

RECEIPT

DATE

10/30/24

No.

628117

RECEIVED FROM

MK Services LLC

\$

350.00

Three hundred fifty and $\frac{00}{100}$

DOLLARS

 FOR RENT FOR

DE-SW-2096 New App

ACCOUNT	
PAYMENT	
BAL. DUE	

 CASH CHECK MONEY
ORDER CREDIT
CARD

FROM

62-8/311

TO

BY

M.M.



RECEIVED

OCT 30 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

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- _____ Expiration Date _____

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

- 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 MK Services LLC

Location Address:	Mailing Address:
261 N Caroline Pl.	261 N Caroline Pl.
Dover	Dover
DE 19904	DE 19904

Contact: MARTIN SEVCIK Title: OWNER

Business Phone: 302-750-2341 Fax: _____

E-mail: info@mkdumpsters.com

24 hr Emergency Contact Phone: ██████████

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: DE
- 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 1.0 - 4 (b)

(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 2.0 - 5
- 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) 3.0-8(b)
 - 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) 3.0-8(b)
 - Out of state solid waste TSD facilities: (attachment) 3.0-8(b)

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# 4149521 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. 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:

	FOR-HIRE INTERSTATE	ALL OTHERS
Residential Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input checked="" type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input checked="" 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 checked="" 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 4.0

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 5.0

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

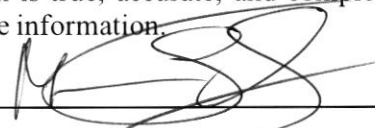
15. Environmental Record

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 10/30/2024
Print Name Martin Sevcik Title owner

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

ATTACHMENT 1.0 - 4 (b)

Martin Sevcik OWNER

261 N Caroline Pl.
Dover DE 19904



100% OWNERSHIP of MK Services, LLC

ATTACHMENT 2.0 - 5

1. Business Address

261 N Caroline Pl.
Dover DE 19904

2. Dumpster Trailer storage location/parking location

921 Middletown Warwick Rd.
Middletown, DE 19709

ATTACHMENT 3.0 – 8(b)

1. Delaware Solid Waste Authority Locations

- 1.1 Cherry Island Landfill [1706 E 12th St, Wilmington, DE 19809](#)
- 1.2 Sandtown Landfill [1107 Willow Grove Rd, Felton, De 19943,](#)
- 1.3 Jones Crossroads Landfill [28560 Landfill Lane, Georgetown, De 19947](#)

2. Delaware Recyclable Products, Inc.

- 2.1 Middletown Materials [1559 Cedar Lane Rd, Middletown, DE 19709](#)

3. Other in-state solid waste facilities

- 3.1 Revolution Recovery [1101 Lambson Ln, New Castle, DE 19720](#)

4. Out of state solid waste TSD facilities

- 4.1 L&S Demo Recycling [884 Brook Rd, Conshohocken, PA 19428](#)
- 4.2 Cecil County Central Landfill [758 E Old Philadelphia Rd, Elkton, MD 21921](#)

ATTACHMENT 4.0 SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

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) Oil Spill absorbent
- 7) shovel and broom for cleaning
- 8) Warning Triangles
- 9) Battery Power pack with jumpers for dump trailers

All loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the disposal facility & at the facility!

Driver will perform the following pre-trip inspections:

- 1). Always secure load on a job site
- 2). Go over safety checklist for trailer – lights, breaks, signals and tarp lock
- 3). Check all connections of trailer to the truck/van (coupler, chains and electric wire + check the quality of the wire)

In case of 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:

Martin Sevcik (owner) [REDACTED]

Management at the landfill facility – if situation occur in the landfill area

911 & DRNEC – if situation occur during transport or if parked at any other public location / road

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

Maryland: 911 or 410-537-3000

New Jersey: We do not serve NJ Area!

Pennsylvania: 911 or 484-250 - 5900

The designated coordinator will contract for clean-up services with another company.

No company on our list. Company will be picked per service location and availability!

This plan will be carried in all vehicles, along with the permit.

ATTACHMENT 5.0 Driver Training & Vehicle operators

MK SERVICES LLC has currently 2 vehicle operators

Martin Sevcik (owner)

261 N Caroline Pl. Dover DE 19904 [REDACTED] DE LICENSE [REDACTED]

I've been driving since I was 16. When I was 23; I was hired by construction company and have been driving their company trucks and trailers without any accident. They have variety of trailers

Sizes: 12ft – 24ft

Types: utility, flatbed, dump trailers

I do not have CDL license but I am in a process of getting one within next couple of months.

Skipper Schilling (CDL DRIVER)

[REDACTED] DE COMMERCIAL LICENSE [REDACTED]

Mr. Schilling was hired as CDL driver; based on his previous multiple year experience of driving for US FOODS. He's a new addition to a company, technically a main driver based on his CDL certification.

As we're technically new company that is not fully ready for a full time employee, Mr. Schilling is working for us as independent contractor based on need.

As a company we do make sure that his CDL and any DOT requirements are fully in order. Truck and Van goes through required inspection every year; as well as trailers are properly maintained at the shop! With proper management of the fleet, we assure that every car or trailer won't be breaking any rule or law!

Mr. Schilling was trained in the beginning during his employment about proper handling of the solid waste – from dumpster delivery to pick up, hauling and disposal!

With applying for this permit; we will have a new training going over rules and regulations that apply with this permit as a public waste hauler.

