

# RECEIPT

DATE

7/7/2005

No.

741881

RECEIVED FROM

E. Earle Downing Inc

\$350.00

Three hundred fifty and 00/100

DOLLARS

☐ FOR RENT☒ FOR

DE-SW-0430D

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY ORDER☐ CREDIT CARD

FROM

32337

TO

BY

AG

3-11



RECEIVED

JUL 07 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**

**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- 0430D Expiration Date 9/30/25

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 E. Earle Downing, Inc.

Location Address:	Mailing Address:
1221 Bowers Street	PO Box 7830
Unit 6	Wilmington, DE 19803
Wilmington, DE 19802	

Contact: Heather Slemmer Title: Office Admin.

Business Phone: (302)656-9908 Fax: \_\_\_\_\_

E-mail: downingpaving@gmail.com

24 hr Emergency Contact Phone: (302)656-9908

## 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: Wilmington State: DE Date: 1938

☐ Municipality

☐ Public institution

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

☐ Other: (must specify) \_\_\_\_\_

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

☒ Attachment 4b

(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 5  
☐ 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) 8b
- ☐ 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) 8b
- ☐ 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# 220829 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	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Contaminated Soils	\$1,000,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Asbestos	(For Hire & Private)	
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 yes

#### 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 yes



### 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** Bruce E. Downing **Date** 6-13-25  
**Print Name** Bruce E. Downing **Title** President

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

# **E. EARLE DOWNING, INC.**

*Asphalt Pavement Specialists*

P.O. Box 7830

Wilmington, Delaware 19803

Telephone: (302) 656-9908

Fax: (302) 656-1290



Established 1938

## **MEMORANDUM:**

### **DRIVER TRAINING OUTLINE**

Drivers maintaining CDL licenses are required to have the following:

- Medical Exams
- Random drug and alcohol testing

All drivers are required to maintain a valid driver's license.

All employees have regular safety meetings.

Drivers' records are checked each year with renewal of our general liability insurance policy.

Drivers are to complete a walk around inspection and/or vehicle trip log each day the vehicle is used.

- Inspection sheet is filled out
- Damage or violations are reported to the office

Knowledge of proper handling for the type of solid waste being transported is given at each job site meeting before any waste is moved.

All drivers are familiar with the Spill Control Plan and have access to a hard copy.



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Established 1938

## **MEMORANDUM:**

### **Spill Control Plan**

- (1) Spill control and safety equipment carried in each vehicle:
  - a. Reflectors and/or flares
  - b. Fire Extinguisher
  - c. First Aid Kit
- (2) All loads will be enclosed, covered or tarped to prevent accidental discharge of any waste during transport to the facility.
- (3) The driver is required to fill out vehicle inspection and/or trip report forms each day as the vehicle leaves and returns to our lot.
- (4) If there is an accident or emergency which causes a portion of the load to be spilled, the driver, if uninjured, will contact the following designated company coordinator:
  - a. Foreman of Jobsite
  - b. Downing Office – (302)656-9908
  - c. Bruce Downing – [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, the person contacted will notify the state emergency response team by calling one of the following numbers:
  - a. 911
  - b. (302)739-9401
  - c. (800)662-8802
- (6) This plan will be carried in all vehicles, along with the permit.

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Wilmington, Delaware 19803

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Established 1938

## **ATTACHMENTS**

### **4b) Bruce Downing – President**



**100% Ownership**

### **5) E. Earle Downing, Inc.**

**1221 Bowers Street**

**Unit 6**

**Wilmington, DE 19802**

### **8b) DSWA locations used:**

- **Cherry Island Landfill**

#### **Other In-State locations used:**

- **Contractors Materials**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/22/2025

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> Core Insurance Group 3650 Winding Way Newtown Square PA 19073	<b>CONTACT NAME:</b> Jill Laughlin, CISR	
	<b>PHONE (A/C, No, Ext):</b> 610-429-1310	<b>FAX (A/C, No):</b> 610-429-1320
<b>INSURED</b> E. Earle Downing, Inc PO Box 7830 Wilmington DE 19803	<b>E-MAIL ADDRESS:</b> Jill@coremailbox.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Selective Ins. Co. of South Carolina	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
<b>INSURER E:</b>		
<b>INSURER F:</b>		
<b>NAIC #</b>		

