

RECEIPT

DATE

5/19/25

No.

741838

RECEIVED FROM

JDog Junk Removal OC

\$350.00

Six hundred fifty and 00/100

DOLLARS

☐ FOR RENT☒ FOR

DE-SW-2028

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY
ORDER☐ CREDIT
CARD

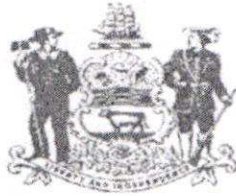
FROM

0336

TO

BY

AG



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

RECEIVED
MAY 19 2025
DNREC - WHS

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- 2028 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 JDog Junk Removal & Hauling Ocean City

Location Address:	Mailing Address:
11070 Cathell Rd, Berlin, MD 21811	11070 Cathell Rd unit 5, Berlin, MD 21811

Contact: Harry Lindsley Title: Owner

Business Phone: 410-881-5364 Fax: _____

E-mail: accounting@stewartbuildersgroup.com

24 hr Emergency Contact Phone [REDACTED]

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 1

(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) 2 _____

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 4 _____
 - ☐ 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 2 _____
- ☐ No transporter permits in other states

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

DOT# 4218926 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 checked="" 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 6

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 3

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 13 May 2025
Print Name Harry Lindsley Title Owner

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

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]

JDog Junk Removal Owner Information

Harry Lindsley

Owner 100%



Solid Waste Facilities:

Worcester County Landfill – permit attached

Wicomico County Landfill-no permit needed

Driver Training:

- A) Not CDL required for our vehicles
- B) Every 6 months our HR department runs a check on each driver to check for points or moving violations
- C) Each driving is trained as a ride along for 2 weeks before being able to take jobs on their own. During this period, they are trained on things like Spill Control and legal aspects of waste removal within DE.

Worcester County Department of Public Works

Solid Waste Division

7091 CENTRAL SITE LANE
NEWARK, MD 21841
(410) 632-3177
FAX (410) 632-3000

15813

COMMERCIAL HAULER ANNUAL LICENSE APPLICATION

July 1, 2024—June 30, 2025

Application must be in the name of a legal entity. No licenses will be issued to a trade name.

NAME J Dog Junk & Demo LLC PHONE 410 - 881-5364
FED ID/SOC SEC #: 99-2250655 FAX: _____
ADDRESS 11070 Cathell Rd, ST65 ACCT# (if applicable) _____
CITY Berlin, 1 STATE MD ZIP CODE 21811
E-MAIL CONTACT: occancity@jdog.com

Commercial licenses are \$25.00 for each vehicle.

(Please supply existing large permit number)

VEHICLE (YR, MAKE, MODEL)	TAG NUMBER	FEE -EA. VEHICLE	PERMIT # (lg. decal)	PERMIT # (sm. annual seal) (office use)
<u>2021 Chevy 6500</u>	<u>4EN4628</u>	<u>25.00</u>	<u>2790</u>	<u>203</u>
<u>2019 Isuzu Npr</u>	<u>6D74550</u>	<u>25.00</u>	<u>2654</u>	<u>204</u>
	<u>6D74550</u>			

Please make checks payable to Worcester County

Applicant hereby certifies that:

Applicant has not had a Worcester County Hauler's License suspended or revoked prior hereto. Applicant is familiar with all laws and regulations relating to solid waste activities in Worcester County; and understands that it is unlawful to deposit solid waste originating outside of Worcester County in any County owned or operated landfill. Applicant agrees to pay the current rates and fees which are shown on the back of this application. Applicant is authorized by the above named entity to apply, sign for, and obtain a Solid Waste Hauler's License. The above information is true to the best of the applicant's knowledge, belief, and understanding.

