

# RECEIPT

DATE

1/12/26

No.

635846

RECEIVED FROM

Junk Hammers Junk Removal

\$350.00

Three hundred fifty and <sup>00</sup>/<sub>100</sub> DOLLARS☐ FOR RENT☒ FOR

DE-SW-2054

ACCOUNT		
PAYMENT		
BAL. DUE		

☐ CASH☒ CHECK☐ MONEY  
ORDER☐ CREDIT  
CARD

FROM

0721

TO

BY

M.M.



RECEIVED

JAN 12 2026

DNREC - WHS

January 5, 2026

Mr. Daquan Davis  
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

Mr. Davis,

Attached is our Solid Waste Transporter Permit Renewal Application along with the required \$350.00 check. Should you have any questions regarding this application, feel free to contact me via email at [frankbrown@junkhammers.com](mailto:frankbrown@junkhammers.com) or via cell phone at 301-440-5364.

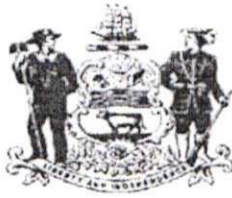
Sincerely,



Frank Brown, President

15 Church Street  
Suite A  
Upland, PA 19015  
610-881-5900

[www.JunkHammers.com](http://www.JunkHammers.com)



RECEIVED

JAN 12 2026

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- 2054 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 Brown & White Enterprise LLC, dba Junk Hammers  
Junk Removal

Location Address:	Mailing Address:
<u>1440 Conchester Highway #100</u>	<u>same</u>
<u>Garnet Valley, PA 19060</u>	

Contact: Frank Brown Title: President  
Business Phone: 610-881-5900 Fax: 301-570-5355  
E-mail: ~~Frank~~ FrankBrown@junkhammers.com  
24 hr Emergency Contact Phone: 301-440-5364

## 4. Company Ownership Information

(a). Please indicate the company type:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_  
☐ Municipality  
☐ Public institution  
☒ Limited Liability Corporation (LLC) State: Pennsylvania  
☐ 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 \_\_\_\_\_  
☒ 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 NY
- ☒ 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 NY
- ☒ No transporter permits in other states

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

DOT# 4134457 MC# NA

- ☒ 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.

We are not a For Hire Carrier.

## 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 checked="" type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input checked="" type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Industrial Waste	\$750,000.00 + MCS-90 <input checked="" 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 42

## 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 43

### 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 [Signature] Date 1-5-26  
Print Name Frank A. Brown Jr. Title President

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



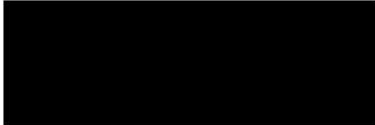
W1

December 10, 2025

## OWNERSHIP STRUCTURE

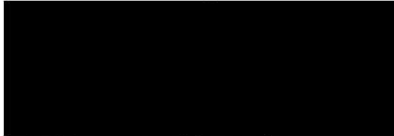
Brown & White Enterprises, LLC  
d/b/a Junk Hammers Junk Removal

Frank A. Brown Jr., President



75% ownership stake

Frank L. White, Vice-President



25% ownership stake

## 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). Daily vehicle safety check.
- 2). Confirm tarp is down and if transporting fluids, confirm load is secured properly.

(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 person:

Name: Frank Brown,  
President

Phone: [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, (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.

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## Spill Control Plan for Non-CDL Trucks

Brown & White Enterprises, LLC d/b/a Junk Hammers Junk Removal

January 23, 2025

Plan Version #1

### Contact Information:

Frank A. Brown Jr., President

Business: 610-881-5900

email:frankbrown@junkhammers.com

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## 1. Purpose of the Plan

The purpose of this Spill Control Plan is to ensure that all employees operating non-CDL trucks are aware of the proper procedures for handling and reporting spills that occur during the transportation of materials. This plan covers spills related to hazardous and non-hazardous materials to comply with the Department of Transportation (DOT) regulations and to minimize environmental impact.

