

RECEIPT

DATE

12/30/24

No.

628192

RECEIVED FROM

Gary Simpson Contracting, LLC

\$

650.00

Six hundred fifty and ⁰⁰/₁₀₀

DOLLARS

☐ FOR RENT☒ FOR

DE-SW-1421

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY
ORDER☐ CREDIT
CARD

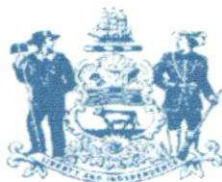
FROM

20560

TO

BY

M.M.



RECEIVED

DEC 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

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- 1421 Expiration Date 12/31/2024

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

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 Gary Simpson Contracting, LLC

Location Address:	Mailing Address:
1994 Fox Hunters Road	1994 Fox Hunters Road
Harrington, DE 19952	Harrington, DE 19952

Contact: Brandon Dennis Title: Member

Business Phone: 302-245-7506 Fax: _____

E-mail: simpsoncontracting1994@gmail.com

24 hr Emergency Contact Phone: 302-245-7506

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: MD
☐ 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

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

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) _____
 - ☐ 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 _____
- ☐ 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# 944655 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 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 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 _____

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.

- 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);
- 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;
- Describe how drivers are instructed in the following:
 - Knowledge of proper handling procedures for the type of solid waste being transported.
 - Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)
 - Familiarity with the conditions of the solid waste transporter's permit.

✓ Driver Training, attachment _____

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).
 - 2).
- (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: _____ 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.

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 Brandon Dennis Date 12-3-24
Print Name Brandon Dennis Title Member

****A legal owner or corporate officer must sign 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]

Amy Simpson – Member

1994 Fox Hunters Road

Harrington, DE 19952

Ownership- 70%

Kerrigan Simpson – Member

1994 Fox Hunters Road

Harrington, DE 19952

Ownership- 15%

Brandon Dennis

Ownership- 15%

Spill Control Plan

For Gary P. Simpson Contracting, LLC

1. Spill control and safety equipment carried in each vehicle:
 - a) Reflectors and/or flares
 - b) Fire extinguisher
 - c) First-aid Kit
 - d) Heavy-duty gloves, Hard hat
 - e) Flashlight
2. All loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transportation to the disposal facility.
3. The driver will perform the following pre-trip inspections:
 - a) Complete a full visual examination of vehicle and make sure no leakage under vehicle.
 - b) Check parking brake, to make sure it is in working order.
 - c) Open the hood and check to make sure that vehicle has adequate amounts of fluid. Also check to make sure drive belts, radiator, hoses, and frame rail.
 - d) Enter the driving compartment and make sure seatbelt, the mirrors are properly aligned, the windshield wipers work and the horn and lights of the vehicle are functioning normally. Turn on the defroster to make sure it works and check the dash for any warning lights. Check to make sure the accelerator does not stick. Check the steering wheel to see if it has excessive play.
 - e) Complete a walk-around of the vehicle. During the walk-around you must check the front of the vehicle including the grill and license plate. Also check the tires, frame rails and cross members, exhaust system, and the rear tailgate doors.
 - f) Check the vehicle's emergency kit to make sure you have a first aid kit, flares and a fire extinguisher.

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 person:

Name: Brandon Dennis

Phone: 302-245-7506

5. The designated person 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:

a) 911

b) 302-739-9401

c) 1-800-662-8802

6. The designated person will coordinate to have clean-up of the affected area from the spillage by contacting

Miller Environmental Group

Dover, DE 19904

Tel +1 (302) 653-0333

Tel +1 (800) 394-8606

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



**United Farm Family
Insurance Company**
An American National Company

BUSINESS AUTO DECLARATIONS
United Farm Family Insurance Co.

