

RECEIPT

DATE 2/5/26

No. 635861

RECEIVED FROM Mirey Branch Excavating Services

\$ 950.00

Nine hundred fifty and $\frac{00}{100}$

DOLLARS

☐ FOR RENT

☒ FOR

DE-SW-2049

ACCOUNT		
PAYMENT		
BAL. DUE		

☐ CASH

☒ CHECK

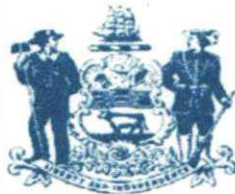
☐ MONEY
ORDER

☐ CREDIT
CARD

FROM 537

TO

BY M.M.



RECEIVED

JAN 02 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- 2049 Expiration Date March 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 Miroy Branch Excavating Services

Location Address:	Mailing Address:
12082 Miroy Branch Rd	12082 Miroy Brand Rd
Laurel De 19956	Laurel De 19956

Contact: Caleb kirk Title: Owner

Business Phone: 302-858-6001

Fax: _____

E-mail: kirkcaleb123@gmail.com

24 hr Emergency Contact Phone: 302-858-6001

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: De

☐ Other: (must specify) _____

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

☐ Attachment _____

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

☐ Attachment _____

☒ No parent company

5. Company locations in Delaware

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

- ☐ Attachment _____
☐ No Delaware locations

6. Company Affiliates

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

- ☐ Attachment _____
☒ No affiliates

7. Type of Waste to be Transported

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

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

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

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

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

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

8. Treatment, Storage, and Disposal Facilities

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

9. Other Transporter Permits

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

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

☐ Attachment _____

☒ No transporter permits in other states

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

DOT# 4052214 MC# N/A

☐ 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 don't have an Mc because we don't leave the State.

10. Proof of Financial Responsibility

The transporter must submit proof of financial responsibility as established in section 7.2.4 of Delaware's *Regulations Governing Solid Waste*. This proof may be established by a Certificate of Insurance, with MCS-90 endorsement where applicable, or by other means approved by the Department. (The Certificate of Insurance must identify the **Department of Natural Resources and Environmental Control, Compliance and Permitting Section** as the certificate holder.)

- (a). Are you for-hire in interstate commerce? ☐ Yes ☒ No (For-Hire means you are in the business of transporting, for compensation or payment, wastes generated by a company other than your own.)
- (b). Do you transport in the State of Delaware Only (Intrastate)? ☒ Yes ☐ No
- (c). Do you transport Interstate? ☐ Yes ☒ No

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

	FOR-HIRE INTERSTATE	ALL OTHERS
Residential Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Industrial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Dry Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input 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 _____

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 _____

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 Caleb Kirk Date 12/20/25
Print Name Caleb Kirk 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]

Attachments:

4b. Caleb Kirk – Owner
12082 Mirey Branch RD
Laurel, DE 19956
[REDACTED]
100% owner

5. 12082 Mirey Branch RD
Laurel, DE 19956

8b. Waste Recycling Inc.
22288 Coverdale RD
Seaford, DE 19973

11. All vehicles will carry reflectors, fire extinguishers, first aid kits, heavy duty gloves, hard hats, and flashlights. Preventive measures include responsible driving and not hauling overloaded. In case of an incident, we have equipment in place that can be mobilized to clean up any trash or tires quickly and effectively. Delaware emergency reporting numbers can also be used if necessary.

12. I am the sole owner and operator. My safety and equipment are my responsibility and priority. I have 10 plus years experience of CDL driving with heavy equipment and trucks. I have air brake, combination, and tanker endorsements. I regularly inspect and maintain my truck to ensure that everything is working properly.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/31/2025

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 Timothy L Daniels 8662 ALICIA DR EASTON MD, 21601-7045	CONTACT NAME: Timothy Daniels PHONE (A/C, No, Ext): 410-822-5000 E-MAIL ADDRESS: TIMOTHY_DANIELS@AMERICAN-NATIONAL.COM FAX (A/C, No): (410)820-7261																					
INSURED Mirey Branch Excavating Services LLC 12082 MIREY BRANCH RD LAUREL, DE 19956-2628	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Farm Family Casualty Insurance Company</td><td>13803</td></tr><tr><td>INSURER B:</td><td></td><td></td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Farm Family Casualty Insurance Company	13803	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		X	0701L6683	9/19/2024	9/19/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COM/OP AGG \$ 4,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <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			N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)

