

RECEIPT

DATE

03/26/25

No.

927970

RECEIVED FROM

D&S Recycling

\$

350.00

Three hundred fifty and ⁰⁰/₁₀₀

DOLLARS

☐ FOR RENT☒ FOR

DE-SW 087910

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY
ORDER☐ CREDIT
CARD

FROM

D&S

TO

BY

M.M.



RECEIVED

MAR 26 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. 0879-D
- ☐ Renewal: Permit # DE-SW- 30450 Expiration Date 3-31-25

Please indicate the term for which you desire your permit to be issued. Submit a check or money order, payable to the "State of Delaware," for the indicated permit fee.

SCRAP TIRES ONLY

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

ALL OTHERS

- ☒ One Year - \$350.00
- ☐ Two Years - \$650.00
- ☐ Three Years - \$950.00
- ☐ Four Years - \$1250.00
- ☐ Five Years - \$1550.00

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

D+J Recycling
609 N.E. front st
Milford, Del. 19963

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) Saw Dust Based Horse Manure
☐ 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

Attachment- Blessing Blends (Compost)
7-A 9372 Droper Rd, Milford, Del 19963

ATTACHMENT

~~2-B~~ 2-B

50% - Randall D Kenton

DB -

Vice President

50% - Frederick J Kenton

DB -

President

Attachment ~~3A~~ 4-B

D S W A - Sandtown

D S W A - Jones Crossroads Milobond

Farmington - Transfer - Republic

Blessings Blends - Miford - Horse Manure only

Attachment ~~4~~ 4-B

DSWA - Sandtown

DSWA - Jones Crossroads Michael

Farmington - Trunk - Republic

Blossing - Benda - Midland - Horse Manure only

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 D & J Recycling

Location Address:	Mailing Address:
<u>609 N.E. Front St</u>	<u>PO Box 411</u>
<u>Milford, Del. 19963</u>	<u>Milford, Del. 19963</u>

Contact: Randall D Kenton Title: Vice President

Business Phone: 302-242-3663 Fax: —

E-mail: [REDACTED]

24 hr Emergency Contact Phone: 302-242-3663

4. Company Ownership Information

(a). Please indicate the company type: Sub S

☐ Proprietorship

☐ Partnership

☒ Corporation - If company is a corporation, indicate city, state, and date of incorporation.

City: Milford State: De Date: 1982

☐ 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 parent company, attach parent company name, address & mailing address, and % ownership.

☐ Attachment _____

☒ No parent company

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) X
 - ☐ Out of state solid waste TSD facilities: (attachment) _____

9. Other Transporter Permits

- (a). Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)
- ☐ Attachment _____
- ☒ Not applicable-No transporter permit required for these solid waste types in our home state.

- (b). List solid waste transporter permits held in other states.

☐ Attachment _____

☒ No transporter permits in other states

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

DOT# 528263 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

Attachment 8-B

D S W A Sanctown

D S W A Jonestown Crossroads - Millsboro

Republics - farmington transfer

Blessing Blends - Milford

- (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 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 checked="" 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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/12/2025

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 Fetterman Agency Inc. 200 N Rehoboth Blvd Milford DE 19963	CONTACT NAME: Cory Fetterman PHONE (A/C, No, Ext): (302) 422-3079 E-MAIL ADDRESS: cory@fettermanins.com FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: NEXT INSURER B: PROGRESSIVE INSURER C: INSURER D: INSURER E: INSURER F:
INSURED D & J Recycling Inc. PO BOX 411 MILFORD DE 19963-0411	NAIC #

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	ADDL INSD	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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y		06/07/2024	06/07/2025	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
	MED EXP (Any one person) \$ 15,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY				11/02/2024	11/02/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	BODILY INJURY (Per person) \$						
	BODILY INJURY (Per accident) \$						
	PROPERTY DAMAGE (Per accident) \$						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						EACH OCCURRENCE \$
	AGGREGATE \$						
	\$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	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**CANCELLATION**

DNRC 89 KINGS HWY 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 Cory A Fetterman
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#21

RAN TRUCK

D & J RECYCLING, INC.
609 N. E. FRONT STREET
MILFORD, DE 19963
302-422-0163
FAX: 302-424-2411

DAILY SAFETY & CONTROL SPILL PLAN
"NOTICE"

TO ALL DRIVERS-THIS IS A MUST!
THIS PLAN MUST REMAIN IN ALL VEHICLES ALONG WITH PERMIT!

