

RECEIPT

DATE

12/10/25

No.

635812

RECEIVED FROM

Gateway Construction Inc.

\$

650.00

Six hundred fifty and ⁰⁰/₁₀₀

DOLLARS

☐ FOR RENT☒ FOR

DF-SW-1369

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY
ORDER☐ CREDIT
CARD

FROM

11679

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

RECEIVED
DEC 10 2025
DNREC - WHS

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

SOLID WASTE TRANSPORTER PERMIT APPLICATION

Language Preference: English

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- 1369-003479 Expiration Date 3/31/2025

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 Gateway Construction Inc.

Location Address:	Mailing Address:
Gateway Construction Inc.	P.O. Box 308
498 Sudlersville Rd.	Hartly, DE 19953
Clayton, DE 19938	

Contact: Mark Kohout Title: Company President

Business Phone: 302-653-4400 Fax: 302-653-4405

E-mail: gwc2001@gmail.com

24 hr Emergency Contact Phone: 302-363-6240

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: Clayton State: DE Date: 1/1/2001

- ☐ 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 1

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

- ☐ Attachment _____
☒ No parent company

5. Company locations in Delaware

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

- ☒ Attachment 2
☐ 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) #3
 - ☐ 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 #4
- ☐ No transporter permits in other states

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

DOT# 1047616 MC# 690369C

- ☐ 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:

See
attachment
#5

	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 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 #6 _____

12. Driver Training

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

- (a). Include requirements for special licenses (e.g. CDL, including any special endorsements), any special training received, including dates training was received (e.g. asbestos training), and any ongoing company programs. (e.g. weekly safety meetings or annual refresher courses);
- (b). Include your company procedure for periodic checks of the driver's records for moving violations, and your company policy on progressive counseling/discipline based on points;
- (c). Describe how drivers are instructed in the following:
 - (i) Knowledge of proper handling procedures for the type of solid waste being transported.
 - (ii) Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)
 - (iii) Familiarity with the conditions of the solid waste transporter's permit.

✓ Driver Training, attachment #7 _____

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 12-3-25
Print Name Mark Kohout Title Company President

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



GATEWAY CONSTRUCTION INC.

SITWORK • GRADING • EXCAVATING • DEMOLITIONS • SEPTICS • PAVING
FOR SALE – STONE, FILL DIRT & TOP SOIL
Physical Address: 498 SUDLERSVILLE RD., CLAYTON, DE 19938
Mailing Address: P.O. BOX 308, HARTLY, DE 19953
Phone 302.653.4400 Fax 302.653.4405

Attachment #1

Company Ownership Information

Mark Kohout



100% Ownership

GATEWAY CONSTRUCTION INC.



SITEWORK • GRADING • EXCAVATING • DEMOLITIONS • SEPTICS • PAVING
FOR SALE – STONE, FILL DIRT & TOP SOIL

Physical Address: 498 SUDLERSVILLE RD., CLAYTON, DE 19938

Mailing Address: P.O. BOX 308, HARTLY, DE 19953

Phone 302.653.4400 Fax 302.653.4405

Attachment #2

Delaware Company Location Information

*Gateway Construction, Inc.
498 Sudlersville Road
Clayton, DE 19938*



SITWORK • GRADING • EXCAVATING • DEMOLITIONS • SEPTICS • PAVING
FOR SALE – STONE, FILL DIRT & TOP SOIL

Physical Address: 498 SUDLERSVILLE RD., CLAYTON, DE 19938

Mailing Address: P.O. BOX 308, HARTLY, DE 19953

Phone 302.653.4400 Fax 302.653.4405

Attachment #3

Waste Facilities Used

*Delaware Solid Waste Authority
Sandtown Location
1107 Willow Grove Road
Felton, DE 19943*

Other location if needed

*Clean Earth of New Castle
94 Pyles Lane
New Castle, DE 19720*

Transporter
Permit Info



#4

CECIL COUNTY FINANCE DEPARTMENT
200 CHESAPEAKE BLVD., SUITE 1100
ELKTON, MARYLAND 21921

TELEPHONE: 410-996-5385 OR 410-658-4041
FAX: 410-996-5206

September 17, 2014

Gateway Construction Inc
498 Sudlersville Road
Clayton, DE 19938

DOT: 1047616
MC# 690369-C

Cecil County Solid Waste Management Facilities
Landfill Account Number: 1758

Per your new account approval, I am sending your vehicle permits. Each sticker should be placed on the truck in accordance with the enclosed instructions provided by the Cecil County Landfill.

