

# RECEIPT

DATE

6/26/25

No.

741868

RECEIVED FROM

Dr Junk LLC

\$

350.00

Three hundred fifty and 00/100

DOLLARS

☐ FOR RENT

DE-SW-K118

☒ FOR

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY  
ORDER☐ CREDIT  
CARD

FROM

1210

TO

BY

AG



RECEIVED

JUN 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.
- ☒ Renewal: Permit # DE-SW- 1918 Expiration Date 6-30-25

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

## 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 Dr Junk LLC

Location Address:	Mailing Address:
30774 Pine Ridge Rd Millsboro DE 19966	same

Contact: Aaron Driscoll Title: Owner

Business Phone: 302-381-8948 Fax: \_\_\_\_\_

E-mail: aaron@drjunk302.com

24 hr Emergency Contact Phone: 302-381-8948

## 4. Company Ownership Information

(a). Please indicate the company type:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_

- ☐ Municipality  
☐ Public institution  
☒ Limited Liability Corporation (LLC) State: DE  
☐ Other: (must specify) \_\_\_\_\_

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

☒ Attachment \_\_\_\_\_

(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.

30774 Pine Ridge Rd

☒ Attachment Millsboro DE 19966

☐ 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.

Worcester County MD

- ☒ Attachment #556
- ☐ No transporter permits in other states

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

DOT# 3735761 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.

Hauling waste from the customer location to the disposal site is listed in the attachment. Items in our trailer/dumpster become our property. Intrastate transport only.

### 10. Proof of Financial Responsibility

The transporter must submit proof of financial responsibility as established in section 7.2.4 of Delaware's *Regulations Governing Solid Waste*. This proof may be established by a Certificate of Insurance, with MCS-90 endorsement where applicable, or by other means approved by the Department. (The Certificate of Insurance must identify the **Department of Natural Resources and Environmental Control, Compliance and Permitting Section** as the certificate holder.)

- (a). Are you for-hire in interstate commerce? ☐ Yes ☒ No (For-Hire means you are in the business of transporting, for compensation or payment, wastes generated by a company other than your own.)
- (b). Do you transport in the State of Delaware Only (Intrastate)? ☒ Yes ☐ No
- (c). Do you transport Interstate? ☐ Yes ☒ No

- (d). Certificate of Insurance must be attached and include minimum automobile liability coverage as follows:

	FOR-HIRE INTERSTATE	ALL OTHERS
Residential Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input checked="" type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input checked="" type="checkbox"/>
Industrial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Dry Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input checked="" type="checkbox"/>
Ash	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Infectious Waste	\$1,000,000.00 + MCS-90 <input type="checkbox"/>	\$750,000.00 + MCS-90 <input type="checkbox"/>
Non-Hazardous Petroleum Contaminated Soils	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Asbestos	\$1,000,000.00 + MCS-90 <input type="checkbox"/> (For Hire & Private)	\$350,000.00 <input type="checkbox"/>
Scrap Tires Only	\$350,000.00 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>

#### 11. Spill Control and Safety

List all spill control and safety equipment which will be carried on each vehicle. (**Note:** Separate lists by type of vehicle and type of waste may be required.) Attach a copy of the Spill Control Plan. The Spill Control Plan **must** contain the following elements: (1) List of safety and spill control equipment carried in the vehicle, (2) Driver preventive measures, (3) Driver immediate corrective actions, (4) Company internal communications, (5) Company external communications including the **Delaware Emergency Reporting Numbers: 1-800-662-8802 and 302-739-9401**, and (6) Cleanup and decontamination measures.

Spill Control Plan: Attachment   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.

- 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   X



✓ **13. Vehicle Identification**

On the form provided with this application, list **MAKE, MODEL, YEAR, SERIAL NUMBER, LICENSE PLATE NUMBER, STATE OF REGISTRATION, MANUFACTURER'S GVWR and OWNERSHIP** of all vehicles used for the transportation of solid waste. You must list both motorized and container units. (If you maintain a list of company vehicles in a computer database you may submit a print out of the vehicles provided it contains the information requested herein.)

