

# RECEIPT

DATE

03/14/25

No.

927953

RECEIVED FROM

John Macklin &amp; Son Inc.

\$

350.00

Three hundred fifty and <sup>00</sup>/<sub>100</sub>

DOLLARS

 FOR RENT FOR

DE-SW-10/2D

ACCOUNT	
PAYMENT	
BAL. DUE	

 CASH CHECK MONEY  
ORDER CREDIT  
CARD

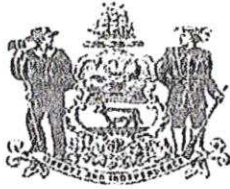
FROM

38786

TO

BY

M.M.



RECEIVED

MAR 14 2025

DNREC - WHS

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

89 KINGS HIGHWAY
DOVER, DELAWARE 19901

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

SOLID WASTE TRANSPORTER PERMIT APPLICATION

Language Preference:

Instructions: You must complete this application in its entirety and attach all applicable documentation.
(Note: For applicants renewing an existing permit, this application requires the submission of updated information and documentation. References to material submitted under previous applications are no longer accepted.)

The application must be signed by the company owner or a corporate officer. A check or money order payable to the "State of Delaware" must accompany this application and be sent to:

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

1. Type of Permit

- New - SCRAP TIRES ONLY Submit a check or money order, payable to the "State of Delaware," in the amount of \$75.00.
New - ALL OTHERS Submit a check or money order, payable to the "State of Delaware" in the amount of \$350.00.
Renewal: Permit # DE-SW- 1012 D 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 JOHN MACKLIN AND SON INC

Location Address:	Mailing Address:
<u>18687 JOHNSON RD</u>	<u>SAME</u>
<u>LINCOLN, DE 19966</u>	

Contact: Janet Macklin Title: OWNER

Business Phone: 302-422-0960 Fax: N/A

E-mail: johnmacklinandson@comcast.net

24 hr Emergency Contact Phone: JANET MACKLIN 

**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: LINCOLN State: DE Date: 2005 - MAY

Municipality

Public institution

Limited Liability Corporation (LLC) State: \_\_\_\_\_

Other: (must specify) S CORPORATION

(b). For each Owner, Partner, or Corporate Officer, attach a list with name, title, mailing address, date of birth, and % ownership. Include all stockholders owning greater than 5% outstanding shares.

Attachment \_\_\_\_\_

(c). If company is owned by or affiliated with a parent company, attach parent company name, address & mailing address, and % ownership.

Attachment \_\_\_\_\_

No parent company

**5. Company locations in Delaware**

List name and street address of each company location, including freight terminals, within the State of Delaware.

- Attachment \_\_\_\_\_  
 No Delaware locations

18687 JOHNSON Rd  
LINCOLN, DE 19960

**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  N/A

(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) \_\_\_\_\_
  - 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 \_\_\_\_\_ *N/A*
- 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 \_\_\_\_\_ *N/A*
- No transporter permits in other states

- (c). Indicate your Federal DOT number and Motor Carrier number:

DOT# 959869 MC# N/A

- 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.

*WE DO NOT CROSS STATE LINE*

**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     X    

### 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     X

### 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 *n/a gm*

### 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 *Janet E. Macklin* Date *2/14/05*  
Print Name *JANET E MACKLIN* Title *owner*

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

# JOHN MACKLIN AND SON DEMOLITION

302-422-9731

(Serving you with a smile since 1977)

Janet E Macklin 100 percent shares Owner and President

18687 Johnson Road

Lincoln, Delaware

Sandtown Landfill - 1107 Willow Grove Rd. Felton, DE 19943 302-284-8851

Jones Crossroads – 28560 Landfill Ln. Georgetown, DE 19947 302-875-3448

Stockley material Brush and Concrete 302-856-7601

Georgetown and Lewes De

*SAFETY MANUAL Per  
Dunn*

**REGULATIONS**  
**OF THE**  
**DELAWARE SOLID WASTE**  
**AUTHORITY**



**DELAWARE SOLID WASTE AUTHORITY**

Adopted December 3, 2015



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/13/2025

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

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

PRODUCER FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060	CONTACT NAME: CLIENT CONTACT CENTER PHONE (A/C, No, Ext): 888-333-4949      FAX (A/C, No): 507-446-4664 E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM	
	INSURERS AFFORDING COVERAGE      NAIC # INSURER A: FEDERATED RESERVE INSURANCE COMPANY      16024 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED JOHN MACKLIN & SON INC 18687 JOHNSON RD LINCOLN, DE 19960-2641		