**COVERAGES** **CERTIFICATE NUMBER:** 1795954041 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			S 2629517	6/1/2024	6/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			S 2629517	6/1/2024	6/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			S 2629517	6/1/2024	6/1/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A			WC 9145370	6/1/2024	6/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Equipment Floater			S 2629517	6/1/2024	6/1/2025	Leased/Rented Equip Deductible \$100,000 \$1,000

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

## CERTIFICATE HOLDER

## CANCELLATION

Department of Natural Resources and Environmental  
Control Compliance and Permitting Section  
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

© 1988-2015 ACORD CORPORATION. All rights reserved.

VEHICLE IDENTIFICATION

Bill Acct	Bill Acct Name	Truck	Fleet	Veh_Year	Make	VT Label	State	Tag	Desc	GVWR
813	E. Earle Downing, Inc.	813025	307	2018	Hino	268 Dump	DE	C38896	White	26,000

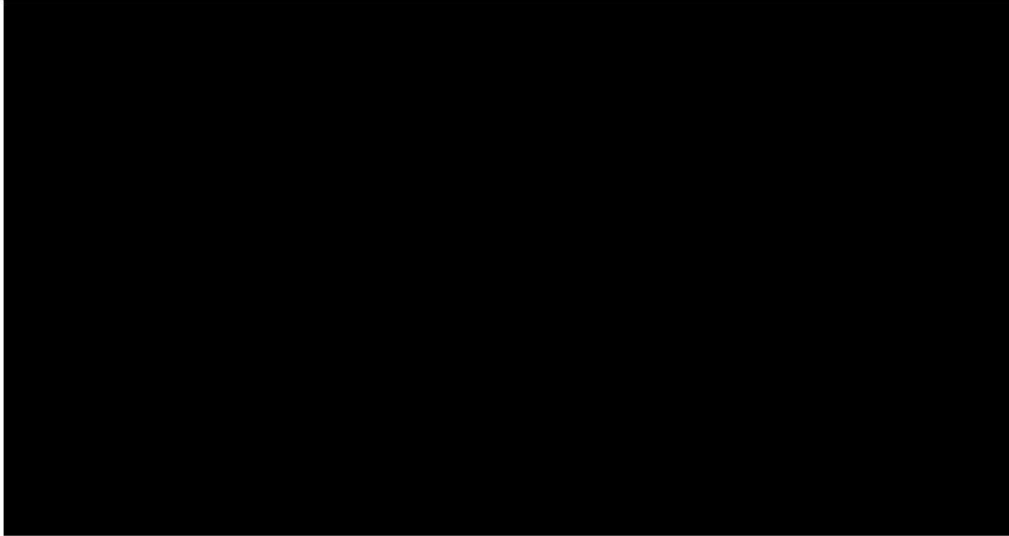
current update 3/4/25

E. Earle Downing, Inc.

Name

D.O.B.

License



## Davis, DaQuan (DNREC)

---

**From:** Bruce Downing <downingpaving@gmail.com>  
**Sent:** Tuesday, July 22, 2025 9:39 AM  
**To:** Davis, DaQuan (DNREC)  
**Subject:** Fwd: Incomplete Delaware Solid Waste Transporter Permit Application (DE-SW-0430D)  
**Attachments:** DNREC COI.pdf

----- Forwarded message -----

**From:** Office Email <[downingpaving@gmail.com](mailto:downingpaving@gmail.com)>  
**Date:** Thu, Jul 10, 2025 at 6:39 PM  
**Subject:** Re: Incomplete Delaware Solid Waste Transporter Permit Application (DE-SW-0430D)  
**To:** WHStranporters <[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)>

I already faxed an updated copy of our certificate of insurance to (302)739-5060 on 6/26/25. I have attached another copy to this email.