---

## 2. Scope

This plan applies to all non-CDL trucks used for the transportation of goods that may pose a risk of spilling. This includes both hazardous and non-hazardous substances, such as oils, fuels, chemicals, and other potentially hazardous materials.

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## 3. Spill Prevention Measures

- **Loading and Unloading:** Ensure proper securing of cargo before transport. All loads should be checked for leaks, cracks, or damages prior to departure.
- **Vehicle Inspections:** Perform pre-trip inspections, including checking for any fluid leaks under the truck and inspecting the vehicle for any damage that could lead to a spill during transportation.
- **Material Compatibility:** Ensure that materials being transported are compatible with the containment equipment (e.g., plastic pallets, shrink wrap) to prevent leaks.

- **Training:** All drivers and personnel must be trained in spill prevention measures, including how to safely load, unload, and secure materials.
- 

#### 4. Spill Response Procedures

In the event of a spill, follow the procedures outlined below:

1. **Assess the Situation:**
    - Stop the vehicle immediately, and ensure the vehicle is in a safe location away from traffic or potential hazards.
    - Identify the material spilled (e.g., fuel, oil, chemicals) and assess the extent of the spill.
  2. **Personal Protective Equipment (PPE):**
    - Drivers must wear appropriate PPE such as gloves, boots, eye protection, and respirators if necessary, based on the type of material spilled.
  3. **Containment:**
    - Use spill containment materials such as absorbent pads, sand, or dikes to limit the spread of the spill. For small spills, use a spill kit.
    - If necessary, use a containment berm or other barriers to prevent the material from reaching storm drains or waterways.
  4. **Notify Authorities:**
    - If the spill is reportable, immediately contact local emergency services, the National Response Center (NRC), and relevant local environmental agencies.
    - For hazardous material spills, follow the guidance outlined by the DOT and the Environmental Protection Agency (EPA).
  5. **Clean-Up:**
    - Once the spill has been contained, clean up the affected area by removing absorbent materials and properly disposing of contaminated waste.
    - Ensure that the area is properly decontaminated to prevent further risks to health and the environment.
- 

#### 5. Reporting and Documentation

- **Incident Report:** A spill report must be filled out within 24 hours of the incident. The report should include:
  - Date and time of the spill
  - Location of the spill
  - Materials spilled
  - Immediate actions taken
  - Estimated amount of the spill
  - Person(s) involved in the cleanup
  - Any damages or injuries that occurred

- **Record Keeping:** All spill response records, including incident reports and clean-up documentation, must be maintained for a minimum of 3 years.
- 

## 6. Spill Response Kit

Each non-CDL truck must be equipped with the following spill response materials:

- Absorbent pads or booms
  - Spill containment bags
  - Gloves, safety goggles, and other PPE
  - Plastic bags or containers for waste disposal
  - Fire extinguisher
  - Material Safety Data Sheets (MSDS) for materials being transported
  - Flashlight, tape, and warning signs to alert other drivers
- 

## 7. Training

- **Driver Training:** All drivers must undergo spill response training, including procedures for containment, notification, and clean-up.
  - **Emergency Response Drills:** Conduct annual spill response drills to ensure that employees are prepared for any potential spills.
- 

## 8. Compliance and Review

This Spill Control Plan will be reviewed annually and updated as necessary to ensure compliance with all DOT regulations, local laws, and industry best practices. All updates will be communicated to employees, and training will be conducted to reflect any changes.

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## 9. Emergency Contacts

- **National Response Center (NRC):** 1-800-424-8802
  - **Local Fire Department:** 302-576-3950 (Wilmington)
  - **Local Environmental Agency:** 800-438-2474
- 

## 10. Acknowledgment



By signing below, the employee acknowledges receipt and understanding of this Spill Control Plan and agrees to follow the outlined procedures.