Transaction: Renew	Transaction Effective Date: 11/11/2024
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ITEM ONE

Named Insured and Address	Agent Name and Address
GARY P SIMPSON CONTRACTING LLC 1994 FOX HUNTERS RD HARRINGTON, DE 19952-4063	NATALIE M PARDEE 104 DELAWARE AVE HARRINGTON, DE 19952-1201

Policy Number: [REDACTED]	Form of Business: Limited Liability Corporation
Policy Period: Policy covers	FROM 11-11-2024 TO 11-11-2025 At 12:01 A.M. Standard Time at your mailing address

Forms and Endorsements Attached To This Policy: See Forms and Endorsement Schedule

ITEM TWO - Schedule Of Coverages And Covered Autos

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Autos	Limit	Premium
LIABILITY INSURANCE			
Combined Single Limit Liability	7,9	\$500,000 each accident	\$ 6,532
Personal Injury Protection (or equivalent No-Fault Coverage)	7	Separately stated in each applicable endorsement	\$ 662
Medical Payments		\$ ** each person	\$
Uninsured Motorists	7	\$ ** each accident	\$ 904
Uninsured Motorists Property Damage (when not included in Uninsured Motorists Coverage)		\$ each accident	\$
Underinsured Motorists (when not included in Uninsured Motorists Coverage)		\$ each accident	\$
PHYSICAL DAMAGE INSURANCE			
Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus the Deductible For Each Covered Auto			
Comprehensive	7	\$ ** Deductible	\$ 669
Specified Causes Of Loss		**	\$
Collision	7	\$ ** Deductible	\$ 3,976
Account Credit			No
Premium For Endorsements			\$
Estimated Total Premium *			\$ 12,743
*This Policy May Be Subject To Final Audit.			

David Allen

Delaware
J. Markel DIRECTOR

**COMMERCIAL
DRIVER'S LICENSE
NOT FOR FEDERAL ID**

1. Sex 16 M 2. Age 37 3. Height 5' 08" 4. Weight 195 lb 5. Eyes BLU 6. Hair BRN 7. Skin M 8. Restrictions NONE 9. License L202024427401C

10. Date of Birth 02/04/2020 11. Date of Expiration 12/20/2026 12. License Class CA 13. License Number [REDACTED] 14. License Status DENNIS 15. License Type RANDOM CONTROL

Spill Control Plan

For Gary P. Simpson Contracting, LLC

1. Spill control and safety equipment carried in each vehicle:
 - a) Reflectors and/or flares
 - b) Fire extinguisher
 - c) First-aid Kit
 - d) Heavy-duty gloves, Hard hat
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 - c) Open the hood and check to make sure that vehicle has adequate amounts of fluid. Also check to make sure drive belts, radiator, hoses, and frame rail.
 - d) Enter the driving compartment and make sure seatbelt, the mirrors are properly aligned, the windshield wipers work and the horn and lights of the vehicle are functioning normally. Turn on the defroster to make sure it works and check the dash for any warning lights. Check to make sure the accelerator does not stick. Check the steering wheel to see if it has excessive play.
 - e) Complete a walk-around of the vehicle. During the walk-around you must check the front of the vehicle including the grill and license plate. Also check the tires, frame rails and cross members, exhaust system, and the rear tailgate doors.
 - f) Check the vehicle's emergency kit to make sure you have a first aid kit, flares and a fire extinguisher.

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 person:

Name: Brandon Dennis

Phone: 302-245-7506

5. The designated person 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:
 - a) **911**
 - b) **302-739-9401**
 - c) **1-800-662-8802**
6. The designated person will coordinate to have clean-up of the affected area from the spillage.
7. This plan will be carried in all vehicles, along with the permit.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/23/2025

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 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 Natalie Pardee 104 Delaware Ave Harrington, DE 19952	CONTACT NAME: PHONE (A/C, No, Ext): 302-398-8827 E-MAIL ADDRESS: FAX (A/C, No): 302-398-8209																					
INSURED Gary P Simpson Contracting LLC 1994 Fox Hunters Rd Harrington, DE 19952	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Farm Family Casualty Insurance Company</td><td>13803</td></tr><tr><td>INSURER B:</td><td></td><td></td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Farm Family Casualty Insurance Company	13803	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER B:																						
INSURER C:																						
INSURER D:																						
INSURER E:																						
INSURER F:																						

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENTL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPI/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				11/11/2024	11/11/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 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 RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER**CANCELLATION**

Department of Natural Resources and Environmental Control
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

Natalie M. Pardee

Gary P. Simpson Contracting, LLC

1994 Fox Hunters Road

Harrington, DE 19952

410-829-3291

December 27, 2024

DNREC Solid & Waste Management
89 Kings Highway
Dover, DE 19901

To Whom It May Concern,

Gary P. Simpson Contracting, LLC only has one driver that transport solid waste. Brandon Dennis has his CDL License and has retained this license for over 9 years. For all the experience that he has driving. He has have more than enough experience to transport solid waste.