Signature [Signature] Date: 6/25/24 Amount Paid: 50.00

☐ cash ☐ comm. acct ☒ check # 170

Printed Name: Harry Lindsley

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 for all Safety & spill equipment
 - 2). Check Vehicle for safe concerns: Flat tire, Missing lights etc:

- (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: Harry Lindsley Phone: [REDACTED]

- (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:

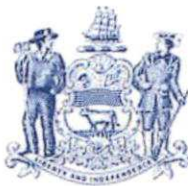
Delaware: **911, (302) 739-9401 or 1-800-662-8802** *(Other numbers may be listed as follows, however, the listed Delaware numbers **must** be included in the spill control plan.)*

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.



STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES AND
ENVIRONMENTAL CONTROL
DIVISION OF WASTE AND HAZARDOUS SUBSTANCES
89 KINGS HIGHWAY
DOVER, DE 19901

COMPLIANCE &
PERMITTING

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

January 6, 2025

Certified Mail
Return Receipt Requested
7021 1970 0000 8507 8214

Harry Lindsley
JDog Junk Removal & Hauling Ocean City
11070 Cathell Road Unit 5
Berlin, MD 21811

Subject: Expiration of Delaware Solid Waste Transporter Permit DE-SW-2028
Expiration Date: 12/31/2024
Reference: JDog Junk Removal & Hauling Ocean City; DE-SW-2028

Dear Mr. Harry Lindsley:

According to the Delaware Department of Natural Resources and Environmental Control (DNREC), Compliance and Permitting Section (CAPS) records, the above referenced permit expired on December 31, 2024. As of this date, the CAPS has not received an application for a new permit.

Please be aware that transportation of waste in, through, or out of Delaware without a permit is subject to enforcement. In addition to any enforcement taken by the Department, you may be prohibited from obtaining State of Delaware transporter permits in the future.

If you wish to obtain a new permit or have any questions regarding this letter, please contact DaQuan L. Davis at (302) 739-9403.

Sincerely,

Karen G. J'Anthony
Environmental Program Manager II
Compliance and Permitting Section

KGJ:DLD:cr
DLD2504.doc

Karen - Please see me

4425 North Market Street
Wilmington, DE 19802
Telephone: (302) 761-8200
Fax: (302) 736-9170



655 S. Bay Road, Ste. 2H
Dover, DE 19901
Telephone: (302) 422-1392
Fax: (302) 422-1137

FIRST-CLASS MAIL

Stewart Builders Group, LLC
32967 Lighthouse Road, #3
Selbyville, DE 19975

November 22, 2024

RE: Delaware Workers' Compensation vs. Stewart Builders Group, LLC

To Whom It May Concern:

The State of Delaware of Labor has recently conducted a random audit and was unable to verify Workers' Compensation insurance for the company mentioned above.

Pursuant to Title 19, Delaware Code Section §2306 (a) and §2731, all Delaware employers, other than excluded employers, must have Workers' Compensation insurance coverage if they employ one or more employees. This law has been in effect since July 1, 1975.

Therefore, please provide a copy of your most recent declaration page within 14 days from the date of this letter, verifying that your company has a valid Workers' Compensation insurance policy.

If you have any questions or require any additional information, please feel free to contact me directly at 302-858-5220.

Thank you,

William Masche

William Masche
Delaware Department of Labor
Office of Workers' Compensation
8 Georgetown Plaza, Suite 2
Georgetown, DE 19947
Phone: 302-858-5220
Fax: 302-736-9170
William.Masche@delaware.gov

Kara
Please see me in
Paris H



NEW
RENEWAL NUMBER

CROSS REFERENCE NUMBER

BERKSHIRE HATHAWAY DIRECT INSURANCE COMPANY
OMAHA, NE
BUSINESS AUTO COVERAGE DECLARATIONS

The Declarations
include a second part
designated "Part 2".