**Employee Name:** Frank A. Brown Jr., President



Frank A. Brown Jr., President

Date

1-23-25

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This Spill Control Plan is intended to be a general guide. Depending on the materials being transported, further considerations may need to be added (e.g., specific chemical handling or additional safety measures). Make sure your plan is customized based on your specific operational needs and complies with local, state, and federal regulations.

## **Driver Training Summary**

Our driver training starts at the hiring process. We run MVRs on all new employees along with a pre-employment background check. Any applicants with excessive points or other serious violations, like a DUI, multiple accidents or excessive points are not in hiring consideration.

All new employees start with us in a non-driving capacity as navigators/driver's helpers. This allows the employee to familiarize themselves with the vehicle before they are put in the driver's seat. My business partner, Frank White, trains all new employees. Our trucks GVWR is 14,500 negating the need for CDL licenses.

After a 2-4 week period and the employee have passed the DOT medical evaluation, we add them on our insurance. My partner conducts a driving test to assess their ability. Furthermore, during the next two-week period when the employee is actually allowed to drive, my partner is in the truck observing skills and reviewing protocol on a repeated basis. This is not just a one-day test and let them roll.

All of our trucks are equipped with cameras inside the cab and have GPS. An owner, on a regular and on-going basis, reviews the tapes for violations i.e. cellphone use (calls and/or texts), eating or being distracted along with reviewing speeds that the vehicle travels. The trucks have clearly visible "Safe Driving" signage with our telephone number should others see the vehicle operating in an unsafe manner. To date, we have only had one such call. We acted promptly and convened a meeting to discuss the violation and added a written reprimand to the employee's personnel file.

We conduct quarterly safety meetings and our Spill Control Plan is reviewed during these meetings. We run new MVR's on an annual basis to confirm our drivers have not had any violations in the interim and to ensure they are still eligible to continue working for us. We counsel employees who have new detrimental items (but not dischargeable offenses) appear on their driving record.

We believe our emphasis on safety is working since we have not had an at-fault accident since the inception of our company in 2023.

124  
December 10, 2025

## LANDFILLS & TRANSFER STATIONS

Brown & White Enterprises, LLC

d/b/a Junk Hammers Junk Removal

Burns & Company  
4300 Rising Sun Lane  
Philadelphia, PA 19140

L & S Demo  
884 Brook Road  
Conshocken, PA 19428

DCSWA  
610 E Baltimore Avenue  
Media, PA 18966

Construction Demolition Recycling  
1060 Industrial Highway  
Southampton, PA 18966

David Geppert Recycling  
4000 Pulaski Highway  
Philadelphia, PA 19140

John Savoy Enterprises, Inc.  
52 Concord Road, suite 5  
Aston, PA 19014

Revolution Recovery  
1101 Lambsons Lane  
New Castle, Delaware 19720

SECCRA  
219 Street Road  
West Grove, PA 19390

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

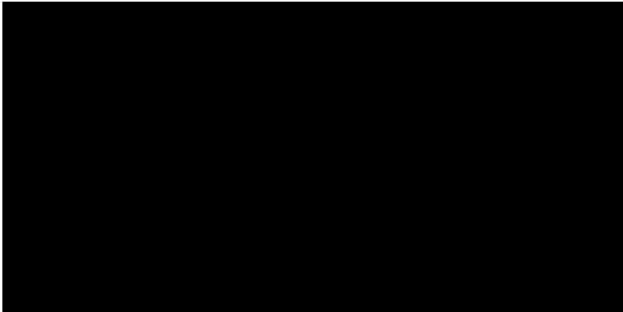
[illegible]

