

RECEIPT

DATE

11/12/25

No.

743693

RECEIVED FROM

Cisneros Construction LLC

\$

350.00

Three hundred fifty and $\frac{00}{100}$ DOLLARS☐ FOR RENT☒ FOR

DE-SW-2169 New

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY
ORDER☐ CREDIT
CARD

FROM

1329

TO

BY

M.M.



RECEIVED

NOV 12 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- _____ Expiration Date _____

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 Cisneros Construction LLC

Location Address:	Mailing Address:
539 Money Rd Townsend, DE 19734	539 Money Rd Townsend, DE 19734

Contact: Anthony Cisneros Title: Owner

Business Phone: 302-242-7270 Fax: _____

E-mail: anthony@acisnerosconstruction.com

24 hr Emergency Contact Phone: 302-242-7270

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: Townsend State: Delaware Date: 10/28/2025
☐ Municipality
☐ Public institution
☐ Limited Liability Corporation (LLC) State: Delaware
☐ 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.

Anthony Cisneros, Owner, 539 Money Rd, Townsend, DE 19734,
☐ Attachment [REDACTED] 100% Ownership.

(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 539 Money Rd Townsend, DE 19734
☐ 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) Wilming
 - ☐ 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# 4475413 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.

I have not recieved an MC# in mail and or email and has been a month since applied. I believe an MC# is not needed since I used this for my own construcion work.

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 checked="" 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 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 Attached to Email

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 _____

I have been driving dump trailers that do not exceed 26,000 GVWR and unaware of needing any kind of permits or licenses to operate

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 11/5/2025

Print Name Anthony Cisneros 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]

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 Tires
 - 2). Load Security
- (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: I the owner will be the only Phone: 302-242-7270
driver
- (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)

11/5/2025

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 CBM Insurance Agency, LLC 100 W. Commons Blvd, Ste 302 New Castle DE 19720		CONTACT NAME: PHONE (A/C, No, Ext): 302-322-2261 E-MAIL ADDRESS: nkokkoris@cbmins.com FAX (A/C, No): 302-322-8285		
INSURED Cisneros Construction, LLC 539 Money Rd Townsend DE 19734-9343 CISNCON-01		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Harford Mutual Ins Co.		14141
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
INSURER F:				

COVERAGES**CERTIFICATE NUMBER:** 1041566523**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
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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		MP107128710	12/1/2024	12/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 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 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		CA10712887	12/1/2024	12/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	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 type="checkbox"/> N / A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER**CANCELLATION**

Department of Natural Resources and Environmental Control
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.

Cisneros Construction LLC

Emergency Contact: Anthony Cisneros

Cell: 302-242-7270

Email: anthony@acisnerosconstruction.com

Dry Waste Transport Spill Control Plan

Vehicle Type: Dry Waste Transport Vehicle (Dump Truck, Roll-Off, Box Truck)

Waste Type: Non-Hazardous Solid / Dry Waste

1. Spill Control and Safety Equipment List

Item	Quantity / Notes
Universal spill kit	5-gallon minimum
Absorbent pads and socks	For minor oil/hydraulic leaks
Heavy-duty broom and shovel	Essential for debris containment
Dustpan	Non-sparking preferred
Industrial-strength trash bags	6 mil thickness, labeled for waste
Plastic sheeting / tarps	For covering and containing loads
Duct tape and zip ties	For securing covers or minor repairs
Safety cones and warning triangles	Minimum 3 each per vehicle
Portable fire extinguisher	ABC rated
Work gloves	Nitrile or heavy-duty
Safety glasses	ANSI approved
High-visibility vest & hard hat	Required when outside vehicle
First aid kit	Fully stocked per OSHA standards
Flashlight	Intrinsically safe type
Vehicle spill/incident report forms	Stored in driver's logbook

2. Driver Preventive Measures

- Inspect vehicle pre-trip (hydraulic leaks, tires, load security).
- Ensure all dry waste is properly contained and covered.
- Secure all tailgates, roll-off lids, or box doors.
- Maintain spill kit and PPE in accessible condition.
- Avoid sudden maneuvers that could dislodge cargo.

3. Driver Immediate Corrective Actions

1. Stop vehicle safely and deploy hazard lights/cones.
2. Don PPE before approaching spill.
3. Re-contain spilled dry waste using broom/shovel.
4. Sweep area to prevent hazards.
5. Apply absorbent for any minor fluid leaks.
6. Notify dispatch immediately.
7. Record incident details (time, location, material spilled, estimated quantity).

4. Company Internal Communications

- Driver → Dispatch: Immediate verbal notification.
- Dispatch → Safety Officer: Within 15 minutes.
- Safety Officer → Operations Manager: Within 30 minutes.
- Written incident report completed within 24 hours.

5. Company External Communications

- DNREC Emergency Response: 1-800-662-8802
- DNREC Alternate Contact: 302-739-9401
- Local Fire / Police: As required
- National Response Center (if federal reporting required): 1-800-424-8802

6. Cleanup and Decontamination Measures

- Collect and contain all spilled dry waste.
- Place recovered materials in proper containers or back in vehicle.
- Sweep/wash area if permitted; prevent runoff into drains.
- Dispose of contaminated materials according to company policy.
- Clean and inspect spill response equipment before reuse.
- File cleanup report with Safety Officer.