ITEM ONE NAMED INSURED & ADDRESS

DELMAR INVESTMENT GROUP LLC
11070 CATHELL RD STE 5
BERLIN MD 21811
UNITED STATES

FORM OF NAMED INSURED'S BUSINESS: LIMITED LIABILITY COMPANY

NAMED INSURED'S BUSINESS: BUSINESS CONSULTING

POLICY PERIOD: Policy covers FROM 09/08/2024 TO 09/08/2025 12:01 A.M. Standard Time at the Named Insured's Address stated above.

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 AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which autos are covered autos)	LIMIT OF INSURANCE THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	7	\$ Combined Single Limit: 1,000,000	\$5,912.00
PERSONAL INJURY PROTECTION (P.I.P.) (or equivalent No-fault coverage)	7	Personal Injury Protection: \$2,500 Limit	\$INCLUDED
ADDED P.I.P. (or equivalent added No-fault cov.)	7	SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	\$INCLUDED
PROPERTY PROTECTION INSURANCE (P.P.I.) (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ Deductible FOR EACH ACCIDENT	\$
AUTO MEDICAL PAYMENTS		\$	\$
UNINSURED MOTORISTS	7	\$ 1,000,000 per occurrence	\$INCLUDED
UNDERINSURED MOTORISTS (when not included in Uninsured Motorists coverage)	7	\$ 1,000,000 per occurrence	\$INCLUDED
PHYSICAL DAMAGE INSURANCE			
COMPREHENSIVE COVERAGE	7	\$ See Schedule of Covered Autos	\$INCLUDED
SPECIFIED CAUSES OF LOSS		\$	\$
COLLISION COVERAGE	7	\$ See Schedule of Covered Autos	\$INCLUDED
TOWING AND LABOR		\$ Deductible FOR EACH COVERED AUTO	\$
FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION			PREMIUM FOR ENDORSEMENTS \$ 7,276.00
			ESTIMATED TOTAL PREMIUM \$ 10,437.00
ENTER SYMBOL 10 DESCRIPTION HERE:			
POLICY SUBJECT TO A FULLY EARNED POLICYWRITING MINIMUM PREMIUM OF \$ 0.00 IF CANCELLED BY THE INSURED.			
ITEM THREE - SCHEDULE OF COVERED AUTOS AS ATTACHED			

Countersigned At _____

By _____
AUTHORIZED SIGNATURE

In Witness whereof, we have caused this policy to be executed and attested.

Bruce J Byrnes
Secretary

Peter Shelley
President

SCHEDULE OF COVERED AUTOS

POLICY NUMBER: [REDACTED]

EFFECTIVE DATE: 09/25/2024

NAMED INSURED: Delmar Investment Group LLC

NOTES:

VEHICLE INFORMATION:

Vehicle #	Year	Make and Model	VIN	Use* (C/S/R)	Radius	Garaging Territory	Garaging City, State	GVW or Seating Cap.
	Liability Premium	Medical Payments Premium	Personal Injury Protection Premium	Additional Insured Premium			In-Tow Premium	Cargo Premium
	Stated Limit or ACV	Specified Causes (S) or Comprehensive (C)	Specified Causes or Comprehensive Premium	Specified Causes or Comprehensive Deductible			Collision Premium	Collision Deductible
1	2022	CHEVROLET SILVERADO	3GCNAAED7NG688103	Business Use	50 miles or less		Berlin MD	5001-10000 lbs
	\$1,989.00	\$0.00	\$9.00	\$0.00			\$0.00	\$0.00
	ACV	C	\$428.00	\$1,000			\$1,018.00	\$1,000
2	2021	CHEVROLET SILVERADO MEDIUM DUTY	1HTKJPVM6MH675484	Business Use	50 miles or less		Berlin MD	20001-26000 lbs
	\$1,975.00	\$0.00	\$9.00	\$0.00			\$0.00	\$0.00
	\$39,300	C	\$551.00	\$1,000			\$1,334.00	\$1,000
3	2019	ISUZU NPR HD	54DC4W1B8KS809348	Business Use	50 miles or less		Berlin MD	10001-15000 lbs
	\$1,948.00	\$0.00	\$8.00	\$0.00			\$0.00	\$0.00
	\$19,000	C	\$354.00	\$1,000			\$840.00	\$1,000

Davis, DaQuan (DNREC)

From: Accounting <accounting@stewartbuildersgroup.com>
Sent: Friday, May 23, 2025 1:08 PM
To: WHStranporters
Subject: Re: DNREC Notice- Incomplete Solid Waste Transporter Permit Application (SW2-2028)

Hi there just checking in to see if you have everything you need now?

