

# RECEIPT

DATE

10/28/25

No.

743683

RECEIVED FROM

Teal Construction Inc.

\$

350.00

Three hundred fifty and <sup>22</sup>/<sub>100</sub>

DOLLARS

☐ FOR RENT☐ FOR

DE-SW-0198

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY  
ORDER☐ CREDIT  
CARD

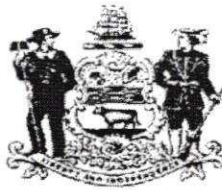
FROM

73061

TO

BY

M.M.



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

RECEIVED  
OCT 28 2025  
DNREC - WHS

**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- 0198 Expiration Date 12/31/25

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

**SCRAP TIRES ONLY**

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

**ALL OTHERS**

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

## 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 Teal Construction, Inc.

Location Address:	Mailing Address:
612 Mary St	
Dover, De. 19904	

Contact: Charles Reed, III Title: President

Business Phone: (302) 678-9500 Fax: (302) 678-9715

E-mail: cr1647@tealconstruction.com

24 hr Emergency Contact Phone

## 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: Dover State: De Date: 1968

☐ Municipality

☐ Public institution

☐ Limited Liability Corporation (LLC) State:

☐ Other: (must specify)

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

☐ Attachment

(c). If company is owned by or affiliated with a parent company, attach parent company name, address & mailing address, and % ownership.

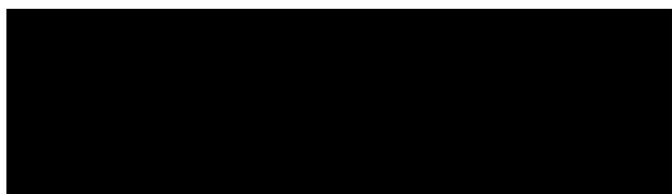
☐ Attachment

☒ No parent company

DE Solid Waste Transponder Renewal De-SW-0198

#4b Charles W. Reed III

Jeffrey M Wark



50%

50%



**5. Company locations in Delaware**

List name and street address of each company location, including freight terminals, within the State of Delaware.

- ☐ Attachment \_\_\_\_\_  
☐ No Delaware locations

**6. Company Affiliates**

List name, location and mailing addresses, nature of business relationship of all company Affiliates, which affiliates are engaged in the business of waste transport, treatment, storage, disposal, recovery or reclamation. (Affiliated companies are defined as those companies owned by the same owners, corporate officers, or parent company.)

- ☐ Attachment \_\_\_\_\_  
☒ No affiliates

**7. Type of Waste to be Transported**

(a). Check all that apply. Refer to Delaware's *Regulations Governing Solid Waste* for definitions of waste categories.

- ☐ Residential waste  
☐ Commercial waste (from **non-manufacturing, non-processing** businesses and offices)  
☐ Industrial waste (from a manufacturing or industrial process)  
☒ Dry waste: ☒ construction/demolition debris  
                                  ☐ trees/stumps  
                                  ☐ other (must specify) \_\_\_\_\_  
☐ Ash: ☐ municipal incinerator  
                                  ☐ coal ash  
                                  ☐ other (must specify) \_\_\_\_\_  
☐ Infectious waste  
☒ Non-hazardous petroleum-hydrocarbon contaminated soils  
☐ Asbestos-containing waste  
☐ Scrap Tires

(b). Does your company collect and transport residential (household) waste from single family homes, condominiums and apartment complexes in Delaware? ☐ Yes ☒ No

(c). If you answered "YES" to question 7.b., above, does your company provide recycling services to those customers? ☐ Yes ☐ No ☐ N/A

(d). If you offer recycling services, does your company collect and transport the recyclables separately from the waste generated by your customers? ☐ Yes ☐ No

(e). If you offer recycling services, are the recyclables ultimately taken to an incinerator (waste-to-energy) or landfill? ☐ Yes ☐ No

### 8. Treatment, Storage, and Disposal Facilities

- (a). Do you cross state lines with the waste? ☐ Yes ☒ No
- (b). Identify in an attachment **all** solid waste Treatment, Storage, Disposal Facilities, Reclamation Facilities and Transfer Stations to which the waste will be transported.
- ☒ Delaware Solid Waste Authority locations: (attachment) \_\_\_\_\_
  - ☐ Clean Earth of New Castle, Inc. (thermal treatment facility for PHC-soils)
  - ☐ Delaware Recyclable Products, Inc. (dry waste, commercial, industrial, and PHC-soils)
  - ☐ Other in-state solid waste facilities, including private facilities: (attachment) \_\_\_\_\_
  - ☐ Out of state solid waste TSD facilities: (attachment) \_\_\_\_\_

### 9. Other Transporter Permits

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

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

☐ Attachment \_\_\_\_\_

☒ No transporter permits in other states

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

DOT# 007729 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

**FEAL**

CONSTRUCTION, INC.