# JUNK HAMMERS JUNK REMOVAL VEHICLE OPERATORS

Name

DL#

State



PA

PA

PA

DE

PA





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/11/2025

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> Wisdom Insurance Agency 2309 Silvernail Rd  Pewaukee WI 53072		<b>CONTACT NAME:</b> Yesenialy Garcia <b>PHONE (A/C, No, Ext):</b> (262) 408-5019 <b>E-MAIL ADDRESS:</b> yesy@wisdominsurance.com <b>FAX (A/C, No):</b>	
<b>INSURED</b> Brown & White Enterprises, LLC 1440 Conchester Highway Suite 10C  Garnet Valley PA 19060		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> ERIE INS CO <b>INSURER B:</b> ERIE INS EXCH <b>INSURER C:</b> ERIE INS PROP & CAS CO <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 26263 26271 26830	

**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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:			Q61-0328791	10/09/2025	10/09/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 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
	<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 type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			Q10-0931008	10/09/2025	10/09/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			Q34-0970361	10/09/2025	10/09/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	<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	Q94-5900250	10/09/2025	10/09/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Crime			Q61-0328791	10/09/2025	10/09/2026	CRIM BUSSV LOYAL \$ 50,000

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

<b>CERTIFICATE HOLDER</b> Department of Natural Resources & Environmental Control  Compliance & Permitting Section 89 Kings Highway Dover DE 19901	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b> <i>Toby Statler</i>
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## Davis, DaQuan (DNREC)

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**From:** Frank Brown <frankbrown@junkhammers.com>  
**Sent:** Friday, January 16, 2026 9:09 AM  
**To:** Davis, DaQuan (DNREC)  
**Subject:** Re: Unapproved-Delaware Solid Waste Transport Permit (Junk Hammers)  
**Attachments:** SCAN0029.PDF

Hi Mr. Davis,

Attached is the information I failed to include in our renewal application. Please let me know if you need anything else.

Thanks  
Frank Brown  
[REDACTED]

On Wed, Jan 14, 2026 at 1:05 PM WHStranporters <[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)> wrote:

Sounds good, 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)



---

**From:** Frank Brown <[frankbrown@junkhammers.com](mailto:frankbrown@junkhammers.com)>

**Sent:** Wednesday, January 14, 2026 12:27 PM

**To:** WHStranporters <[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)>

**Subject:** Re: Unapproved-Delaware Solid Waste Transport Permit (Junk Hammers)

Hi Mr. Davis,

I am out of the country but will be back Thursday and will get the information you requested on Friday of this week.

Thanks

Frank Brown

On Tue, Jan 13, 2026 at 10:24 AM WHStranporters <[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)> wrote:

Hello,

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 13.** -The vehicle list submitted was missing the following: **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](tel:302-739-9403)

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

📍 89 Kings Hwy SW, Dover, DE 19901

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



VEHICLE INFORMATION - See Item 13 of the application.  
Use this form, or other format which provides the same information, to answer the VEHICLE IDENTIFICATION requirements for vehicles, both motorized and container (if a license plate is required on the container) to be used to haul solid waste in the addition, list the vehicle owner, owner's address, and domicile address if different from the company address provided in the

[illegible]

ALL VARIOUS AND JUNK HAMERS JUNK REMOVAL



COMMONWEALTH OF PENNSYLVANIA  
CERTIFICATE OF TITLE FOR A VEHICLE

832

FUEL: GAS

233263427019165-001

54DCDW1D8RS203608

2024

CHEVROLET

86608330701 JU

VEHICLE IDENTIFICATION NUMBER

YEAR

MAKE OF VEHICLE

TITLE NUMBER

TK

0

SEAT CAP

PRIOR TITLE STATE

11/22/23

000285

0

BODY TYPE

DUP

SEAT CAP

PRIOR TITLE STATE

ODOM. PROCD. DATE

ODOM. MILES

ODOM. STATUS

11/22/23

11/22/23

10,313

14,500

DATE PA TITLED

DATE OF ISSUE

UNLADEN WEIGHT

GVWR

GCWR

TITLE BRANDS

REGISTERED OWNER(S)