## COVERAGES


CERTIFICATE NUMBER: 63

REVISION NUMBER: 0

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	N	N	6133007	07/19/2024	07/19/2025	EACH OCCURRENCE      \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence)      \$100,000 MED EXP (Any one person)      EXCLUDED PERSONAL & ADV INJURY      \$1,000,000 GENERAL AGGREGATE      \$2,000,000 PRODUCTS & COMPIOP ACC      \$2,000,000	
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	6133007	07/19/2024	07/19/2025	COMBINED SINGLE LIMIT (Ea accident)      \$1,000,000 BODILY INJURY (Per Person) BODILY INJURY (Per Accident) PROPERTY DAMAGE (Per Accident)	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION	N	N	6133008	07/19/2024	07/19/2025	EACH OCCURRENCE      \$1,000,000 AGGREGATE      \$1,000,000	
A	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	N	1806559	07/19/2024	07/19/2025	<input checked="" type="checkbox"/> PER STATUTE    OTHER E.L. EACH ACCIDENT      \$500,000 E.L. DISEASE -EA EMPLOYEE      \$500,000 E.L. DISEASE - POLICY LIMIT      \$500,000

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

<b>CERTIFICATE HOLDER</b> STATE OF DELAWARE DNREC AND ENVIRONMENTAL CONTROL COMPLIANCE AND PERMITTING SECTION 89 KINGS HWY DOVER, DE 19901-7305	<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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# STATE OF DELAWARE

## Department of Finance Division of Revenue

ACTIVE BUSINESS LICENSE  
2003105176

EXPIRES

01/01/2025 - 12/31/2027

ISSUED TO

JOHN MACKLIN & SON INC  
18687 JOHNSON RD  
LINCOLN DE 19960-2641

LOCATION

JOHN MACKLIN & SON INC  
18687 JOHNSON RD  
LINCOLN, DE 19960-2641

TRADE, BUSINESS OR  
PROFESSIONAL ACTIVITY

RESIDENT CONTRACTOR

ISSUED: 12/18/2024  
FEE PAID: \$225.00

Is hereby licensed to practice, conduct, or engage in the occupation or business activity indicated above in accordance with the license application duly filed pursuant to Title 30, Delaware Code.



2027

POST CONSPICUOUSLY - NOT TRANSFERABLE



IN THE EVENT THERE IS A SPILL

ASSESS ANY RISK.

1. NO HAZARDOUS WASTE HAILED \*
2. CONFINE DEBRIS SPILL
3. CORRECT THE PROBLEM
4. REMOVE ANY DEBRIS - BOARDS. DEMOLITION DEBRIS,  
FROM ANY SPILL AREA THAT COULD CREATE A  
DANGEROUS SITUATION.
5. REPORT ANY INCIDENCE TO OFFICE ASAP.

SEE COPY OF DSWA Regulation Book Required  
TO BE READ BY ALL DRIVERS.

J Macpherson

Sign John Macpherson



## 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).

(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). CHECK TIRES MAKE SURE FIRE EXTINGUISHER WORKS/DATED
- 2). CHECK LOOSE TREADS CHECK FOR SAFETY CONES - FLASHER IF NEEDED

(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: *IGNET or Johnny MACKIN*

Phone: 

(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.)

Maryland:

New Jersey:

(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.

## Davis, DaQuan (DNREC)

---

**From:** Davis, DaQuan (DNREC) on behalf of WHStranporters  
**Sent:** Friday, March 21, 2025 11:08 AM  
**To:** JOHNMACCLINANDSON@COMCAST.NET  
**Subject:** RE: Incomplete Solid Waste Transporter Permit Application (John Macklin + Son Inc.)

**Categories:** Egress Switch: Unprotected

This attachment is sufficient.

Thank you,



### DaQuan L. Davis

Environmental Scientist

**Division of Waste and Hazardous Substances**

302-739-9403

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

89 Kings Hwy SW, Dover, DE 19901

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



---

**From:** JOHNMACCLINANDSON@COMCAST.NET <JOHNMACCLINANDSON@COMCAST.NET>  
**Sent:** Thursday, March 20, 2025 2:47 PM  
**To:** WHStranporters <WHStranporters@delaware.gov>  
**Subject:** Re: Incomplete Solid Waste Transporter Permit Application (John Macklin + Son Inc.)