#8 Part "B"

Delaware Solid Waste Facilities

Central

Southern

Milford

Rte 5

Pinecrest Odessa

We use Central and Southern Facilities most all the time





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/05/2025

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> V W Brown Insurance Service 10380 Old Columbia Rd. Ste 104 Columbia MD 21046	<b>CONTACT NAME:</b> Allison Tallon <b>PHONE (A/C, No, Ext):</b> (410) 730-2688 <b>FAX (A/C, No):</b> (410) 730-0219 <b>E-MAIL ADDRESS:</b> atallon@vwbrown.com																					
<b>INSURED</b> Teal Construction Inc. 612 Mary Street PO Box 779 Dover DE 19903	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Citizens Insurance Co</td><td>31534</td></tr><tr><td>INSURER B:</td><td>Allmerica Financial Benefit</td><td>41840</td></tr><tr><td>INSURER C:</td><td>Allmerica Financial Alliance</td><td>10212</td></tr><tr><td>INSURER D:</td><td>Hanover Insurance</td><td>22292</td></tr><tr><td>INSURER E:</td><td>Navigators Specialty Insurance Company</td><td>36056</td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Citizens Insurance Co	31534	INSURER B:	Allmerica Financial Benefit	41840	INSURER C:	Allmerica Financial Alliance	10212	INSURER D:	Hanover Insurance	22292	INSURER E:	Navigators Specialty Insurance Company	36056	INSURER F:		
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INSURER F:																						

**COVERAGES****CERTIFICATE NUMBER:** 2025-2026**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ZBQ H925070	02/10/2025	02/10/2026	<table><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 10,000</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	MED EXP (Any one person)	\$ 10,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
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GENERAL AGGREGATE	\$ 2,000,000																				
PRODUCTS - COMP/OP AGG	\$ 2,000,000																				
	\$																				
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			AWQ H925148	02/10/2025	02/10/2026	<table><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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BODILY INJURY (Per person)	\$																				
BODILY INJURY (Per accident)	\$																				
PROPERTY DAMAGE (Per accident)	\$																				
	\$																				
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			UHQ H925077	02/10/2025	02/10/2026	<table><tr><td>EACH OCCURRENCE</td><td>\$ 10,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 10,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 10,000,000	AGGREGATE	\$ 10,000,000		\$								
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AGGREGATE	\$ 10,000,000																				
	\$																				
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N	N/A		WKQ H925121	02/10/2025	02/10/2026	<table><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 500,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 500,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 500,000</td></tr></table>	<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						
<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																				
D	Contractors Equipment - \$2,500 Ded Installation Floater			IHQ J302552	02/10/2025	02/10/2026	<table><tr><td>Scheduled Equip.</td><td>\$6,136,812</td></tr><tr><td>Leased/Rented Equip</td><td>\$450,000</td></tr><tr><td>Installation Floater</td><td>\$300,000</td></tr></table>	Scheduled Equip.	\$6,136,812	Leased/Rented Equip	\$450,000	Installation Floater	\$300,000								
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Leased/Rented Equip	\$450,000																				
Installation Floater	\$300,000																				

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

**CERTIFICATE HOLDER****CANCELLATION**

State of DE, Dept of Natural Resources & Environmental Control  
Solid & Hazardous Waste Mgmt  
89 Kings Highway  
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.



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

	<b>FOR-HIRE INTERSTATE</b>	<b>ALL OTHERS</b>
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 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)	\$350,000.00 <input type="checkbox"/>
Scrap Tires Only	\$350,000.00 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>

#### 11. Spill Control and Safety

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

✓ Spill Control Plan: Attachment \_\_\_\_\_

#### 12. Driver Training

**IN SUMMARY OR OUTLINE FORM**, describe the procedures that your company takes to ensure that all company drivers are safe and competent drivers. Small owner-operators may describe their years of experience and driving record in lieu of a formal program.

- (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 \_\_\_\_\_



## SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

11.

1. Spill Containment Kit is on Vehicle.
  - Triangle Reflectors
  - Fire Extinguisher
  - First Aid Kit
  - Heavy-duty gloves, hardhat
  - Flashlight
2. All loads will be enclosed, covered, or taped to prevent accidental discharge of the waste during transport to the disposal facility.
3. The driver will perform the following pre-trip inspections:
  - Daily
4. & 5. If a small quantity is spilled the driver will stop and clean up before continuing to the destination.