Excavating Services

CERTIFICATE HOLDER**CANCELLATION**Delaware Solid Waste Authority
1128 South Bradford Street
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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER Timothy L Daniels 8662 ALICIA DR EASTON, MD 21601-7045	CONTACT NAME: Timothy Daniels		
	PHONE (A/C, No, Ext): 302-854-0223	FAX (A/C, No): 302-854-0227	
	E-MAIL ADDRESS: TIMOTHY_DANIELS@AMERICAN-NATIONAL.COM		
INSURED Caleb Kirk 12082 Mirey Branch Rd Laurel, DE 19956-2628	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: United Farm Family Insurance Company		29963
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

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

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	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> 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 <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)

Individual/Sole Proprietor

CERTIFICATE HOLDER**CANCELLATION**

State of Delaware Department of Natural Resources and Enviror
89 Kings Highway
Dover Delaware 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

Davis, DaQuan (DNREC)

From: Caleb Kirk <kirkcaleb123@gmail.com>
Sent: Sunday, February 1, 2026 2:46 PM
To: WHStranporters
Subject: Re: Delaware Solid Waste Transporter Permit (Mirey Branch Excavating Services, LLC)
Attachments: KIRK COI.pdf; Waist haulers permit app.docx

I also have a new check in the mail being sent, thank you

On Jan 23, 2026, at 10:52 AM, WHStranporters <WHStranporters@delaware.gov> wrote:

Sounds good, thank you.

<image001.png>

DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

<image002.png>

302-739-9403

<image003.png>

WHStranporters@delaware.gov

<image004.png>

89 Kings Hwy SW, Dover, DE 19901

<image005.png>

dnrec.delaware.gov

<image006.png>

<image007.png>

<image008.png>

From: Caleb Kirk <kirkcaleb123@gmail.com>
Sent: Thursday, January 22, 2026 2:24 PM
To: WHStranporters <WHStranporters@delaware.gov>
Subject: Re: Delaware Solid Waste Transporter Permit (Mirey Branch Excavating Services, LLC)

Sorry I'm just now seeing this I will get all of that fixed and emailed to you and yes you can shred that check and I will email a new one in for the correct amount thank you

On Jan 22, 2026, at 2:05 PM, WHStranporters
<WHStranporters@delaware.gov> wrote:

Hello,

Please address the items listed below:

1. **Section 1**-The check we received was for the incorrect amount of \$1,125.00. The correct amount for three years of all waste types, including scrap tires, is \$950.00. Please send us a check for **\$950.00**. Would you like me to shred the incorrect check?
2. **Section 10**- The Certificate of Insurance that you submitted was not up-to-date and expired (Date). Please send an up-to-date Certificate of Insurance. Make sure the certificate holder is still the Department of Natural Resources and Environmental Control- 89 Kings Highway SW, Dover, DE 19901.
3. **Section 11**-The spill control plan is missing an emergency contact (name and phone number) and pre-trip inspections. Additionally, it does not include the Delaware emergency reporting numbers (1-800-662-8802 and 302-739-9401). Please update your plan to include these details.

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

Thank you,

DaQuan Davis

<image001.png>

DaQuan L. Davis

Environmental Scientist

**Division of Waste and Hazardous
Substances**

<image002.png>

302-739-9403

<image003.png>

WHStranporters@delaware.gov

<image004.png>

89 Kings Hwy SW, Dover, DE 19901

<image005.png>

dnrec.delaware.gov

<image006.png>

<image007.png>

<image008.png>

From: Davis, DaQuan (DNREC) **On Behalf Of** WHStranporters

Sent: Monday, January 5, 2026 4:04 PM

To: kirkcaleb123@gmail.com

Subject: Delaware Solid Waste Transporter Permit (Mirey Branch Excavating Services, LLC)

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:

4. **Section 1-**The check we received was for the incorrect amount of \$1,125.00. The correct amount for three years of all waste types, including scrap tires, is \$950.00. Please send us a check for **\$950.00**. Would you like me to shred the incorrect check?
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Thank you,

