

Jacqueline M. Roberts Sr. Vice President/Secretary-Treasurer P.O. Box 904, Dover, DE 19903

% Ownership: 20%

Eben P. Roberts Vice President P.O. Box 904, Dover, DE 19903

DOB:

% Ownership: 20%



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/09/2024

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

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	DUCER	ot comer rights to	tile c	Citiii	oute notati in nea or such	CONTAC	. , ,				
111111111111111111111111111111111111111	Hilb Group of Maryland	1				NAME: PHONE			FAX		
	1 MacCorkle Ave, Ste 5					(A/C, No E-MAIL ADDRE	ss:		(A/C, No):		
							IN:	SURER(S) AFFOR	DING COVERAGE		NAIC#
Cha	arleston				WV 25304	INSURE	KA.	Mutual Insuran			14141
INSU						INSURE	RB: Harford I	Mutual Insuran	ce Group, Inc.		
		struction Co., Inc.				INSURE	RC:				
	1420 E. Lei	banon Road				INSURE					
	Dover				DE 19901	INSURE					
CO	VERAGES	CER	TIFIC	ATE	NUMBER: 2024-2025	intoonte			REVISION NUMBER:		
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	CLAIMS-MADE								EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,00 \$ 500,	
									MED EXP (Any one person)	\$ 5,00	
Α					MP10696392		01/18/2024	01/18/2025	PERSONAL & ADV INJURY	\$ 1,00	
	GEN'L AGGREGATE LIMIT								GENERAL AGGREGATE	\$ 2,00	
	POLICY PROJECT CG2503								PRODUCTS - COMP/OP AGG	\$ 2,00	0,000
	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000
	ANY AUTO								BODILY INJURY (Per person)	\$	
В	OWNED AUTOS ONLY	SCHEDULED AUTOS			CA10273173	01/1	01/18/2024	01/18/2025	BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									XLDEL	\$	
_	WBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$ 5,00	
В	EXCESS LIAB	CLAIMS-MADE			CU10273272		01/18/2024	01/18/2025	AGGREGATE	\$ 5,00	0,000
	DED RETEN								PER OTH-	\$	
	AND EMPLOYERS' LIABIL	ITY Y/N						➤ PER STATUTE ➤ OTH-	s 500,	000	
Α	ANY PROPRIETOR/PARTN OFFICER/MEMBER EXCLU	IDED?	N/A		WC10273135		01/18/2024	01/18/2025	E.L. EACH ACCIDENT	FOO	
	(Mandatory in NH) If yes, describe under								E.L. DISEASE - EA EMPLOYEE	\$ 500, \$ 500,	
	DÉSCRIPTION OF OPERAT	HONS below							E.L. DISEASE - POLICY LIMIT	\$ 000,	
DESC	CRIPTION OF OPERATIONS	/ LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	mav be a	ttached if more su	pace is required)			
	Account #DE-SW-028				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		,			
CE	RTIFICATE HOLDER					CANC	ELLATION				
DNREC - Solid Waste Management Branch						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	89 Kings H	··· y				AUTHO	RIZED REPRESEI		<u></u>		
2	Dover				DE 19901			8.	Putt Engle		



Concrete and General Construction



P.O. BOX 904 ■ 1420 E. LEBANON RD. ■ DOVER, DE 19903

PHONE: 302-697-2124 Fax: 302-697-2242 E-mail: office@mittenconstruction.net

DE-2022-000000227

11. 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). Broom and Shovel
 - 7). Hard Hat
 - 8). Heavy Duty Trash Bags
- (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). Vehicle Inspection Report Check List
 - 2). Pre-Trip inspections in compliance with the Federal Motor Carrier Regulations
- (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: Eben Roberts Phone: 302-697-2124

(5) The designated coordinator will contact the state and municipal authorities where the accident occurred. If the accident or spill has the potential to cause environmental damage, (either due to the nature of the waste, location of the accident, or additional factors such as leaking oil, gasoline, or hydraulic fluid) the person contacted will notify the state emergency response team, by calling one of the following numbers:

Delaware: 911, (302) 739-9401 or 1-800-662-8802 (Other numbers may be listed as follows, however, the listed Delaware numbers **must** be included in the spill control plan.)

