

# RECEIPT

DATE

4/6/26

No.

332553

RECEIVED FROM

John Macklin &amp; Son Inc

\$

650.00

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

DOLLARS

 FOR RENT FOR

DE-SW-1012

ACCOUNT	
PAYMENT	
BAL. DUE	

 CASH CHECK MONEY  
ORDER CREDIT  
CARD

FROM

39257

TO

BY

M.M.



RECEIVED

APR 06 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.

[X] Renewal: Permit # DE-SW- 1012 Expiration Date May - June 2026

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

ALL OTHERS

[ ] One Year - \$75.00

[ ] One Year - \$350.00

[ ] Two Years - \$125.00

[X] Two Years - \$650.00

[ ] Three Years - \$175.00

[ ] Three Years - \$950.00

[ ] Four Years - \$225.00

[ ] Four Years - \$1250.00

[ ] Five Years - \$275.00

[ ] Five Years - \$1550.00

Christ E. Madden

**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**

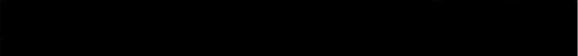
Company Name John Macklin and Son Inc

Location Address:	Mailing Address:
<u>18687 Johnson Rd.</u>	<u>18687 Johnson Rd.</u>
<u>Lincoln, DE 19960</u>	<u>Lincoln, DE 19960</u>

Contact: Janet Macklin Title: President

Business Phone: 302-422-0960 Fax: \_\_\_\_\_

E-mail: johnmacklinandson@comcast.net

24 hr Emergency Contact Phone: 

**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: Lincoln State: DE Date: may 2006

- 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 \_\_\_\_\_

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

- Attachment N/A
- 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

18687 Johnson Rd.  
Lincoln, DE 19960

**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) Residential or commercial ash

- Infectious waste
- Non-hazardous petroleum-hydrocarbon contaminated soils
- Asbestos-containing waste

Scrap Tires minimum of not more than 20 a year - if any

(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 N/A

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

we take concrete block, or slab concrete to recyclables.

**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) See
  - 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.)
- Delaware 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# 959869 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.

we do not need a MC# because we do not have any product - item - or debris across state lines

**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 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.

- (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 Janet E. Macklin Date 03/30/2026  
Print Name JANET E MACKLIN Title PRESIDENT / OWNER

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



JOHNMAC-01

XAMTGENOVESE

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/21/2025

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> AssuredPartners of MD, LLC - Severna Park 7556 Teague Road, Suite 300 Hanover, MD 21076	<b>CONTACT NAME:</b> Tara Genovese <b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> tara.genovese@assuredpartners.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>  John Macklin and Son Inc 18687 Johnson Road Lincoln, DE 19960	<b>INSURER A:</b> Nautlius Insurance Company <b>NAIC #</b> 17370	
	<b>INSURER B:</b> Key Risk Insurance Company <b>10885</b>	
	<b>INSURER C:</b> BrickStreet Mutual Insurance Co <b>12372</b>	
	<b>INSURER D:</b> _____	
	<b>INSURER E:</b> _____	
	<b>INSURER F:</b> _____	

**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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: _____		ECP2047586-10	7/19/2025	7/19/2026	EACH OCCURRENCE \$ 1,000,001 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,001 MED EXP (Any one person) \$ 10,001 PERSONAL & ADV INJURY \$ 1,000,001 GENERAL AGGREGATE \$ 2,000,001 PRODUCTS - COMPROP AGG \$ 2,000,001 \$ _____
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		BAP2047584-10	7/19/2025	7/19/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,00 BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ \$ _____
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____		FFX2047588-10	7/19/2025	7/19/2026	EACH OCCURRENCE \$ 1,000,00 AGGREGATE \$ 1,000,00 \$ _____
C	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		WCP7009987	7/19/2025	7/19/2028	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,00 E.L. DISEASE - EA EMPLOYEE \$ 1,000,00 E.L. DISEASE - POLICY LIMIT \$ 1,000,00

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

<b>CERTIFICATE HOLDER</b>  Verification of Insurance	<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>Dawn M. Genovese</i>

## SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

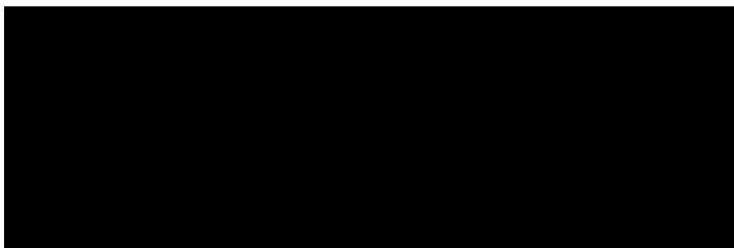
- (1) Spill control and safety equipment carried in each vehicle:
  - 1). Reflectors and/or flares
  - 2). Fire extinguisher
  - 3). First aid kit
  - 4). Heavy-duty gloves, hard hat
  - 5). Flashlight
  - 6). Gaway Absorb-Spills or Sand.
- (2) All loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the disposal facility. CONTAINERS HAVE AUTO ROLL OFF TARPS.
- (3) The driver will perform the following pre-trip inspections:
  - 1). WALK AROUND VEHICLE INSPECTING. TIRES, LATCHES
  - 2). CHECK TARP TIE DOWNS - LATCHES. CHECK FOR LOOSE ITEMS ANYWHERE
- (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: Home Office @ 3024229121  
Name: DUREC. Colin Gomes Phone: 323-5243 DUREC Spill Cont #  
C. H Environmental 3023128277 1-800-662-8802
- (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.

# JOHN MACKLIN AND SON DEMOLITION

302-422-9731

(Serving you with a smile since 1977)

John Macklin and Son Drivers



# JOHN MACKLIN AND SON DEMOLITION

302-422-9731

(Serving you with a smile since 1977)

Inspect the truck's tires. ...

Fluid levels. ...

Check all lights. ...

Windshield and mirrors. ...

Windshield wipers. ...

Brake check. ...

Doors and locks. ...

Trailer coupling.

Periodic Checks of Drivers record

When Hauling to DSWA: Truck is to be covered and no material is to be hanging over containers.

No hazard waste to be hauled; Inspect containers. If Hazardous waste is found report to DNREC Environmental department as well as John Macklin and Son @ 302-422-0960

All Drivers are to acknowledge the above and carry this list in trucks as a checkoff list.

1. Notify onsite emergency contacts using the chain of command.
2. Use appropriate PPE to protect yourself from the spill.
3. Attempt to shut off the source of the release.
4. Eliminate sources of ignition (if it is safe to do so).
5. Protect drains by the use of adsorbent, booms, or drain covers (if it is safe to do so).
6. Contain any spilled material.
7. Clean the spill up in a timely manner to prevent accidental injury or other damage if trained to do so.

---

if any liquid is spilled - Employee  
to use stay dry from vehicle to absorb -  
if spill is asbestos or Freon -  
Solid or Liquid Call DUREC if large amt.  
OR C + H Environmental - Maintain  
302-312-8277.  
asbestos that was discovered, do  
your best to contain any from  
blowing etc..  
Also contact owner of property.



# DELAWARE SOLID WASTE TRANSPORTER ANNUAL REPORT

Due April 1, 2026

Delaware solid waste transporters are required to submit an Annual Report pursuant to Section 7.2.7.1 of Delaware's Regulations Governing Solid Waste (DRGSW). Please provide the information as requested below.

Company Name John Macklin and Son Inc Permit Number DE-SW- 1012

## COMPANY CONTACT INFORMATION

Mailing Address:	
Address 1	<u>18427 JOHNSON RD</u>
Address 2	
City, State, Zip +4	<u>LINCOLN DE 17160</u>

Physical Location Address:	
<input checked="" type="checkbox"/> Same as mailing	
Address 1	
Address 2	<u>SAME</u>
City, State, Zip +4	

Contact Names: JANET MACKLIN Title: OWNER

Business Phone: 302-422-0960 Fax: NONE N/A

E-mail: johnmacklin and son@comcast.net

24-hour Emergency Contact Phone: [REDACTED]

JANET Macklin JAN

## WASTE TYPES

Please confirm the waste types in which your company transports.

- |                                      |                                      |                                     |   |
|--------------------------------------|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Municipal   | <input type="checkbox"/> Commercial  | <input type="checkbox"/> Industrial | <input checked="" type="checkbox"/> Dry |
| <input type="checkbox"/> Ash         | <input type="checkbox"/> Infectious  | <input type="checkbox"/> PHC Soils  | <input type="checkbox"/> Asbestos       |
| <input type="checkbox"/> Recyclables | <input type="checkbox"/> Scrap Tires |                                     |   |

If you transport PHC soils, do you use Clean Earth of New Castle?  Yes  No <sup>N/A</sup>

**VEHICLES**

Did your company purchase new vehicles during calendar year 2025?  Yes  No

If yes, please provide a complete list of all vehicles being operated under your Delaware solid waste transporter permit. Please include a copy of the lease agreement if the vehicle is now owned by your company.

**CERTIFICATION**

I certify that I am familiar with the information submitted in this report, and that upon personal knowledge and information, the information is true, accurate, and complete.