**NOTE: You must notify CAPS in writing of any changes to information contained within this application, such as additions or deletions of vehicles, in accordance with conditions of the issued permit.**

☒ Vehicle List Attached

✓ **14. Vehicle Operator Information**

Is a list of all vehicle operators attached? ☒ Yes

What tax form do you submit to the IRS for your vehicle operators?

☐ Form W-2

☐ Form 1099-Misc

☒ Other

**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 6-23-25

Print Name Aaron Driscoll 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.

MAKE - MODEL - YEAR	TYPE	VIN # (Serial Number)	LICENSE PLATE # and STATE of REGISTRATION	mfgr's GVWR	OWNERSHIP
Buffalo Equipment Tilt	Trailer	4B9B3F625NA220020	T74285	16k	Lee Rose &/or Dr Junk
15yd Dumpster	Dumpster	1501			Lee Rose &/or Dr Junk
15yd Dumpster	Dumpster	1502			Lee Rose &/or Dr Junk
15yd Dumpster	Dumpster	1503			Lee Rose &/or Dr Junk
15yd Dumpster	Dumpster	1504			Lee Rose &/or Dr Junk
15yd Dumpster	Dumpster	1505			Lee Rose &/or Dr Junk
15yd Dumpster	Dumpster	1506			
15yd Dumpster	Dumpster	1507			
20yd Dumpster	Dumpster	2001			
20yd Dumpster	Dumpster	2002			
20yd Dumpster	Dumpster	2003			
20yd Dumpster	Dumpster	2004			
20yd Dumpster	Dumpster	2005			
20yd Dumpster	Dumpster	2006			
20yd Dumpster	Dumpster	2007			
20yd Dumpster	Dumpster	2008			
2022 Dodge Ram 2500	Truck	3C6UR5CL6NG392583	C121015	8800	Lee Rose &/or Dr Junk LLC



## 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). Fuses
- (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). Dot Pre trip
  - 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: Aaron Driscoll                      Phone: 302-381-8948
- (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.



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/23/2025

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 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).

<b>PRODUCER</b> III/DWIGHT MARSHALL 101 8TH ST, POCOMOKE, MD 21851	<b>CONTACT</b> NAME: Progressive Commercial Lines Customer and Agent Servicing		
	PHONE (A/C, No, Ext): 1-800-444-4487	FAX (A/C, No):	
	E-MAIL ADDRESS: progressivecommercial@email.progressive.com		
<b>INSURED</b> DR JUNK LLC 30774 PINE RIDGE RD MILLSBORO, DE 19966	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A : United Financial Casualty Company		11770
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

**COVERAGES****CERTIFICATE NUMBER:** 476449662034706709D062325T175841**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
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	00570237	07/15/2024	07/15/2025	COMBINED SINGLE LIMIT (Ea accident) \$500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	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 \$
A	See ACORD 101 for additional coverage details.	N	N	00570237	07/15/2024	07/15/2025	\$

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

**CERTIFICATE HOLDER**

DNREC CAPS 89 Kings Hwy Dover, DE 19901	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  

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## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

<b>AGENCY</b> III/DWIGHT MARSHALL		<b>NAMED INSURED</b> DR JUNK LLC 30774 PINE RIDGE RD MILLSBORO, DE 19966	
<b>POLICY NUMBER</b> 00570237			
<b>CARRIER</b> United Financial Casualty Company	<b>NAIC CODE</b> 11770	<b>EFFECTIVE DATE:</b> 07/15/2024	

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance

### Additional Coverages

Insurance coverage(s)	Limits
Personal Injury Protection/Property Protection Ins	\$15,000/\$30,000 (\$10,000 PPI included)
Uninsured/Underinsured Motorist	\$25,000/\$50,000