- (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.



Concrete and General Construction



P.O. BOX 904 ■ 1420 E. LEBANON RD. ■ DOVER, DE 19903

PHONE: 302-697-2124 Fax: 302-697-2242 E-mail: office@mittenconstruction.net

#12 - Driver Training

- All drivers must carry a current CDL License and have passed all licensing tests. Driving records are checked semi-annually by Mitten Construction Co.
- Safety meetings are held bi-monthly by the foreman.
- Our insurance carrier monitors employee records randomly and advises if any driver has too many violations. Mitten Construction revokes driving privileges until approved by the insurance company.
- All current drivers pass commercial drivers medical physical and drug test.
- All drivers have knowledge of the proper handling procedures for the type of dry waste that we occasionally transport.
- All vehicles must carry a copy of the spill control policy, current DE Solid Waste Permit, and all safety equipment.

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	
Kenworth T-800 2007		1NKDX4EX375184766	CL75804 DE	80M	Mitten Construction Co.
Kenworth Dump 2004		2NKMHD7X34M053979	CL105909 DE	54M	Mitten Construction Co.
Kenworth Dump 2004		2NKMHD7X14M053978	CL105910 DE	54M	Mitten Construction Co.
Kenworth Dump 1998		3BKMH77X9WF80652	C49414 DE	46M	Mitten Construction Co.
Chevy Dump 1990		1GBM7H1J8LJ200761	C66813 DE	45M	Mitten Construction Co.

Void a Employe	e's social security number	Copy D — For OMB No. 1545-0		
b Employer identification number (EIN)			1 Wages, tips, other compensation	2 Federal income tax withheld
51-0107337				
c Employer's name, address, and ZIP code			3 Social security wages	4 Social security tax withheld
MITTEN CONSTRUCTION CO.			Sec. 13	-
			5 Medicare wages and tips	6 Medicare tax withheld
1420 E LEBANON RD			3	1
			7 Social security tips	8 Allocated tips
DOVER	DE 19901-5	833		
d Control number			9	10 Dependent care benefits
e Employee's name, address, and ZIP code		1	Nonqualified plans	12a See instructions for box 12
JAMES D COMEGYS		_		o d
		1	3 Statutory Retirement Third-party employee plan Sick pay	12b
				0 0 0
		1	4 Other	12c
				0 0
		-		12d
				d d
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income	tax 18 Local wages, tips, etc. 1	9 Local income tax 20 Locality name
DE 1-510107337-001	3	-	3	

Wage and Tax Statement

REV 11/30/23 QBDT



Department of the Treasury—Internal Revenue Service

For Privacy Act and Paperwork Reduction
Act Notice, see separate instructions.

Void a Employee's social se	curity number	Copy D — F OMB No. 1545	5-0008		
b Employer identification number (EIN)			1 W	Vages, tips, other compensation	2 Federal income tax withheld
51-0107337				2	1110.0 0
c Employer's name, address, and ZIP code			3 S	Social security wages	4 Social security tax withheld
MITTEN CONSTRUCTION CO.				20105-02	1
			5 N	Medicare wages and tips	6 Medicare tax withheld
1420 E LEBANON RD				2213340)2	7
			7 S	Social security tips	8 Allocated tips
DOVER DE	19901-58	33			
d Control number			9		10 Dependent care benefits
e Employee's name, address, and ZIP code			11 N	Nonqualified plans	12a See instructions for box 12
VICTOR C ELZEY		III			q d e
			13 S	statutory Retirement Third-party mployee plan sick pay	12b
					0 4
			14 0	Other	12c
					0 0 0
		_			12d
					o d
21					TO SECURE OF THE
15 State Employer's state ID number 16 State w	vages, tips, etc.	17 State incom	ne tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality name
DE 1-510107337-001	2			6	

Wage and Tax Statement

REV 11/30/23 QBDT

5053

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction
Act Notice, see separate instructions.