*Kara Conner
Bookkeeping/Accounting*



410-881-5364 JDog Berlin Md Office
302-232-6900 Selbyville DE office
410-255-6900 Stewart Builders Berlin Md office

From: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> on behalf of WHStranporters <WHStranporters@delaware.gov>
Sent: Thursday, May 22, 2025 3:01 PM
To: Accounting <accounting@stewartbuildersgroup.com>
Subject: RE: DNREC Notice- Incomplete Solid Waste Transporter Permit Application (SW2-2028)

Okay, will check it tomorrow on snapshot [SAFER Web - Company Snapshot](#).



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: Accounting <accounting@stewartbuildersgroup.com>
Sent: Thursday, May 22, 2025 2:45 PM
To: WHStranporters <WHStranporters@delaware.gov>
Subject: Re: DNREC Notice- Incomplete Solid Waste Transporter Permit Application (SW2-2028)

Yes

*Kara Conner
Bookkeeping/Accounting*

**STEWART
BUILDERS
GROUP LLC**



410-881-5364 JDog Berlin Md Office
302-232-6900 Selbyville DE office
410-255-6900 Stewart Builders Berlin Md office

From: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> on behalf of WHStranporters <WHStranporters@delaware.gov>
Sent: Thursday, May 22, 2025 2:43 PM
To: Accounting <accounting@stewartbuildersgroup.com>
Subject: RE: DNREC Notice- Incomplete Solid Waste Transporter Permit Application (SW2-2028)

Is this a new DOT # you got today?



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: Accounting <accounting@stewartbuildersgroup.com>

Sent: Thursday, May 22, 2025 1:52 PM

To: WHStranporters <WHStranporters@delaware.gov>

Subject: Re: DNREC Notice- Incomplete Solid Waste Transporter Permit Application (SW2-2028)

DOT #4413579

Kara Conner

Bookkeeping/Accounting

**STEWART
BUILDERS
GROUP LLC**



JDog®
**Junk Removal
& Hauling**

410-881-5364 JDog Berlin Md Office

302-232-6900 Selbyville DE office

410-255-6900 Stewart Builders Berlin Md office

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

Sent: Thursday, May 22, 2025 11:15 AM

To: Accounting <accounting@stewartbuildersgroup.com>

Subject: RE: DNREC Notice- Incomplete Solid Waste Transporter Permit Application (SW2-2028)

Great, thank you.



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: Accounting <accounting@stewartbuildersgroup.com>

Sent: Thursday, May 22, 2025 11:11 AM

To: WHStranporters <WHStranporters@delaware.gov>

Subject: Re: DNREC Notice- Incomplete Solid Waste Transporter Permit Application (SW2-2028)

I will work on getting the USDOT numbers changed today.

Kara Conner

Bookkeeping/Accounting

**STEWART
BUILDERS
GROUP LLC**



JDog®
**Junk Removal
& Hauling**

410-881-5364 JDog Berlin Md Office

302-232-6900 Selbyville DE office

410-255-6900 Stewart Builders Berlin Md office

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

Sent: Thursday, May 22, 2025 11:09 AM

To: Accounting <accounting@stewartbuildersgroup.com>

Subject: RE: DNREC Notice- Incomplete Solid Waste Transporter Permit Application (SW2-2028)

Yes, I can change the name to Delmar Investment Group, LLC. I would still need the name change to Delmar Investment Group, LLC on the USDOT number.