### Description of Location/Vehicles/Special Items

Scheduled autos only	
2022 BRIESEN Trailer 4B9B3F624NA220020	
Collision	\$2,500 Ded
Comprehensive	\$1,000 Ded
2022 RAM RAM 2500 3C6UR5CL6NG392583	
Collision	\$5,000 Ded
Comprehensive	\$5,000 Ded
Uninsured Motorist Property Damage	\$10,000 w/\$250 Ded

## **Driver Knowledge and Training**

### **Lee Rose:**

Lee Rose is a very skillful and qualified driver no matter the situation. Being a FF/Paramedic for the Washington DC Fire Department, Lee operates various large apparatus in tight and crowded areas. He has been operating fire apparatus for approximately 10 years now with no accidents. Lee has operated multiple types of trucks and trailers during business operations. If you ever have a question about operating a kind of trailer, he is the one to ask. Lee has attended various fire apparatus driving courses during his career.

### **Aaron Driscoll:**

Aaron Driscoll is also a skilled and qualified driver, using awareness and safety when driving. Operating various types of fire apparatus during employment at the Ocean City Fire Department has expanded his knowledge of being aware all the time. With previous employment driving various trucks and trailers, there is no issue. Aaron has taken basic defensive driving, advanced defensive driving, and multiple fire apparatus driving courses.

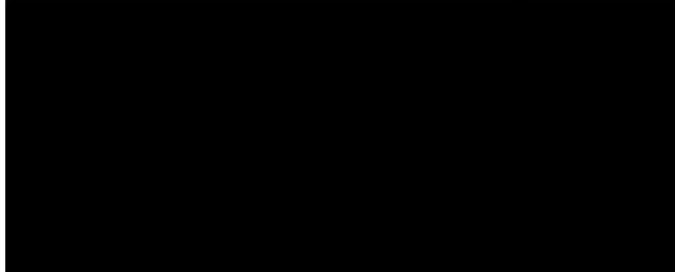
**Each driver receives biannual DOT health physicals.**

**Yearly review of driving records along with insurance policy checks**

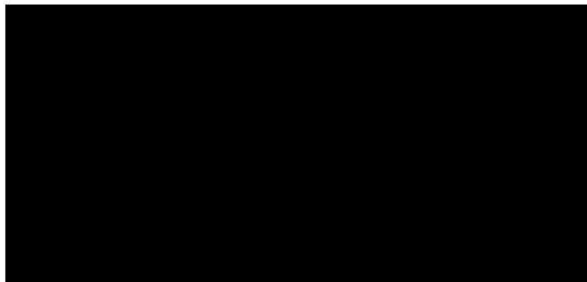
**Each driver reviews the Waste Hauler Permit with each issuance and makes themselves aware of any new changes.**

## Owners

Aaron Driscoll 50%



Lee Rose 50%





## **Facilities' Waste will be transported to**

- Jones Crossroads Landfill
- Milford Transfer Station
- Rt 5 Transfer Station
- Sandtown Landfill

## Davis, DaQuan (DNREC)

---

**From:** Aaron Driscoll <aaron@drjunk302.com>  
**Sent:** Monday, July 7, 2025 9:24 PM  
**To:** WHStranporters  
**Subject:** Re: Incomplete Delaware Solid Waste Transporter Permit Application (DE-SW-1918)

Delaware for both  
Aaron Driscoll  
DR. Junk LLC  
302-381-8948

On Jul 7, 2025, at 09:42, WHStranporters <WHStranporters@delaware.gov> wrote:

Hello,

What state is the Trailer and pickup registered in?