JUNK HAMMERS JUNK  
REMOVAL  
15 CHURCH ST  
UPLAND PA 19015



ODOMETER STATUS	
0 = ACTUAL MILEAGE	
1 = MILEAGE EXCEEDS THE MECHANICAL LIMITS	
2 = NOT THE ACTUAL MILEAGE	
3 = NOT THE ACTUAL MILEAGE-ODOMETER TAMPERING VERIFIED	
4 = EXEMPT FROM ODOMETER DISCLOSURE	
TITLE BRANDS	
A = ANTIQUE VEHICLE	
C = CLASSIC VEHICLE	
D = COLLECTIBLE VEHICLE	
F = OUT OF COUNTRY	
G = ORIGINALLY MFGD. FOR NON-U.S. DISTRIBUTION	
H = AGRICULTURAL VEHICLE	
L = LOGGING VEHICLE	
P = IS WAS A POLICE VEHICLE	
R = RECONSTRUCTED	
S = STREET ROD	
T = RECOVERED THEFT VEHICLE	
V = VEHICLE CONTAINS REISSUED VIN	
W = FLOOD VEHICLE	
X = IS WAS A TAXI	

FIRST LIEN FAVOR OF:

SECOND LIEN FAVOR OF:

FIRST LIEN RELEASED \_\_\_\_\_ DATE

BY \_\_\_\_\_ AUTHORIZED REPRESENTATIVE

MAILING ADDRESS

JUNK HAMMERS JUNK  
REMOVAL  
15 CHURCH ST  
UPLAND PA 19015

SECOND LIEN RELEASED \_\_\_\_\_ DATE

BY \_\_\_\_\_ AUTHORIZED REPRESENTATIVE

If a second lienholder is listed upon satisfaction of the first lien, the first lienholder must forward this Certificate of Title to the Bureau of Motor Vehicles with the appropriate form and fee.



pennsylvania  
DEPARTMENT OF TRANSPORTATION

MICHAEL B. CARROLL

Secretary of Transportation

D. APPLICATION FOR TITLE AND LIEN INFORMATION

TO BE COMPLETED BY PURCHASER WHEN VEHICLE IS SOLD AND THE APPROPRIATE SECTIONS ON THE REVERSE SIDE OF THIS DOCUMENT ARE COMPLETED.

SUBSCRIBED AND SWORN  
TO BEFORE ME:

MO. DAY YEAR

SIGNATURE OF PERSON ADMINISTERING OATH

SIGN IN PRESENCE OF A NOTARY

STAMP OR SEAL

The undersigned hereby makes application for Certificate of Title to the vehicle described above, subject to the encumbrances and other legal claims set forth here.

SIGNATURE OF APPLICANT OR AUTHORIZED SIGNER

SIGNATURE OF CO-APPLICANT/TITLE OF AUTHORIZED SIGNER

If a co-purchaser other than your spouse is listed and you want the title to be listed as "Joint Tenants With Right of Survivorship" (on death of one owner, title goes to surviving owner) CHECK HERE ☐. Otherwise, the title will be issued as "Tenants in Common" (on death of one owner, interest of deceased owner goes to his/her heirs or estate).

IF NO LIEN, CHECK ☐ IS THIS AN ELT? (IF YES, FIN REQUIRED) YES ☐ NO ☐

1ST LIENHOLDER FINANCIAL INSTITUTION NUMBER:

1ST LIENHOLDER NAME

STREET

CITY

STATE

ZIP

IF NO 2ND LIEN, CHECK ☐ IS THIS AN ELT? (IF YES, FIN REQUIRED) YES ☐ NO ☐

2ND LIENHOLDER FINANCIAL INSTITUTION NUMBER:

2ND LIENHOLDER NAME

STREET

CITY

STATE

ZIP

STORE IN A SAFE PLACE - IF LOST APPLY FOR A DUPLICATE - ANY ALTERATION OR ERASURE VOIDS THIS TITLE

DO NOT ACCEPT DOCUMENT WITHOUT VERIFYING THE PRESENCE OF THE LIBERTY BELL WATERMARK

89645990



COMMONWEALTH OF PENNSYLVANIA  
CERTIFICATE OF TITLE FOR A VEHICLE

1026

FUEL: GAS

233253427020690-001

54DCDW1DXRS203609

VEHICLE IDENTIFICATION NUMBER

2024

YEAR

CHEVROLET

MAKE OF VEHICLE

86603548601 JU

TITLE NUMBER

TK

BODY TYPE

0

DUP

SEAT CAP

11/21/23

PRIOR TITLE STATE

000285

ODOM. PROCD. DATE

0

ODOM. MILES

0

ODOM. STATUS

11/21/23

DATE PA TITLED

11/21/23

DATE OF ISSUE

10,313

UNLADEN WEIGHT

14,500

GWR

CCWR

TITLE BRANDS

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- R = RECONSTRUCTED
- S = STREET ROD
- T = RECOVERED THEFT VEHICLE
- V = VEHICLE CONTAINS REISSUED VIN
- W = FLOOD VEHICLE
- X = IS WAS A TAXI

REGISTERED OWNER(S)

JUNK HAMMERS JUNK  
REMOVAL  
15 CHURCH ST STE A  
UPLAND PA 19015

FIRST LIEN FAVOR OF:

SECOND LIEN FAVOR OF:

FIRST LIEN RELEASED

DATE

BY

AUTHORIZED REPRESENTATIVE

MAILING ADDRESS

JUNK HAMMERS JUNK  
REMOVAL  
15 CHURCH ST STE A  
UPLAND PA 19015

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SECOND LIEN RELEASED

DATE

BY

AUTHORIZED REPRESENTATIVE



pennsylvania

DEPARTMENT OF TRANSPORTATION

MICHAEL B. CARROLL

Secretary of Transportation

D. APPLICATION FOR TITLE AND LIEN INFORMATION

SUBSCRIBED AND SWORN  
TO BEFORE ME:

MO.

DAY

YEAR

SIGNATURE OF PERSON ADMINISTERING OATH

SIGN IN PRESENCE OF A NOTARY

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STREET

CITY

STATE

ZIP

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2ND LIENHOLDER NAME

STREET

CITY

STATE

ZIP

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89642673



COMMONWEALTH OF PENNSYLVANIA  
CERTIFICATE OF TITLE FOR A VEHICLE

1,100

FUEL: GAS

242773410014855-001

54DC4W1D1RS206740

2024

ISUZU

87741372001 JU

VEHICLE IDENTIFICATION NUMBER

YEAR

MAKE OF VEHICLE

TITLE NUMBER

TK

0

SEAT CAP

PRIOR TITLE STATE

10/03/24

000178

0

BODY TYPE

DUP

ODOM. PROC. DATE

ODOM. MILES

ODOM. STATUS

10/03/24

10/03/24

51651

141500

GCWR

TITLE BRANDS

DATE PA TITLED

DATE OF ISSUE

UNLADEN WEIGHT

GVWR

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REGISTERED OWNER(S)

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REMOVAL  
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BROOKHAVEN PA 19015

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SECOND LIEN FAVOR OF:

FIRST LIEN RELEASED

DATE

BY

AUTHORIZED REPRESENTATIVE

MAILING ADDRESS

JUNK HAMMERS JUNK  
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SECOND LIEN RELEASED

DATE

BY

AUTHORIZED REPRESENTATIVE



pennsylvania

DEPARTMENT OF TRANSPORTATION

MICHAEL B. CARROLL

Secretary of Transportation

I certify as of the date of issue, the official records of the Pennsylvania Department of Transportation reflect that the person(s) or company named herein is the lawful owner of the said vehicle.

D. APPLICATION FOR TITLE AND LIEN INFORMATION

SUBSCRIBED AND SWORN  
TO BEFORE ME:

MO

DAY

YEAR

SIGNATURE OF PERSON ADMINISTERING OATH

SIGN IN PRESENCE OF A NOTARY

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92383728