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: Accounting <accounting@stewartbuildersgroup.com>

Sent: Thursday, May 22, 2025 11:02 AM

To: WHStranporters <WHStranporters@delaware.gov>

Subject: Re: DNREC Notice- Incomplete Solid Waste Transporter Permit Application (SW2-2028)

Can you just change the application and everything to be Delmar Investment Group then? Thats the company the trucks are registered in we can't change that.

Kara Conner

Bookkeeping/Accounting

**STEWART
BUILDERS
GROUP LLC**



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**Junk Removal
& Hauling**

410-881-5364 JDog Berlin Md Office

302-232-6900 Selbyville DE office

410-255-6900 Stewart Builders Berlin Md office

From: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> on behalf of WHStranporters <WHStranporters@delaware.gov>
Sent: Thursday, May 22, 2025 10:56 AM
To: Accounting <accounting@stewartbuildersgroup.com>
Subject: RE: DNREC Notice- Incomplete Solid Waste Transporter Permit Application (SW2-2028)

Based on your response,

I need the legal name on your USDOT Number to match company transporter name. Would you like to change your transporter name to JDog Junk & Demo LLC? If not you will need to contact FMSCA to update your company name (<https://www.fmcsa.dot.gov/faq/how-do-i-request-name-change-my-fmcsa-registration-usdot-number-and-or-operating-authority>).

Also, I need the certificate of Insurance to match the transporter company name it cannot be from the sister company.



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: Accounting <accounting@stewartbuildersgroup.com>
Sent: Thursday, May 22, 2025 9:34 AM
To: WHStranporters <WHStranporters@delaware.gov>
Subject: Re: DNREC Notice- Incomplete Solid Waste Transporter Permit Application (SW2-2028)

- Section 10- Delmar is our management company (sister company) owned by the same person. The trucks are owned by Delmar.
- Section 10- I do not understand how to update the miles.
- Section 13- There is not lease agreement, they are owned by the same person, sister companies.

Kara Conner
Bookkeeping/Accounting



410-881-5364 JDog Berlin Md Office
302-232-6900 Selbyville DE office
410-255-6900 Stewart Builders Berlin Md office

From: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> on behalf of WHStranporters <WHStranporters@delaware.gov>
Sent: Thursday, May 22, 2025 9:27 AM
To: Accounting <accounting@stewartbuildersgroup.com>
Subject: RE: DNREC Notice- Incomplete Solid Waste Transporter Permit Application (SW2-2028)

Hello,

I need the following:

- **Section 10-** The transporter name JDog Junk Removal & Hauling Ocean City must be the same on the DOT # (currently the name is JDog Junk & Demo LLC) and the certificate of insurance (currently the name is Delmar Investment Group. Please update these so everything matches.
- **Section 10-** The carrier Vehicle Miles Traveled is also outdated. Please view my email attachments for instructions on how to update that.
- **Section 13-** Please provide a lease agreement between Delmar Investment Group, LLC and JDog Junk Removal & Hauling Ocean City.

Please let me know if you have any questions.



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: Accounting <accounting@stewartbuildersgroup.com>
Sent: Wednesday, May 21, 2025 3:04 PM
To: WHStranporters <WHStranporters@delaware.gov>
Subject: Re: DNREC Notice- Incomplete Solid Waste Transporter Permit Application (SW2-2028)

- **Section 9(b)-** No
- **Section 10-** See attached
- **Section 12-** Trucks are under the required weight limit.
- **Section 13-** Isuzu 6577KG, Chevy 6500 10433KG
- **Section 14-** Mike Roberts, Lamer Maddox, Kenneth Holroyd

Please let me know if you need anything else.