Truck: 2002 Peterbilt CL112912

Cecil County Permit No: 4331

Truck: 1989 Peterbilt CL112603

Cecil County Permit No: 4332

Truck: 2004 Kenworth CL114542

Cecil County Permit No: 4333

If you have any policy questions, please contact the Solid Waste Management Division at (410) 996-6275. For billing questions or to request additional stickers, please contact the Finance Office at (410) 996-5390. Additionally, please be advised proof of disposal origination is required to ensure the material originated from Cecil County.

Sincerely,

Sabrina Scholl
Sabrina Scholl
Billing Coordinator

Distributed 9/
to Driver



GATEWAY CONSTRUCTION INC.

SITWORK • GRADING • EXCAVATING • DEMOLITIONS • SEPTICS • PAVING
FOR SALE – STONE, FILL DIRT & TOP SOIL

Physical Address: 498 SUDLERSVILLE RD., CLAYTON, DE 19938

Mailing Address: P.O. BOX 308, HARTLY, DE 19953

Phone 302.653.4400 Fax 302.653.4405

Attachment #5

COI



GATECON-01

MKELLEY

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 L & W Insurance Inc. 1154 S Governors Ave Dover, DE 19904	CONTACT NAME:	
	PHONE (A/C, No, Ext): (302) 674-3500	FAX (A/C, No): (302) 674-2909
INSURED Gateway Construction Inc. Mark Kohout P.O. Box 308 Hartly, DE 19953	E-MAIL ADDRESS: contact@lwinsurance.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Atlantic States	
	INSURER B: Donegal Mutual	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			CPA9050132	6/20/2025	6/20/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 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 OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			1000186174	6/20/2025	6/20/2026	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 <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			CXL9050132	6/20/2025	6/20/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below			1000030271	6/20/2025	6/20/2026	<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	<input checked="" type="checkbox"/> Equipment Floater			CPA9050132	6/20/2025	6/20/2026	Leased/Rented \$ 50,000

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

CERTIFICATE HOLDER

CANCELLATION

Delaware Solid Waste Authority
1128 S. Bradford St.
Dover, DE 19904

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

GATEWAY CONSTRUCTION INC.

498 Sudlersville Road, Clayton, DE 19938

Phone (302) 653-4400 Fax (302) 653-4405

email: gwc2001@gmail.com

SPILL CONTROL PLAN FOR WASTE HAULERS

- (1.) Spill control and safety equipment carried in each vehicle:
 1. Reflectors or Flares
 2. Fire Extinguisher
 3. First Aid Kit
 4. Gloves
 5. Flashlight
 6. Safety (Neon) Vest
 7. Wheel Chocks
 8. Hard Hat
- (2.) All loads will be tarped/covered to prevent accidental discharge of the Waste during transport to the disposal facility.
- (3.) The driver will perform typical pre-trip inspection of equipment Including:
 1. Daily safety of vehicle, ie: tires, lights etc.
 2. Personal safety gear as listed above.
- (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:
 1. Mark Kohout Sr. (302) 363-6240
- (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 due to the nature of the Waste, location of the accident, 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 or (302) 739-9401 or (800) 662-8802
- (6.) The designated coordinator will be responsible for the clean up.
- (7.) This plan will be carried in all vehicles along with the permit

**SPILL CONTROL PLAN FOR
NON-HAZARDOUS SOLID WASTE TRANSPORTERS**

EMERGENCY CONTACTS

COMPANY COORDINATOR(S)

Name	Telephone Number
MARK KONOLT	802-363-6240

Name	Telephone Number
MARK KONOLT JR	302-242-1570

**CONTRACTORS IMMEDIATELY AVAILABLE TO RESPOND TO
RELEASES/SPILLS**

Name	Telephone Number

Name	Telephone Number

REPORTING A RELEASE OR SPILL IN DELAWARE

911
(302) 739-9401
(800) 662-8802

ADDITIONAL COMPANY CONTACTS

Name	Telephone Number

Attachment #7

Truck Driver Training Outline/Summary

(A.)