Thank you Mr Davis for bringing the items to my attention. Please see the attached. Do you need me to send you the copy of the full DSWA Regulation Manuel consisting of 12 pages and is in each drivers file signed that it has been read? I only sent the front cover before, Please let me know.

Thank you as always,  
Janet

Janet E Macklin - President  
Proposal Consultant  
John Macklin and Son Inc  
18687 Johnson Road  
Lincoln, DE 19960  
302-422-9731  
302-245-0796

**SENDER REQUEST READ RECEIPT**

**"Serving you with a smile since 1976"**

On 03/20/2025 2:13 PM EDT WHStranporters <[whstranporters@delaware.gov](mailto:whstranporters@delaware.gov)> wrote:

Hi Ms. Macklin,

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 DOT number you provided is invalid; however, it is not a requirement.

\* Section 12- Please provide driver training. Requirements include:

(a). 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.

\* Section 13- What is the manufacturer's GVWR of the international truck?

\* Section 14-You did not provide a list of vehicle operators.

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

Thank you,

[cid:image001.png@01DB99A1.4B08E4A0]<<https://dnrec.alpha.delaware.gov/>>

DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

[cid:image002.png@01DB99A1.4B08E4A0] 302-739-9403

[cid:image003.png@01DB99A1.4B08E4A0]

[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)<<mailto:WHStranporters@delaware.gov>>

[cid:image004.png@01DB99A1.4B08E4A0] 89 Kings Hwy SW, Dover, DE 19901

[cid:image005.png@01DB99A1.4B08E4A0] [dnrec<.delaware.gov" target="\\_blank" rel="noopener">https://dnrec.alpha.delaware.gov/>.delaware.gov](https://dnrec.alpha.delaware.gov/)<<https://dnrec.alpha.delaware.gov/>>

[cid:image006.png@01DB99A1.4B08E4A0] <<https://twitter.com/DelawareDNREC>>

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<<https://www.facebook.com/DelawareDNREC>>

[cid:image008.png@01DB99A1.4B08E4A0] <<https://www.youtube.com/DelawareDNREC>>

## 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.

SCAN  
13714

- (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 \_\_\_\_\_

ALL DRIVERS ARE MADE TO ACKNOWLEDGE

DVR INSPECTIONS. PER TRUCK INSPECTIONS

TRUCK A.M. CHECK:

1. CHECK OIL + FUEL
2. CHECK ALL BELTS
3. ARE THERE ANY LEAKS VISIBLE - INCLUDING BRAKE CHAMBERS
4. CHECK FOR AMOUNT OF RADIATOR FLUIDS
5. WINDSHIELD FLUIDS
6. ANY LOOSE ITEMS. - EXHAUST, MUDFLAPS, ELEC LINES.

CHECK ALL MIRRORS, BRAKES, TRAILER CONNECTIONS (COUPLING AREA)

CHECK TIRES FOR PRESSURE, CHECK LUG NUTS - AIR PRESSURE GAUGES

AIR BRAKE TEST

CHECK ALL LIGHTS AND REFLECTORS

EMERGENCY EQUIPMENT & DATES

CDL AS REQUIRED WITH PHYSICAL

DRIVERS LICENSE ARE COPIED YEARLY + FILED

EACH DRIVER IS REQUIRED TO DRIVE WITH  
JOHN E MACKLIN FOR ONE WEEK, OR LONGER  
IF APPLICABLE.

NO CELL PHONE  
TO BE USED FOR  
CALLS OR TEXTING

\* ALWAYS CHECK TARP CONDITIONS AS ALL MATERIAL  
MUST BE COVERED + SECURE.

SIGN: 

Hi Ms. Macklin,

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 DOT number you provided is invalid; however, it is not a requirement.

\* Section 12- Please provide driver training. Requirements include ATTACHED Scan 13714

(a). 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. Handbook cover was sent that is in each employee file as read.

Cory Calhoun De [REDACTED]

[REDACTED] John Macklin Jr [REDACTED]

\* Section 13- What is the manufacturer's GVWR of the international truck? 32,000

\* Section 14-You did not provide a list of vehicle operators. Above