If it is a large spillage and the driver cannot clean it up, Robert Edgell or Charles Reed will be contacted, 302-678-9500.

The contact person will send out an additional crew and equipment to completely clean up the site.

If a crew is not available, the contact person will contract for clean-up services with another company.

DB Emergency reporting no. 1-800-662-8802

302-739-9401

. 911

12.

- Driver Training
  - Road Test
  - CDL License
  - CDL Physical every two years
  - Drug Screening - Pre-employment, random after that
  - Defensive driving course, if too many points.

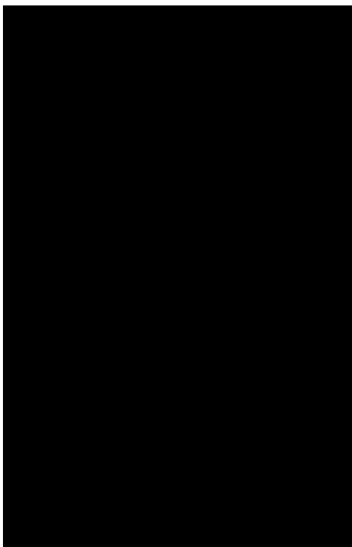
Student	Course Category	Course Title	Completed
Abdul Aziz, Razzaq	Driver-DOT	Defensive Driving for CMV Drivers Module 1: Prepare	08/14/2022
Abdul Aziz, Razzaq	Driver-DOT	Defensive Driving for CMV Drivers Module 2: Communicate	08/14/2022
Abdul Aziz, Razzaq	Driver-DOT	Defensive Driving for CMV Drivers Module 3: Look	08/14/2022
Abdul Aziz, Razzaq	Driver-DOT	Defensive Driving for CMV Drivers Module 4: Manage Speed & Space	08/14/2022
Abdul Aziz, Razzaq	Driver-DOT	Corrective Action Training: CDLs & Medical Cards	11/12/2022
Abdul Aziz, Razzaq	Driver-DOT	Corrective Action Training: Cell Phones	07/24/2022
Abdul Aziz, Razzaq	Driver-DOT	Corrective Action Training: Emergency Equipment	11/12/2022
Abdul Aziz, Razzaq	Driver-DOT	Corrective Action Training: Tailgating	07/30/2022
Abdul Aziz, Razzaq	Driver-DOT	Corrective Action Training: Tires	11/12/2022
Abdul Aziz, Razzaq	Driver-DOT	Corrective Action Training: Vehicle Leaks	11/12/2022
Abdul Aziz, Razzaq	Driver-DOT	Corrective Action Training: Vehicle Maintenance	11/12/2022
Abdul Aziz, Razzaq	Driver-DOT	Safe and Smart CDL Class A Driver Training: Pre-Trip Vehicle Inspection: Walk Around	07/24/2022
Abdul Aziz, Razzaq	Driver-DOT	Safe and Smart CDL Class A Driver Training: Post-Trip Inspections	07/24/2022
Abdul Aziz, Razzaq	Driver-DOT	Corrective Action Training: Cargo Securement: Flatbeds	11/12/2022
Jefferson, James	Driver-DOT	Corrective Action Training: Cell Phones	05/20/2022
Jefferson, James	Driver-DOT	Corrective Action Training: Tailgating	08/05/2022
Jefferson, James	Driver-DOT	Safe and Smart CDL Class A Driver Training: Pre-Trip Vehicle Inspection: Walk Around	05/20/2022
Jefferson, James	Driver-DOT	Safe and Smart CDL Class A Driver Training: Post-Trip Inspections	05/20/2022
Middleton, Donovan	Hazmat	Hazmat: General Awareness Training	06/16/2022
Middleton, Donovan	Driver-DOT	Defensive Driving for CMV Drivers Module 1: Prepare	10/26/2022
Middleton, Donovan	Driver-DOT	Defensive Driving for CMV Drivers Module 2: Communicate	10/26/2022
Middleton, Donovan	Driver-DOT	Defensive Driving for CMV Drivers Module 3: Look	10/26/2022
Middleton, Donovan	Driver-DOT	Defensive Driving for CMV Drivers Module 4: Manage Speed & Space	10/26/2022
Middleton, Donovan	Driver-DOT	Corrective Action Training: Cell Phones	05/23/2022
Middleton, Donovan	Driver-DOT	Safe and Smart CDL Class A Driver Training: Pre-Trip Vehicle Inspection: Walk Around	06/16/2022
Middleton, Donovan	Driver-DOT	Safe and Smart CDL Class A Driver Training: Post-Trip Inspections	06/15/2022
Sobiech, Adam	Driver-DOT	Corrective Action Training: Cell Phones	07/25/2022
Webb, Andy	Hazmat	Hazmat: General Awareness Training	06/17/2022
Webb, Andy	Driver-DOT	Defensive Driving for CMV Drivers Module 1: Prepare	08/09/2022
Webb, Andy	Driver-DOT	Defensive Driving for CMV Drivers Module 2: Communicate	08/09/2022
Webb, Andy	Driver-DOT	Defensive Driving for CMV Drivers Module 3: Look	08/09/2022
Webb, Andy	Driver-DOT	Defensive Driving for CMV Drivers Module 4: Manage Speed & Space	08/09/2022
Webb, Andy	Driver-DOT	Corrective Action Training: Cell Phones	05/19/2022
Webb, Andy	Driver-DOT	Corrective Action Training: Tailgating	08/09/2022
Webb, Andy	Driver-DOT	Safe and Smart CDL Class A Driver Training: Pre-Trip Vehicle Inspection: Walk Around	05/19/2022
Webb, Andy	Driver-DOT	Safe and Smart CDL Class A Driver Training: Post-Trip Inspections	05/19/2022
Wisneski, David	Driver-DOT	Defensive Driving for CMV Drivers Module 1: Prepare	10/18/2022
Wisneski, David	Driver-DOT	Defensive Driving for CMV Drivers Module 3: Look	10/18/2022
Wisneski, David	Driver-DOT	Defensive Driving for CMV Drivers Module 4: Manage Speed & Space	10/18/2022
Wisneski, David	Driver-DOT	Corrective Action Training: Cell Phones	07/26/2022
Wisneski, David	Driver-DOT	Corrective Action Training: Tailgating	07/26/2022
Wisneski, David	Driver-DOT	Safe and Smart CDL Class A Driver Training: Pre-Trip Vehicle Inspection: Walk Around	07/26/2022
Wisneski, David	Driver-DOT	Safe and Smart CDL Class A Driver Training: Post-Trip Inspections	07/26/2022