GW Hires (Minimum 6 month) Experienced truck driver with a CDL and Mandatory Medical Certificate.

GW participates in Workplace Safety Programs through Department of Insurance with State of Delaware.

GW is active and in compliance with Federal DOT Regulations including mandatory pre employment drug screening and random lottery drug and alcohol testing.

GW holds safety meetings on an as needed basis to be aware of changing needs and to notify employees of such.

(B.)

It is policy for new hires and truck drivers to sign a release form for Motor Vehicle giving GW ability to obtain copies of driving records at any time.

Our employment applications require driving record information.

We ask/discuss record information.

GW is a small business with (3) trucks in current operation. It is mandatory to be informed of any violation in our company vehicles or changes in driver status with motor vehicle.

There is constant interaction between drivers and management, with a small crew work atmosphere.

(C.)

Loads are tarped.

We haul dry waste/construction debris.

Problems are phoned to supervisor for instructions.

Our drivers have cell phones and are issued hands free blue tooth unit for constant communication ability with law compliance.

All drivers will be supplied solid waste transporters permit conditions.

Safety is critical, with suggestions welcomed to Gateway Construction, Inc.

Every precaution will be taken to benefit all employees/ business associates.

Any accidents are reported immediately to the Gateway Foreman, MK Jr. or the owner, MK Sr and office staff for a report to be filed.

There are first aid kits (with minor aid instructions included) and fire extinguishers in each vehicle.

Should emergency care be required employee will be taken to the closest emergency center.

Drug testing is mandatory for all occupation accidents and could result in discharge from service.

GATEWAY CONSTRUCTION INC.

SITework • GRADING • EXCAVATING • DEMOLITIONS • SEPTICS • PAVING
FOR SALE - STONE, FILL DIRT & TOP SOIL

Physical Address: 498 SUDLERSVILLE RD., CLAYTON, DE 19938

Mailing Address: P.O. BOX 308, HARTLY, DE 19953

Phone 302.653.4400 Fax 302.653.4405



*Vehicle
Information
List*

List of Dump Trucks for Trucking Services

Permit# DE-SW-1369

Exp: 3-31-2026

Gateway Construction Inc. US DOT# 1047616

2002 Peterbilt Dump Truck (4axles)
Color - Blue, steel body
Weight rating 80,000
Plate# CL112912

2004 Kenworth T80 Dump Truck (4axles)
Color - Gray Cab, aluminum Body
Weight rating 77,200
Plate# CL114542

2017 Peterbilt Tri-Axle Dump Truck (4axles)
Color - Black, steel body
Weight rating 80,000
Plate# CL117668

2015 Peterbilt Tri-Axle Dump Truck (4axles)
Color-Black
Weight rating 80,000
Plate# CL108166

2005 Easy Dump Trailer VIN# 4YZDT122351009622
GVWR 14,000
PLATE# MA 162487D

GATEWAY CONSTRUCTION INC.

SITEWORK • GRADING • EXCAVATING • DEMOLITIONS • SEPTICS • PAVING
FOR SALE - STONE, FILL DIRT & TOP SOIL

Physical Address: 498 SUDLERSVILLE RD., CLAYTON, DE 19938

Mailing Address: P.O. BOX 308, HARTLY, DE 19953

Phone 302.653.4400 Fax 302.653.4405

List of Dump Trucks & Easy Dump Operators

Mark Kohout Sr.

Mark Kohout Jr.

Charles Brown

Ramon Bravo Jr.

James Marshall "Tex"

Charles Forrest

John Maurer

Davis, DaQuan (DNREC)

From: Gateway Construction <gwc2001@gmail.com>
Sent: Monday, December 15, 2025 11:21 AM
To: WHStranporters
Subject: Re: Delaware Solid Waste Transporter Permit
Attachments: COI for DNREC.pdf; Vehicle Information List.docx

Please see attached additional information needed for our transporter permit application. If there is anything else you need please let me know. Thank you!