Sincerely,



Angela Councill
Accountant

Davis, DaQuan (DNREC)

From: Davis, DaQuan (DNREC) on behalf of WHStranporters
Sent: Monday, February 24, 2025 2:31 PM
To: Gary Simpson
Subject: RE: Incomplete Delaware Solid Waste Transporter Permit Application

Categories: Egress Switch: Unprotected

Thank you for the update.



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

☎ 302-739-9403

✉ WHStranporters@delaware.gov

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 dnrec.delaware.gov



From: Gary Simpson <simpsoncontracting1994@gmail.com>
Sent: Monday, February 24, 2025 1:16 PM
To: WHStranporters <WHStranporters@delaware.gov>
Subject: Re: Incomplete Delaware Solid Waste Transporter Permit Application

Hi,

We were working with a third party company to help process the MCS-150/Biennial. We started in November 2024. They were taking forever to process the forms. Then every couple of weeks they would ask for something new that they wanted. Anyway, I ended up finding another third party company to help process the MCS-150/Biennial. It was sent to them on the 17th of February. I called today to check on the status. They said that they have everything they need and it was sent over to the Federal Motor Carriers and we are just waiting to hear back from them. They said it typically takes 7 to 10 business days. So we are right at the 7 days right now. That we should get the updated/ confirmed paperwork back any day now. Sorry for the long wait. I had no idea that the first company would have drug things out for months like they did. Needless to say I will not be using them in the future. As soon as I get the approved forms I will email them to you.

Thanks,

Angie

On Thu, Feb 20, 2025 at 4:25 PM WHStranporters <WHStranporters@delaware.gov> wrote:

Hello,

What is the status of the Carrier VMT?



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

📞 302-739-9403

✉️ WHStranporters@delaware.gov

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 dnrec.delaware.gov



From: Davis, DaQuan (DNREC) **On Behalf Of** WHStranporters
Sent: Thursday, January 23, 2025 2:49 PM
To: Gary Simpson <simpsoncontracting1994@gmail.com>
Subject: RE: Incomplete Delaware Solid Waste Transporter Permit Application

Okay great.



DaQuan L. Davis

Environmental Scientist I

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From: Gary Simpson <simpsoncontracting1994@gmail.com>
Sent: Thursday, January 23, 2025 2:27 PM
To: WHStranporters <WHStranporters@delaware.gov>
Subject: Re: Incomplete Delaware Solid Waste Transporter Permit Application

Attached is the copy of insurance. So we are now just waiting on the Dot agency to get back to us.

Thanks,

Angie

On Thu, Jan 23, 2025 at 2:08 PM WHStranporters <WHStranporters@delaware.gov> wrote:

Okay.



DaQuan L. Davis

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From: Gary Simpson <simpsoncontracting1994@gmail.com>

Sent: Thursday, January 23, 2025 1:35 PM

To: WHStranporters <WHStranporters@delaware.gov>

Subject: Re: Incomplete Delaware Solid Waste Transporter Permit Application

Attached is the letter about Brandon Driving. I've contacted the company that handles our DOT stuff. They are processing the data and getting back to me soon. I also have contacted the insurance company twice and sending over the insurance certificate. As soon as I get those from them I will let you know.

Thanks,

Angie

On Thu, Jan 23, 2025 at 10:22 AM WHStranporters <WHStranporters@delaware.gov> wrote:

The following is what needs to be address below:

- **Section 9(c)**- The carrier VMT carrier is outdated and needs to be updated.
- **Section 10**- You did not submit a certificate of insurance. Please provide this form and ensure you have the correct amount of automobile liability insurance and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section the address is 89 Kings HWY, Dover, DE 19901.
- **Section 12**- Please provide the driver experience and state of driver record of Brandon Dennis

Please provide and correct the following information via email.