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
RAM - 3500 - 2020	PICK UP TRUCK	3C63RRJL7LG23923	C477074 DE	14,000	Martin Sevcik dba MK Services
NISSAN - 3500HD - 2012	VAN	5BZAF0AA0CN200216	CL92407 DE	9,430	Martin Sevcik dba MK Services
COVERED WAGON - PROSPECTOR - 2024	DUMP TRAILER	53FBN1623RF093583	532-0618 ME	16000	Martin Sevcik dba MK Services
COVERED WAGON - PROSPECTOR - 2024	DUMP TRAILER	53FBN1627RF093585	532-0617 ME	16000	Martin Sevcik dba MK Services
COVERED WAGON - PROSPECTOR - 2024	DUMP TRAILER	53FBN1427RF091063	532-0616 ME	16000	Martin Sevcik dba MK Services
COVERED WAGON - PROSPECTOR - 2024	DUMP TRAILER	53FBN1627RF091447	532-0614 ME	16000	Martin Sevcik dba MK Services
COVERED WAGON - PROSPECTOR - 2024	DUMP TRAILER	53FBN162XRF093676	535-1948 ME	16000	Martin Sevcik dba MK Services
COVERED WAGON - PROSPECTOR - 2024	DUMP TRAILER	53FBN1621RF093419	535-1951 ME	16000	Martin Sevcik dba MK Services
COVERED WAGON - PROSPECTOR - 2024	DUMP TRAILER	53FBN1625RF091432	T35813 DE	16000	Martin Sevcik dba MK Services
COVERED WAGON - PROSPECTOR - 2023	DUMP TRAILER	53FBN1629PF089244	T23350 DE	14000	Martin Sevcik dba MK Services
COVERED WAGON - PROSPECTOR - 2024	DUMP TRAILER	53FBN1229RF091293	532-0615 ME	12000	Martin Sevcik dba MK Services
COVERED WAGON - PROSPECTOR - 2024	DUMP TRAILER	53FBN1224RF091296	535-1950 ME	12000	Martin Sevcik dba MK Services
COVERED WAGON - PROSPECTOR - 2024	DUMP TRAILER	53FBN1225RF091307	535-1949 ME	12000	Martin Sevcik dba MK Services




CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/09/2024

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. 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).

PRODUCER  Stefanie Wooten 14 E Main St Middletown, DE 19709	CONTACT NAME: Marissa Eide PHONE (A/C, No, Ext): 302-378-8885 FAX (A/C, No): 302-378-7885 E-MAIL ADDRESS: marissa@letusprotectyou.com	
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : State Farm Mutual Automobile Insurance Company 25178 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
INSURED Sevcik, Martin 261 N Caroline Pl Dover, DE 19904-7735		

COVERAGES **CERTIFICATE NUMBER:** **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	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	079 9525-D06-08A	04/06/2024	10/06/2024	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 500,000 BODILY INJURY (Per accident) \$ 500,000 PROPERTY DAMAGE (Per accident) \$ 500,000 \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER Department of Natural Resources and Environmental Control 89 Kings Highway Dover, DE 19901	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 Completed by an authorized State Farm representative. If signature is required, please contact a State Farm agent.
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Davis, DaQuan (DNREC)

From: Martin Sevcik <info@mkdumpsters.com>
Sent: Friday, November 1, 2024 12:57 AM
To: WHStranporters
Subject: Re: Delaware Solid Waste Transporter Permit Application
Attachments: _COI-DODGE 2024.pdf

Good morning,

Sorry I was waiting for insurance to send me updated document.

I also forgot that since then we up the limits to 1mil per DOT requirements, when they perform their inspection.

I hope this fulfills everything.

Thank you and have a great day!
Martin Sevcik

Get [Outlook for iOS](#)

From: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> on behalf of WHStranporters <WHStranporters@delaware.gov>
Sent: Wednesday, October 30, 2024 3:27:06 PM
To: Martin Sevcik <info@mkdumpsters.com>
Subject: Delaware Solid Waste Transporter Permit Application

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 10- The Certificate of Insurance that you submitted was not up-to-date and expired 10/6/24. Please send an up-to-date Certificate of Insurance.

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

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 dnrec.delaware.gov





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/31/2024

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PRODUCER State Farm Insurance Stefanie Wooten Agency 14 E Main St Middletown, DE 19709	CONTACT NAME: Tonya PHONE (A/C, No, Ext): 302-378-8885 E-MAIL ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED SEVCIK, MARTIN 261 N CAROLINE PL DOVER DE 19904	INSURER A : State Farm Mutual Automobile Insurance Company	NAIC # 25178
	INSURER B :	<input type="checkbox"/>
	INSURER C :	<input type="checkbox"/>
	INSURER D :	<input type="checkbox"/>
	INSURER E :	<input type="checkbox"/>
	INSURER F :	<input type="checkbox"/>

COVERAGES **CERTIFICATE NUMBER:** **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	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			079 9525-D06-08C	10/06/2024	04/06/2025	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1000000 BODILY INJURY (Per accident) \$ 1000000 PROPERTY DAMAGE (Per accident) \$ 1000000 \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / <input type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
2020 DODGE RAM 3500 VIN#3C63RRJL7LG239293

CERTIFICATE HOLDER Department of Natural Resources and Environmental Control, Compliance and Permitting Section	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 Completed by an authorized State Farm representative. If signature <input type="checkbox"/>
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