THESE STEPS WILL BE FOLLOWED EVERYDAY!!

1. COMPLETE YOUR 15 MINUTE PRE-TRIP INSPECTION!
2. COMPLETE DAILY TRIP SHEETS & LOG BOOKS.
3. CHECK OFF SPILL CONTROL & SAFETY EQUIPMENT CHECKLIST.

1. CELL PHONE
2. REFLECTORS AND/OR FLARES
3. FIRE EXTINGUISHER
4. FIRST-AID KIT
5. HEAVY-DUTY RUBBER GLOVES
6. HARD HAT
7. SAFETY GOGGLES
8. FLASHLIGHT
9. OIL ABSORBANT
10. PUSH BROOM
11. SHOVEL
12. TARP
13. RUBBER STRAPS

4. TARPING PROCEDURES:

ALL LOADS WILL BE TARPED TIGHTLY & SECURELY TO PREVENT ANY
ACCIDENTAL DISCHARGE OF WASTE DURING TRANSPORT TO THE DISPOSAL
FACILITY.

5. IN CASE OF EMERGENCY SPILL OR ACCIDENT:

1. CALL 911 DE 302-739-6092, OR 1-800-662-8802
2. CALL D&J RECYCLING, INC. OFFICE: 302-422-0163

6. EMERGENCY SPILL PLAN OF ACTION:

1. CONTROL SPILL COORDINATOR
RANDALL D. KENTON 302-242-3663
2. MINOR SITUATIONS WILL BE HANDLED FROM INHOUSE CREW
ADDITIONAL OIL ABSORBENT, BROOMS, SHOVELS, AND LABORERS
ARE ON STANDBY AT HOMEBASE SHOP.
3. MAJOR SITUATIONS WILL BE HANDLED BY CONTACTING PROFESSIONAL
HELP: LOCAL FIRE DEPT., AND/OR DNREC

RESPECTFULLY,

DUANE A. KENTON SR.—PRES.
D & J RECYCLING, INC.

#12

RANDALL KENTON HAS 35 YEARS
EXPERIENCE DRIVING THE TRUCK- HE
WAS TRAINED BY MYSELF FROM
THE START.

DUANE KENTON

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 Randall D Kenton Date 3-14-25
Print Name Randall D Kenton Title Vice President

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

INSURANCE IDENTIFICATION CARD - Delaware

Policy Number: 974534808

NAIC Number: 11770

Effective Date: 11/02/2024

Expiration Date: 11/02/2025

Policy Type: Commercial

Insurer: United Financial Casualty Company 1-800-444-4487

PO Box 94739 Cleveland, OH 44101

Named Insured(s):

D&J RECYCLING, INC

Your Agent:

FETTERMAN AGENCY INC 1-302-422-3079

200 N REHOBOTH BLVD

MILFORD, DE 19963

Year Make

Model

VIN

2015 MACK

700

1M2AX04C6FM024840

[illegible]

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.

[illegible]

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. The OMB Control Number for this collection is 2126-0006. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, gathering existing data needed, reviewing and validating the data, collecting the data, reviewing and validating the data, completing and reviewing the collection of information, and transmitting the information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington, DC 20503, Paperwork Project (0172-0182).