Copy D - For Employer

Void a Employee's social security number	Copy D — Fo OMB No. 1545-		
b Employer identification number (EIN)		1 Wages, tips, other compensation	2 Federal income tax withheld
51-0107337		***************************************	
c Employer's name, address, and ZIP code		3 Social security wages	4 Social security tax withheld
MITTEN CONSTRUCTION CO.		0	9333760
		5 Medicare wages and tips	6 Medicare tax withheld
1420 E LEBANON RD		0	TEPPEN
		7 Social security tips	8 Allocated tips
DOVER DE 19901-5	833		
d Control number		9	10 Dependent care benefits
		The Late of the La	
e Employee's name, address, and ZIP code		11 Nonqualified plans	12a See instructions for box 12
EBEN P ROBERTS			0 0
		13 Statutory Retirement Third-party sick pay	12b
			G d
	ļ .	14 Other	12c
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15 State Employer's state ID number 16 State wages, tips, etc.	17 State income	tax 18 Local wages, tips, etc. 1	9 Local income tax 20 Locality name
DE 1-510107337-001			
T I			

Wage and Tax Statement

REV 11/30/23 QBDT

5053

Department of the Treasury-Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Void a Employee's social security number	Copy D — For Employer OMB No. 1545-0008	
b Employer identification number (EIN)	1 Wages, tips, other compensation	2 Federal income tax withheld
51-0107337		75000
c Employer's name, address, and ZIP code	3 Social security wages	4 Social security tax withheld
MITTEN CONSTRUCTION CO.	1.	200179
	5 Medicare wages and tips	6 Medicare tax withheld
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	7 Social security tips	8 Allocated tips
DOVER DE 19901-5	333	
d Control number	9	10 Dependent care benefits
e Employee's name, address, and ZIP code	11 Nonqualified plans	12a See instructions for box 12
SCOTT B VAN GOOR		d e
	13 Statutory Retirement Third-party employee plan sick pay	12b
		o d e
	14 Other	12c
	120	d e
		12d
		d e
15 State Employer's state ID number 16 State wages, tips, etc.	17 State income tax 18 Local wages, tips, etc.	19 Local income tax 20 Locality name
DE 1-510107337-001		

Form W-2 Wage and Tax Statement

REV 11/30/23 QBDT

5053

Department of the Treasury—Internal Revenue Service

For Privacy Act and Paperwork Reduction

Act Notice, see separate instructions.

Davis, DaQuan (DNREC)

From:

Mitten Construction <office@mittenconstruction.net>

Sent:

Wednesday, October 30, 2024 2:49 PM

To:

WHStransporters

Subject:

Re: Delaware Solid Waste Transporter Permit Application

Section 8 - We only dump in Sandtown.

Section 9(b) - No, we do not have transporter permits in other states.

Section 14 - Yes, the W-2's currently represent all of our drivers that will be using the DSWA facility.

If you have any questions or need additional information, please contact the office. Thank you!

Sincerely, Jackie M. Roberts Sr. Vice President

Mitten Construction Co. P.O. Box 904 Dover, DE 19903

PH: (302) 697-2124 FAX: (302) 697-2242

From: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> on behalf of WHStransporters

<WHStransporters@delaware.gov>

Sent: Wednesday, October 30, 2024 1:57 PM

To: Mitten Construction <office@mittenconstruction.net> **Subject:** Delaware Solid Waste Transporter Permit Application

Hi Ms. Roberts,

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 8- Does Mitten Construction Co. only dump at the Delaware Solid Waste Authority (DSWA) locations like Sandtown?
- Section 9(b)- Do you have other state solid waste permits?
- Section 14- Do the W-2s represent all drivers for Mitten Construction Co.? If not, please provide a list of all drivers.

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

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