Spill Kit Contents Checklist

(To be completed after each trip or use of spill kit)

Item	Quantity	Checked By	Date
Absorbent pads			
Absorbent socks			
Broom/Shovel			
Trash bags			
Tarps			
Gloves			
Safety glasses			
Fire extinguisher			
Cones / triangles			
First aid kit			
Flashlight			

Driver Signature: _____

Date: _____

Davis, DaQuan (DNREC)

From: anthony@acisnerosconstruction.com
Sent: Wednesday, November 5, 2025 11:24 AM
To: WHStranporters
Subject: RE: Transporter Permit
Attachments: Cisneros Construction Dry Waste Spill Control Plan 11052025.pdf; Department of Natural Resources and Environme_Cisneros Construction, LLC_Master 2024-2025_11-5-2025_1041566523.pdf; 2024 Application with FOIA and Attachments completed 11052025.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Anthony Cisneros
CISNEROS CONSTRUCTION LLC
539 Money Rd
Townsend, DE 19734
Cell:302-242-7270
Email:anthony@acisnerosconstruction.com



From: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> **On Behalf Of** WHStranporters
Sent: Monday, November 3, 2025 3:21 PM
To: anthony@acisnerosconstruction.com
Subject: RE: Transporter Permit

Hello,

Did you mail a check for \$350.00? Will send today 11/5/2025

Please address the items listed below:

- **Section 4(b)-** The ownership information was missing the dates of birth, ownership percentages, titles, and the owner's mailing address. I am the sole owner, [REDACTED] Anthony Cisneros, 100% Ownership, Owner, 539 Money Rd Townsend, DE 19734
- **Section 4(c)-** Do you have a parent company? No, Cisneros Construction LLC is the company
- **Section 5-** Do you only have one company location in Delaware? Please provide your Delaware company locations. Yes, 539 Money Rd, Townsend, DE 19734
- **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. I can send one but will only be dated 12/1/2024 through 12/1/2025. I cannot get the updated one until 12/1/2025.
- **Section 11-** The spill control plan is missing an emergency contact (name and phone number) and pre-trip inspections. Please update this plan, add the contact information, and include pre-trip inspections. Added Emergency Contact and Pre-Trip inspection is under 2. Driver Preventive Measures.
- **Section 12-** Please provide driver training. Requirements include:
 - (a). Special licenses (e.g. CDL, including any special endorsements), any special training received, including dates training was received (e.g. asbestos training), and any ongoing company programs. (e.g. weekly safety meetings or annual refresher courses); I am using a Class D Drivers License and only using to haul roll-off dumpsters/trailers that do not exceed 26,000 GVWR.
 - (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. I the owner will be the only driver
 - (c). Describe how drivers are instructed in the following: I have been driving dump trailers that do not exceed 26,000 GVWR and have had no issues on the road and proper handling procedures and security of materials. I was unaware of needing any kind of permits or licenses to operate since everyone I know operate without this documentation but was told by DSWA I needed a Transporter Permit.
 - (i) Knowledge of proper handling procedures for the type of solid waste being transported. Have been
 - (ii) Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)
 - (iii) Familiarity with the conditions of the solid waste transporter's permit.
- **Section 13-** What state is the vehicle registration? Delaware
- **Section 14-** You did not provide a list of vehicle operators. I will be the only operator
- **Section 16-** Please have the owners sign and date the application. Attached signed application

Thank you,

DaQuan Davis



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: anthony@acisnerosconstruction.com <anthony@acisnerosconstruction.com>

Sent: Tuesday, October 28, 2025 12:33 PM

To: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov>

Subject: RE: Transporter Permit

Good afternoon please see attached docs for Transporter permit. If you need any further information please let me know, thank you.

Anthony Cisneros
CISNEROS CONSTRUCTION LLC
539 Money Rd
Townsend, DE 19734
Cell:302-242-7270
Email:anthony@acisnerosconstruction.com



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

Sent: Tuesday, August 19, 2025 9:03 AM

To: Cisneros Construction <anthony@acisnerosconstruction.com>

Subject: RE: Transporter Permit

Thank you,
DaQuan Davis



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous
Substances

☎ 302-739-9403

✉ daquan.davis@delaware.gov

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 dnrec.delaware.gov



From: Cisneros Construction <anthony@acisnerosconstruction.com>

Sent: Monday, August 18, 2025 1:02 PM

To: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov>

Subject: Transporter Permit

Good morning,

I called about a week ago to get an application for a Transporter Permit and haven't received anything via email yet. DSWA says I need to have this to operate my dumpsters and would like to get everything in order as soon as possible. Can you please send me the application or what Documentation you need from me to get permit, thank you.

Anthony Cisneros

CISNEROS CONSTRUCTION LLC

539 Money Rd

Townsend, DE 19734

Cell:302-242-7270

Email:anthony@acisnerosconstruction.com