Thank you,

<image001.png>

**DaQuan L. Davis**

Environmental Scientist

**Division of Waste and Hazardous Substances**

<image002.png>

302-739-9403

<image003.png>

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

<image004.png>

89 Kings Hwy SW, Dover, DE 19901

<image005.png>

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

<image006.png>

<image007.png>

<image008.png>

**From:** Aaron Driscoll <aaron@drjunk302.com>  
**Sent:** Sunday, July 6, 2025 8:23 AM  
**To:** WHStranporters <WHStranporters@delaware.gov>  
**Subject:** Re: Incomplete Delaware Solid Waste Transporter Permit Application (DE-SW-1918)

Aaron Driscoll  
Dr. Junk  
Owner/Operator  
302-381-8948

On Jul 2, 2025, at 15:11, WHStranporters  
<[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)> wrote:

Hello Mr. Driscoll,

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 item listed below:

1. **Section 13-** The vehicle list was incomplete. You are required to list the **MAKE, MODEL, YEAR, VEHICLE IDENTIFICATION NUMBER (VIN), LICENSE PLATE NUMBER, STATE OF REGISTRATION, manufacturer's Gross Vehicle Weight Rating (GVWR), and OWNERSHIP** of all vehicles used for the transportation of waste.

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

Thank you,

<image001.png>

**DaQuan L. Davis**

Environmental Scientist

**Division of Waste and Hazardous Substances**

<image002.png> 302-739-9403

<image003.png> [WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)

<image004.png> 89 Kings Hwy SW, Dover, DE 19901

<image005.png> [dnrec.delaware.gov](http://dnrec.delaware.gov)

<image006.png> <image007.png> <image008.png>

<Vehicle List Form (SW).pdf>

VEHICLE INFORMATION - See Item 13 of the application.

Use this form, or other format which provides the same information, to answer the VEHICLE IDENTIFICATION requirement of the application. List all vehicles, both motorized and container (if a license plate is required on the container) to be used to haul solid waste in the state of Delaware. In addition, list the vehicle owner, owner's address, and domicile address if different from the company address provided in the application.

MAKE - MODEL - YEAR	TYPE	VIN # (Serial Number)	LICENSE PLATE # and STATE of REGISTRATION	mfgr's GVWR	OWNERSHIP
20yd Dumpster	Dumpster	2007			Dr Junk
20 yd dumpster	Dumpster	2006			Dr Junk
Buffalo Equipment Tilt Deck	Trailer	4B9B3F625NA220020	T74285	16k	Lee Rose &/or Aaron Driscoll
2022 Buffalo Equipment 15yd	Dumpster	1501	N/A	N/A	Lee Rose &/or Aaron Driscoll
2022 Buffalo Equipment 20yd	Dumpster	2001	N/A	N/A	Lee Rose &/or Aaron Driscoll
2022 Buffalo Equipment 20yd	Dumpster	2002	N/A	N/A	Lee Rose &/or Aaron Driscoll
2022 Northeast Industrial 20yd	Dumpster	2003	N/A	N/A	Lee Rose &/or Aaron Driscoll
2022 Northeast Industrial 20yd	Dumpster	2004	N/A	N/A	Lee Rose &/or Aaron Driscoll
2022 Northeast Industrial 20yd	Dumpster	2005	N/A	N/A	Lee Rose &/or Aaron Driscoll
2022 Northeast Industrial 15yd	Dumpster	1502	N/A	N/A	Lee Rose &/or Aaron Driscoll
2022 Northeast Industrial 15yd	Dumpster	1503	N/A	N/A	Lee Rose &/or Aaron Driscoll
2022 Northeast Industrial 15yd	Dumpster	1504	N/A	N/A	Lee Rose &/or Aaron Driscoll
Dodge Ram 2500 2022	Pickup	3C6UR5CL6NG392583	C474972	10k	Lee Rose &/or Dr Junk LLC
15yd Dumpster	Dumpster	1505			Dr Junk
15 yd Dumpster	Dumpster	1506			Dr Junk
15 yd Dumpster	Dumpster	1507			Dr Junk
20yd Dumpster	Dumpster	2008			Dr Junk