The vin number for our Hino dump is:  
5PVNE8JV1J4S56867

Heather Slemmer  
E. Earle Downing, Inc

I believe in the sun even when it's not shining! 🌻

On Jul 8, 2025, at 1:36 PM, WHStranporters <[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)> wrote:

Hi Ms. Slemmer,

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 10-** The Certificate of Insurance that you submitted was not up-to-date and expired (6/1/25). Please send an up-to-date Certificate of Insurance.
- **Section 13-** You did not submit a **VEHICLE IDENTIFICATION NUMBER (VIN)** of the vehicle 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>](#)

## Davis, DaQuan (DNREC)

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**From:** DNREC\_CAPS\_DNREctory\_Docs  
**Sent:** Thursday, June 26, 2025 10:14 AM  
**To:** Davis, DaQuan (DNREC)  
**Subject:** FW: Message Received from 3026561290 on 6/26/2025 10:05:36 AM.  
**Attachments:** Fax-Jun-26-2025-10-05-34-9573.PDF

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Received via fax. Carl

---

**From:** 3026561290 <3026561290>  
**Sent:** Thursday, June 26, 2025 10:06 AM  
**To:** DNREC\_CAPS\_DNREctory\_Docs <DNREC\_CAPS\_DNREctory\_Docs@delaware.gov>  
**Subject:** Message Received from 3026561290 on 6/26/2025 10:05:36 AM.

The attached fax was received from 3026561290 on 6/26/2025 at 10:05:36 AM.

JobID: 664108

## Davis, DaQuan (DNREC)

---

**From:** Davis, DaQuan (DNREC) on behalf of WHStranporters  
**Sent:** Tuesday, July 8, 2025 1:37 PM  
**To:** downingpaving@gmail.com  
**Subject:** Incomplete Delaware Solid Waste Transporter Permit Application (DE-SW-0430D)

**Categories:** Egress Switch: Unprotected

Hi Ms. Slemmer,

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 10-** The Certificate of Insurance that you submitted was not up-to-date and expired (6/1/25). Please send an up-to-date Certificate of Insurance.
- **Section 13-** You did not submit a **VEHICLE IDENTIFICATION NUMBER (VIN)** of the vehicle used for the transportation of waste.

• 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](mailto:WHStranporters@delaware.gov)

89 Kings Hwy SW, Dover, DE 19901

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



## **E. EARLE DOWNING, INC.**

*Asphalt Pavement Specialists*

*Established 1938*

P.O. Box 7830, Wilmington, Delaware 19803

Telephone: (302) 656-9908 Fax: (302) 656-1290

[www.downingpaving.com](http://www.downingpaving.com) [downingpaving@gmail.com](mailto:downingpaving@gmail.com)



6/26/2025

This fax contains an updated certificate of insurance for E. Earle Downing, Inc.  
Permit # DE-SW-0430D

If any further information is needed, please contact us at the number above.

Thank You,  
Heather Slemmer



# CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)  
6/12/2025

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

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

PRODUCER  
Core Insurance Group  
3550 Winding Way  
Newtown Square PA 19073

CONTACT NAME: Jill Laughlin, CISR  
PHONE (A/C, No, Ext): 610-429-1310 FAX (A/C, No): 610-429-1320  
E-MAIL ADDRESS: Jill@ccremailbox.com

INSURED  
E. Earle Downing, Inc  
PO Box 7830  
Wilmington DE 19803

EEARLDO-01

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Selective Ins. Co. of South Carolina	19259
INSURER B: Selective Ins. Co. of the Southeast	39928
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

## COVERAGES

CERTIFICATE NUMBER: 1156175263

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		S 2629517	6/1/2025	6/1/2025	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		S 2629517	6/1/2025	6/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS		S 2629517	6/1/2025	6/1/2026	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROP/ETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WC 914537C	6/1/2025	6/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
A	Equipment Floater		S 2629517	6/1/2025	6/1/2026	Leased/Rented Equip Deductible \$100,000 \$100

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

## CERTIFICATE HOLDER

Department of Natural Resources and Environmental Control,  
Compliance, and Permitting Section  
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

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