Kara Conner
Bookkeeping/Accounting

STEWART
BUILDERS
GROUP LLC



JDog
Junk Removal
& Hauling

410-881-5364 JDog Berlin Md Office
302-232-6900 Selbyville DE office
410-255-6900 Stewart Builders Berlin Md office

From: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> on behalf of WHStranporters
<WHStranporters@delaware.gov>
Sent: Tuesday, May 20, 2025 1:20 PM
To: Accounting <accounting@stewartbuildersgroup.com>
Subject: DNREC Notice- Incomplete Solid Waste Transporter Permit Application (SW2-2028)

Hello Mr. Lindsley,

Thank you for submitting your application for 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(b)**- Do you have any other state solid waste transporter permits? If so, please provide each permit's number.
- **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 Highway, Dover, DE 19901.
- **Section 12**- Why are CDLs not required?
- **Section 13**- The vehicle list was missing the manufacturer's GVWR and the lease agreements from Delmar Investment Group, LLC. Please update the initial vehicle list and provide the lease agreements.
- **Section 14**- Please provide a list of vehicle operators/drivers.

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

Thank you,



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



Delmar Investment Group LLC

11070 Cathell Rd Ste 5
Berlin MD 21811



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/21/2025

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 BIBERK PO Box 3300 Wilkes-Barre PA 18773	CONTACT NAME: PHONE (A/C. No. Ext): 844-472-0967 FAX (A/C. No.): 203-654-3613 E-MAIL ADDRESS: CustomerService@biBERK.com
INSURED Delmar Investment Group LLC 11070 Cathell Rd Ste 5 Berlin MD 21811	INSURER(S) AFFORDING COVERAGE INSURER A: Berkshire Hathaway Direct Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 10391

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
	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 <input type="checkbox"/> 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 AUTHORITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				09/08/2024	09/08/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000.00 BODILY INJURY (Per Person) \$N/A BODILY INJURY (Per accident) \$N/A PROPERTY DAMAGE (Per accident) \$N/A
	UMBRELLA LIAB EXCESS LAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ PER STATUTE OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					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)

See Attached Schedule of Covered Autos.

CERTIFICATE HOLDERDepartment of Natural Resources & 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

ACORD 25 (2014/01)

M-5652 (07/2015)

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SCHEDULE OF COVERED AUTOS

POLICY NUMBER: [REDACTED]

EFFECTIVE DATE: 09/25/2024

NAMED INSURED: Delmar Investment Group LLC

NOTES:

VEHICLE INFORMATION:

Vehicle #	Year	Make and Model	VIN	Use* (C/S/R)	Radius	Garaging Territory	Garaging City, State	GVW or Seating Cap.
	Liability Premium	Medical Payments Premium	Personal Injury Protection Premium	Additional Insured Premium		In-Tow Premium	Cargo Premium	
	Stated Limit or ACV	Specified Causes (S) or Comprehensive (C)	Specified Causes or Comprehensive Premium	Specified Causes or Comprehensive Deductible		Collision Premium	Collision Deductible	
1	2022	CHEVROLET SILVERADO	3GCNAAED7NG688103	Business Use	50 miles or less		Berlin MD	5001-10000 lbs
	\$1,989.00	\$0.00	\$9.00	\$0.00		\$0.00	\$0.00	
	ACV	C	\$428.00	\$1,000		\$1,018.00	\$1,000	
2	2021	CHEVROLET SILVERADO MEDIUM DUTY	1HTKJPVM6MH675484	Business Use	50 miles or less		Berlin MD	20001-26000 lbs
	\$1,975.00	\$0.00	\$9.00	\$0.00		\$0.00	\$0.00	
	\$39,300	C	\$551.00	\$1,000		\$1,334.00	\$1,000	
3	2019	ISUZU NPR HD	54DC4W1B8KS809348	Business Use	50 miles or less		Berlin MD	10001-15000 lbs
	\$1,948.00	\$0.00	\$8.00	\$0.00		\$0.00	\$0.00	
	\$19,000	C	\$354.00	\$1,000		\$840.00	\$1,000	