Sincerely,
Vicki Frischkorn
Gateway Construction Inc.
498 Sudlersville Rd.
Clayton, DE 19938
Ph# 302-653-4400
Fx# 302-653-4405
Email: gwc2001@gmail.com

On Fri, Dec 12, 2025 at 1:31 PM WHStranporters <WHStranporters@delaware.gov> wrote:

Mr. Kohout,

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**-Provide an updated Certificate of Insurance and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section. The address is 89 Kings Highway SW, Dover, DE 19901.
- **Section 13**-The vehicle list submitted was missing the following: **VEHICLE IDENTIFICATION NUMBER (VIN), STATE OF REGISTRATION, and OWNERSHIP.**

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

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





GATECON-01

MKELLEY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/15/2025

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 L & W Insurance Inc. 1154 S Governors Ave Dover, DE 19904	CONTACT NAME: PHONE (A/C, No, Ext): (302) 674-3500 FAX (A/C, No): (302) 674-2909 E-MAIL ADDRESS: contact@lwinsurance.com														
INSURED Gateway Construction Inc. Mark Kohout P.O. Box 308 Hartly, DE 19953	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : Atlantic States</td><td>22586</td></tr><tr><td>INSURER B : Donegal Mutual</td><td>13692</td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Atlantic States	22586	INSURER B : Donegal Mutual	13692	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Atlantic States	22586														
INSURER B : Donegal Mutual	13692														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			CPA9050132	6/20/2025	6/20/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 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 OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			1000186174	6/20/2025	6/20/2026	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 EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			CXL9050132	6/20/2025	6/20/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	1000030271	6/20/2025	6/20/2026	<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			CPA9050132	6/20/2025	6/20/2026	Leased/Rented 50,000

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 SW
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



GATECON-01

MKELLEY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/15/2025

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 L & W Insurance Inc. 1154 S Governors Ave Dover, DE 19904		CONTACT NAME: PHONE (A/C, No, Ext): (302) 674-3500 FAX (A/C, No): (302) 674-2909 E-MAIL ADDRESS: contact@lwinsurance.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : Atlantic States	
		INSURER B : Donegal Mutual	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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"/> PROJECT <input type="checkbox"/> LOC OTHER:			CPA9050132	6/20/2025	6/20/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 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 type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			1000186174	6/20/2025	6/20/2026	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 <input checked="" type="checkbox"/> RETENTION \$ 0			CXL9050132	6/20/2025	6/20/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	1000030271	6/20/2025	6/20/2026	<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			CPA9050132	6/20/2025	6/20/2026	Leased/Rented 50,000

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 SW
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

GATEWAY CONSTRUCTION INC.

SITEWORK •
GRADING • EXCAVATING • DEMOLITIONS • SEPTICS • PAVING
FOR SALE – STONE, FILL DIRT & TOP SOIL

Physical Address: 498 SUDLERSVILLE RD., CLAYTON, DE 19938

Mailing Address: P.O. BOX 308, HARTLY, DE 19953

Phone 302.653.4400 Fax 302.653.4405



Vehicle Information List **List of Dump Trucks for Trucking Services**

Permit# DE-SW-1369

Expiration: 03/31/2026

Gateway Construction Inc. US DOT# 1047616

2002 Peterbuilt Dump Truck (4axles)

VIN# 1NP5XBTX12D575475

Color – Blue, steel body

GVWR 80,000

Plate# DE CL112912

2004 Kenworth T80 Dump Truck (4 axles)

VIN# 1NKDX4EXX4J069237

Color – Gray Cab, aluminum Body

GVWR 77,200

Plate# DE CL114542

2017 Peterbuilt Tri-Axle Dump Truck (4 axles)

VIN# 1NPXGGGG60D411474

Color – Black, steel body

GVWR 80,000

Plate# DE CL117668

2005 Easy Dump Trailer

VIN# 4YZDT122351009622

GVWR 14,000

Plate# MA 162487D

GATEWAY CONSTRUCTION INC.

SITEWORK •
GRADING • EXCAVATING • DEMOLITIONS • SEPTICS • PAVING
FOR SALE – STONE, FILL DIRT & TOP SOIL

Physical Address: 498 SUDLERSVILLE RD., CLAYTON, DE 19938

Mailing Address: P.O. BOX 308, HARTLY, DE 19953

Phone 302.653.4400 Fax 302.653.4405

