

# RECEIPT

DATE

3/16/26

No.

635895

RECEIVED FROM

Chesapeake Roll Off, LLC

\$ 350.00

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

DE-SW-2046

ACCOUNT	
PAYMENT	
BAL. DUE	

 CASH CHECK MONEY  
ORDER CREDIT  
CARD

FROM

1266

TO

BY

M.M.

3-11



RECEIVED

MAR 16 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.

[X] New - ALL OTHERS Submit a check or money order, payable to the "State of Delaware" in the amount of \$350.00.

[X] Renewal: Permit # DE-SW- 2046 Expiration Date 6/30/26

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

- [X] 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 Chesapeake Roll Off, LLC

Location Address:	Mailing Address:
<u>5829 Eldorado Rd.</u>	<u>(Same)</u>
<u>Rhodesdale, MD 211659</u>	

Contact: Sarah McCay Title: Operation Mgr.

Business Phone: 443-359-8588 Fax: \_\_\_\_\_

E-mail: Wmstoneconcreteoffice@gmail.com

24 hr Emergency Contact Phone: 

(2. Contact)  
Wayre Stone -  
Owner  
443-583-5166

**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: MD
- 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# 3362976 MC# \_\_\_\_\_

- N/A If N/A, please provide an explanation, on the following page, as to why you are not required to have a DOT or MC number.

**10. Proof of Financial Responsibility**

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

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

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

	<b>FOR-HIRE INTERSTATE</b>	<b>ALL OTHERS</b>
Residential Waste	\$750,000.00 + MCS-90 <input 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 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.

- (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

### 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 3/9/26

Print Name Wynne Stone Title Member

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



## 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). Tailgate is locked/secured
- 2). Load is tarped

(4) If there is an accident or other emergency which causes a portion of the load to be spilled, the driver, if uninjured, will contact the following designated company coordinator:

Name: Wayne Stone

Phone: 

(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.



Wayne M. Stone -Owner/member  
100% ownership

5829 Eldorado Rd. Rhodesdale, Md 21659



WAYNE STONE  
5829 ELDORADO RD. RHODESDALE, MD 21659  
PHONE: 443-783-5166  
FAX: 443-323-3194  
WMSTONECONCRETE@GMAIL.COM

## Driver Safety Plan

### Driver's Requirements:

- A. All drivers are required to obtain a CDL license/training
- B. Current Medical Exam
- C. Pre-employment drug testing and agreement to submit to random drug testing
- D. Pre-employment driving record review and agreement to periodic driving record checks for driving record and moving violations. Any driver with 6 or more points within one years' time will be prohibited from driving company vehicle. May also result in loss of employment due to the inability to fulfil job requirements and tasks.
- E. All drivers will be provided with procedures for transporting solid waste, Spill Control Plan and made familiar with conditions of the solid waste transporter's permit. This will take place during orientation prior to being on any work site.



## Davis, DaQuan (DNREC)

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**From:** Davis, DaQuan (DNREC) on behalf of WHStranporters  
**Sent:** Tuesday, March 17, 2026 3:57 PM  
**To:** Sarah McCoy  
**Subject:** Missing Information- DE SW Transport Permit Application

**Categories:** Egress Switch: Unprotected

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 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 HWY, Dover, DE 19901.
- **Section**- Please provide an MCS-90 endorsement form with your automobile liability insurance number.
- **Section 14**-You did not provide a list of vehicle operators.

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](mailto:WHStranporters@delaware.gov)  
📍 89 Kings Hwy SW, Dover, DE 19901  
🌐 [dnrec.delaware.gov](http://dnrec.delaware.gov)



## Davis, DaQuan (DNREC)

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**From:** Sarah McCoy <wmstoneconcreteoffice@gmail.com>  
**Sent:** Friday, March 20, 2026 8:57 AM  
**To:** WHStranporters  
**Subject:** Re: Proof of Insurance  
**Attachments:** CHES ROLL OFF TRUCK LOG 2025.xlsx

Good Morning here you go - have a great weekend 😊

On Thu, Mar 19, 2026 at 3:39 PM WHStranporters <WHStranporters@delaware.gov> wrote:

Hello,

I have received your insurance information. I still need to confirm the driver's list for the company.



### 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)



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**From:** Lisa Gessner <[lisag@bradleyatlantic.com](mailto:lisag@bradleyatlantic.com)>  
**Sent:** Thursday, March 19, 2026 2:43 PM  
**To:** WHStranporters <[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)>  
**Subject:** Proof of Insurance

Attached, please find your proof of insurance as requested. Copies have been sent to all parties by our office. Should you have any concerns or questions, please feel free to contact our office.

Thank you,



**Lisa Gessner**  
Associate Partner, Bradley Atlantic Insurance Management

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410-692-8921 | [bradleyatlantic.com](http://bradleyatlantic.com)

[lisag@bradleyatlantic.com](mailto:lisag@bradleyatlantic.com)

[209 E Jarrettsville Road - Forest Hill, MD 21050](#)

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Sarah McCoy  
Operations Manager  
W.M. Stone Concrete Construction, LLC  
Chesapeake Roll Off, LLC  
Chesapeake Site Work, LLC

CHESAPEAKE ROLL OFF, LLC - TRUCK LOG

TRUCK	YR/MAKE	VIN #	TAG #	COLOR	STATE
TRUCK 12	2007 PTRB TK	1NPAL00X17D748695	315ED75	WHITE	MD
TRUCK 144	2020 PTRB TK	1NPCL40X9LD686795	425 E04	WHITE	MD
TRUCK 7	2025 VOLVO TK	4V5KC9EH4SN673219	383ED26	WHITE	MD