Thank you,



DaQuan L. Davis

Environmental Scientist I

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From: Davis, DaQuan (DNREC) **On Behalf Of** WHStranporters
Sent: Wednesday, January 8, 2025 1:27 PM
To: 'Gary Simpson' <simpsoncontracting1994@gmail.com>
Subject: RE: Incomplete Delaware Solid Waste Transporter Permit Application

I have attached the of the out-of-date VMT. The following is what needs to be address below:

- **Section 9(c)**- The carrier VMT carrier is outdated and needs to be updated.
- **Section 10**- You did not submit a certificate of insurance. Please provide this form and ensure you have the correct amount of automobile liability insurance and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section the address is 89 Kings HWY, Dover, DE 19901.
- **Section 12**- Please provide the driver experience and state of driver record of Brandon Dennis

Please provide and correct the following information via email. Let me know if you have any questions.

Thank you,



DaQuan L. Davis

Environmental Scientist I

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From: Gary Simpson <simpsoncontracting1994@gmail.com>
Sent: Tuesday, January 7, 2025 1:45 PM
To: WHStranporters <WHStranporters@delaware.gov>
Subject: Re: Incomplete Delaware Solid Waste Transporter Permit Application

Hi, I also looked up the VMT carrier. We are intrastate so we do not fill out IFTA reports. We fill the UCR /Binennel and the 2290 Form but that is it for DOT. I'm not sure what other form you need for DOT

On Thu, Jan 2, 2025 at 2:18 PM WHStranporters <WHStranporters@delaware.gov> wrote:

Hi Mr. Dennis,

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 5-** Do you only have one company location in Delaware? Please provide your Delaware company locations.
- **Section 9(c)-** The DOT # you submitted VMT carrier is outdated and needs to be updated.
- **Section 10-** You did not submit a certificate of insurance. Please provide this form and ensure you have the correct amount of automobile liability insurance and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section the address is 89 Kings HWY, Dover, DE 19901.
- **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-** Who owns the vehicle ?
- **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,

DaQuan L. Davis

Environmental Scientist I

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302-739-9403

daquan.davis@delaware.gov

89 Kings Hwy SW, Dover, DE 19901

dnrec.delaware.gov

Davis, DaQuan (DNREC)

From: Davis, DaQuan (DNREC) on behalf of WHStranporters
Sent: Friday, March 14, 2025 11:01 AM
To: simpsoncontracting1994@gmail.com
Subject: Carrier VMT Instructions
Attachments: Carrier VMT Out of date .png; SAFER Web - Company Snapshot GARY SIMPSON CONTRACTING LLC.pdf

Categories: Egress Switch: Unprotected



DaQuan L. Davis

Environmental Scientist

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Davis, DaQuan (DNREC)

From: Davis, DaQuan (DNREC) on behalf of WHStranporters
Sent: Friday, March 28, 2025 11:54 AM
To: Gary Simpson
Subject: RE: Carrier VMT Instructions

Categories: Egress Switch: Unprotected

Okay, thank you.



DaQuan L. Davis

Environmental Scientist I

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From: Gary Simpson <simpsoncontracting1994@gmail.com>
Sent: Thursday, March 27, 2025 1:51 PM
To: WHStranporters <WHStranporters@delaware.gov>
Subject: Re: Carrier VMT Instructions

Hi I just got the everything they needed submitted today. I'm hoping by the end of the day or tomorrow the VMT will be updated so everything with this permit will be straight. I just wanted to give you a heads up.

Thanks,

Angie

On Mon, Mar 17, 2025 at 2:38 PM WHStranporters <WHStranporters@delaware.gov> wrote:

Okay, note that your current permit expires on 3/31/2025.

Regards,



DaQuan L. Davis

Environmental Scientist

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From: Gary Simpson <simpsoncontracting1994@gmail.com>

Sent: Monday, March 17, 2025 12:41 PM

To: WHStranporters <WHStranporters@delaware.gov>

Subject: Re: Carrier VMT Instructions

DaQuan,

We are trying to get this all straightened out. The government is asking for way more things for verification purposes before approving the MCS150. Now they are wanting all kinds of things that was never required before. We are down to one thing that we are waiting on a certified copy of resident agent from the state so we can get this taken care of. The state said it would be another week to 2 weeks before they could process this request. As soon as I can get this mess straight I will let you know.

Thanks,

Angie

On Fri, Mar 14, 2025 at 11:01 AM WHStranporters <WHStranporters@delaware.gov> wrote:



DaQuan L. Davis

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