U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate

(For Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** Kenton

First Name: Randall

In accordance with (please check only one):

- ☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) **OR**
☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

☒ Wearing corrective lenses

☐ Accompanied by a

☐ waiver/exemption

☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)

☐ Wearing hearing aid

☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate

☐ Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

1-16-26

Medical Examiner's Signature

Elizabeth Stewart-Jones AAF-C

Medical Examiner's Telephone Number

302-698-4441

Date Certificate Signed

1-16-25

Medical Examiner's Name (please print or type)

ELIZABETH STEWART-JONES AAF-C

☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify)

Medical Examiner's State License, Certificate, or Registration Number

LB 0000221

Issuing State

DE

National Registry Number

8417288073

Driver's Signature

Randall D. Kenton

Driver's License Number

X DE 145083

Issuing State/Province

X DE

Driver's Address

Street Address: 716140 Pittsgrove Rd City: Farmington

State/Province: X DE

Zip Code: 19963

CLP/CDL Applicant/Holder

Yes ☐ No ☒



STATE OF DELAWARE
Motor Vehicle Registration Card

Good Only When Signed On Back

VEHICLE MAY BE TRANSFERRED AND RE-REGISTERED WITHIN 60 DAYS BEFORE EXPIRATION
DATE OF EXPIRATION: 05/03/2026

REGISTRATION FEE
\$182.90

VEHICLE IDENTIFICATION NUMBER	VEHICLE TYPE	VEHICLE COLOR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE YEAR
CL52987	713	CC	1M2AX04C6FM024840	NEW	WHI /			
MACK 2015								
04/27/2016	05/03/2026							
65,000	55,000							

DAJ RECYCLING INC
612 NE FRONT STREET
EXT
MILFORD DE 19963

202405038787000001 127 RSH \$2260.00 R3 CL052887

Davis, DaQuan (DNREC)

From: randall Kenton <randallkenton@gmail.com>
Sent: Thursday, April 3, 2025 4:32 PM
To: WHStranporters
Subject: Pre trip inspection/ revised
Attachments: 20250403_162340.jpg; 20250403_150006.jpg

Davis, DaQuan (DNREC)

From: randall Kenton <randallkenton@gmail.com>
Sent: Thursday, April 3, 2025 1:15 PM
To: WHStranporters
Subject: Re: Incomplete DE SW Transporter Permit Application (DE-SW-0879D)

Follow Up Flag: Follow up
Flag Status: Flagged

I will get this to you ASAP.

On Thu, Apr 3, 2025, 12:20 PM WHStranporters <WHStranporters@delaware.gov> wrote:

Hello Mr. Kenton,

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 9(c)**- The DOT# number provide is inactive. Please provide one unless you are not For-hire. *For-hire* means transporting passengers, regulated property, or household goods owned by others for compensation. Do you transport any of the following?
- **Section 11**- The spill control plan is missing an emergency contact (name and phone number) and pre-trip inspections. Please update this plan and add the contact information/pre-trip inspections.

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

Thank you,



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



Inspect the exhaust system for leaks, and ensure it is properly
leaking and securely mounted. ⚡

2. Front Brakes:

- Check brake drums for cracks, and brake lining for cracks or damage. ⚡

3. Front Wheels:

- Inspect tires for abrasions, bulges, cuts, and ensure proper inflation pressure (120 PSI) and minimum tread depth (4/32 inch).
- Check wheels for cracks or bends. ⚡

4. Steering:

- Inspect steering wheel for damage and ensure it's functioning correctly. ⚡

5. Suspension:

- **Steer Axle:** Check U-bolts for cracks and ensure nuts are tight and not missing. Inspect leaf springs for cracks or shifting.
- **Rear Suspension:** Check spring mounts for cracks and secure mounting. ⚡

6. Side of Cab:

- Inspect mirrors for secure mounting and no broken glass. ⚡

7. Rear of Cab:

- Check electrical cord for bare wires, corrosion, and inspect the plug. ⚡

8. Lights:

- Ensure all lights (headlights, tail lights, brake lights, turn signals, and reflectors) are clean, working, and properly aimed. ⚡

9. Mirrors:

- Ensure mirrors are clean, unbroken, and adjusted correctly. ⚡

10. Tires:

- Check tires for proper inflation, tread depth, and any damage. ⚡

11. Trailer (if applicable): N/A

- **Front of Trailer:** Check top rail for cracks or damage. ⚡

Emergency
Contact

Randall D Kentor
302-242-3663