DaQuan Davis

<image001.png>

DaQuan L. Davis

Environmental Scientist

**Division of Waste and Hazardous
Substances**

<image002.png>

302-739-9403

<image003.png>

WHStranporters@delaware.gov

<image004.png>

89 Kings Hwy SW, Dover, DE 19901

<image005.png>

dnrec.delaware.gov

<image006.png>

<image007.png>

<image008.png>



VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)

01/27/2026

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.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

PRODUCER Timothy L. Daniels 8662 Alicia Dr Easton MD 21601		CONTACT NAME: PHONE (A/C, No, Ext): 410-822-5000 FAX (A/C, No): 410-820-7261 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:	
INSURED MIREY BRANH EXCAVATING SERVICES LLC CALEB KIRK 12082 MIREY BRANCH RD LAUREL DE 19956		INSURER(S) AFFORDING COVERAGE INSURER A: UNITED FARM FAMILY INSURANCE COMPANY INSURER B: INSURER C: INSURER D: INSURER E:	
		NAIC # 29963	

DESCRIPTION OF VEHICLE OR EQUIPMENT

YEAR 2005	MAKE / MANUFACTURER KW	MODEL CONSTRUCTION	BODY TYPE STRAIGHT TRUCK	VEHICLE IDENTIFICATION NUMBER 1NKDXBEX85J096491
DESCRIPTION				SERIAL NUMBER

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) 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 POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	<input checked="" type="checkbox"/>	VEHICLE LIABILITY	0701C1470	05/27/2025	05/27/2026	COMBINED SINGLE LIMIT	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE	\$
	<input checked="" type="checkbox"/>	GENERAL LIABILITY	0701L6683	09/19/2025	09/19/2026	EACH OCCURRENCE	\$ 2,000,000
		OCCURRENCE				GENERAL AGGREGATE	\$ 4,000,000
		CLAIMS MADE					\$
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE	
		VEH COLLISION LOSS				<input checked="" type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> STATED AMT	\$ DED
		VEH COMP <input type="checkbox"/> VEH OTC				<input checked="" type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> STATED AMT	\$ DED
		PROPERTY				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
		BASIC <input type="checkbox"/> BROAD <input type="checkbox"/>				<input type="checkbox"/> RC <input type="checkbox"/> STATED AMT	\$ DED
		SPECIAL <input type="checkbox"/>					

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Vehicle was added to policy effective 01/13/2023

ADDITIONAL INTEREST

CANCELLATION

Select one of the following: <input type="checkbox"/> The additional interest described below has been added to the policy(ies) listed herein by policy number(s). <input type="checkbox"/> A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
VEHICLE / EQUIPMENT INTEREST: <input type="checkbox"/> LEASED <input type="checkbox"/> FINANCED		DESCRIPTION OF THE ADDITIONAL INTEREST	
NAME AND ADDRESS OF ADDITIONAL INTEREST DELAWARE DEPARTMENT OF NATURAL RESOURCES AND ENVIRONM 89 KINGS HWY SW DOVER DE 19901		<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYEE <input type="checkbox"/> LOAN / LEASE NUMBER AUTHORIZED REPRESENTATIVE Timothy L. Daniels	

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Attachments:

4b. Caleb Kirk – Owner
12082 Mirey Branch RD
Laurel, DE 19956
[REDACTED]
100% owner

5. 12082 Mirey Branch RD
Laurel, DE 19956

8b. Waste Recycling Inc.
22288 Coverdale RD
Seaford, DE 19973

11. All vehicles will carry reflectors, fire extinguishers, first aid kits, heavy duty gloves, hard hats, and flashlights. Also a pre-trip inspection will be performed before the vehicles are used. Checking for things like making sure all safety equipment is in place, lights and breaks work correctly, tires are in good shape and not flat, and to make sure everything is working properly. Preventive measures include responsible driving and not hauling overloaded. In case of an incident, we have equipment in place that can be mobilized to clean up any trash or tires quickly and effectively. Delaware emergency reporting numbers can also be used if necessary like 302-739-9401 or 1-800-662-8802 in case of needing to report an emergency.

12. I am the sole owner and operator. My safety and equipment are my responsibility and priority. I have 10 plus years experience of CDL driving with heavy equipment and trucks. I have air brake, combination, and tanker endorsements. I regularly inspect and maintain my truck to ensure that everything is working properly.