Year	Make	Model	Type	Ser #	State	Tag #	Color	Eq #	Registered Weight DE	Ownership
2020	Chevrolet	1500	Pickup	1GCRYAF5L2250210	DE	C184	Gray	01.087	7000	Teal Construction Inc.
1995	Kenworth	T300	Flatbed	2NKM77X65M649263	DE	CL107943	Blue	04.122	33000	Teal Construction Inc.
2003	International	4400	Dump Truck	1HTMKAA93H561253	DE	CL118616	Blue	04.125	33000	Teal Construction Inc.
2000	International	4700-04	Flatbed	1HTSCABP8YH325298	DE	CL110781	Blue	04.127	31000	Teal Construction Inc.
2000	International	4700-04	Flatbed	1HTSCABPX1H347356	DE	CL110792	Blue	04.129	33000	Teal Construction Inc.
2002	International	4700	Dump Truck	1HTSCABNX2H524794	DE	CL115328	Blue	04.131	33000	Teal Construction Inc.
2017	Kenworth	T880	Dump Truck	1NKZXPEX6HJ173141	DE	CL118234	Blue	05.132	73280	Teal Construction Inc.
2007	Kenworth	T800B	Dump Truck	2NKDL00X27M169163	DE	CL111117	Blue	05.133	73280	Teal Construction Inc.
2006	Kenworth	T800B	Dump Truck	1NKDL00XX6J150530	DE	CL110789	Blue	05.134	73280	Teal Construction Inc.
2006	Kenworth	T800B	Dump Truck	1NKDL00X16J150531	DE	CL110790	Blue	05.135	73280	Teal Construction Inc.
2005	Kenworth	T800	Dump Truck	1NKDL00X35J101121	DE	CL109788	Blue	05.136	73280	Teal Construction Inc.
2005	Kenworth	T800	Dump Truck	1NKDL00X55J101122	DE	CL109787	Blue	05.137	73280	Teal Construction Inc.



Delaware Solid Waste

#14 - List of all vehicle operators



MEMBER

Delaware Utility and Transportation  
Contractors Association, Inc.  
National Utility Contractors Association



### 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 Jeffrey M. Wark Date 10/10/25  
Print Name Jeffrey M. Wark Title Secretary/Treasurer

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