Name / Title: JANET MACKLIN / Owner John Macklin  
Signature / Date: Janet Macklin



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 John Macklin and Son Inc

Location Address:	Mailing Address:
<u>181687 Johnson Rd.</u>	<u>181687 Johnson Rd.</u>
<u>Lincoln, DE 19960</u>	<u>Lincoln, DE 19960</u>

Contact: Janet Macklin Title: President

Business Phone: 302-422-0960 Fax: \_\_\_\_\_

E-mail: johnmacklinandson@comcast.net

24 hr Emergency Contact Phone: 

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: Lincoln State: DE Date: May 2006  
 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 100% Janet E. Macklin

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

Attachment N/A Janet E. Macklin  
 No parent company

# JOHN MACKLIN AND SON DEMOLITION

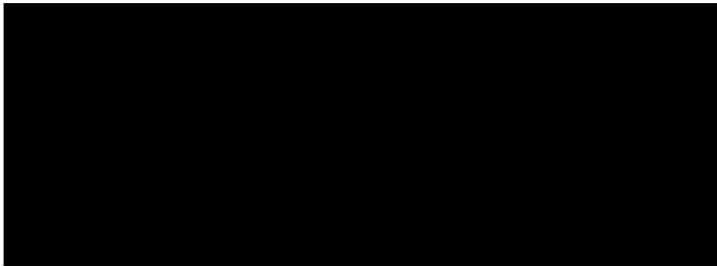
302-422-9731

(Serving you with a smile since 1977)

John Macklin and Son Drivers

18687 Johnson Road

Lincoln, DE 19960



## Davis, DaQuan (DNREC)

---

**From:** JOHNMACKLINANDSON@COMCAST.NET  
**Sent:** Wednesday, April 8, 2026 8:13 PM  
**To:** WHStransporters; Davis, DaQuan (DNREC)  
**Subject:** RE: Delaware Solid Waste Transporter Permit Application  
**Attachments:** doc00132120260408201107.pdf

See attached and Thank you for sending that page to me.  
Thank you as always,  
Janet

John Macklin and Son Inc  
Serving Kent and Sussex County Since 1976  
**Janet Macklin ~ Owner and Estimator**  
Johnny Macklin ~ Demolition Expert  
18687 Johnson Rd.  
Lincoln De 19960  
302-422-0960  
302-422-9731  
[johnmacklinandson@comcast.net](mailto:johnmacklinandson@comcast.net)

On 04/08/2026 3:34 PM EDT WHStransporters <[whstransporters@delaware.gov](mailto:whstransporters@delaware.gov)> wrote:

[cid:image001.png@01DCC76D.2B5F49A0]<<https://dnrec.alpha.delaware.gov/>>  
DaQuan L. Davis  
Environmental Scientist  
Division of Waste and Hazardous Substances  
[cid:image002.png@01DCC76D.2B5F49A0] 302-739-9403  
[cid:image003.png@01DCC76D.2B5F49A0]  
[WHStransporters@delaware.gov](mailto:WHStransporters@delaware.gov)<<mailto:WHStransporters@delaware.gov>>  
[cid:image004.png@01DCC76D.2B5F49A0] 89 Kings Hwy SW, Dover, DE 19901  
[cid:image005.png@01DCC76D.2B5F49A0] [dnrec<.delaware.gov" target="\\_blank" rel="noopener">https://dnrec.alpha.delaware.gov/](https://dnrec.alpha.delaware.gov/)>.delaware.gov<<https://dnrec.alpha.delaware.gov/>>

[cid:image006.png@01DCC76D.2B5F49A0] <<https://twitter.com/DelawareDNREC>>  
[cid:image007.png@01DCC76D.2B5F49A0]  
<<https://www.facebook.com/DelawareDNREC>>  
[cid:image008.png@01DCC76D.2B5F49A0]  
<<https://www.youtube.com/DelawareDNREC>>

From: [JOHNMACCLINANDSON@COMCAST.NET](mailto:JOHNMACCLINANDSON@COMCAST.NET)  
<[JOHNMACCLINANDSON@COMCAST.NET](mailto:JOHNMACCLINANDSON@COMCAST.NET)>  
Sent: Wednesday, April 8, 2026 3:23 PM  
To: WHStranporters <[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)>  
Subject: Re: Delaware Solid Waste Transporter Permit Application

Thank you for bringing the missing items to our attention. The COI has been requested as of today. COULD you please send me the page that reads the ownership of company as I do not see this page in the file that you are requesting.

Appreciate all your help and efforts.

Thank you as always,  
Janet Macklin

John Macklin and Son Inc  
Serving Kent and Sussex County Since 1976  
Janet Macklin ~ Owner and Estimator  
Johnny Macklin ~ Demolition Expert  
18687 Johnson Rd.  
Lincoln De 19960  
302-422-0960  
302-422-9731  
[johnmacklinandson@comcast.net](mailto:johnmacklinandson@comcast.net)<<mailto:johnmacklinandson@comcast.net>>

On 04/08/2026 10:22 AM EDT WHStranporters  
<[whstranporters@delaware.gov](mailto: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 4(b): The ownership/corporate officer information that was submitted is missing ownership percentages. Please update your ownership information and send it back.
- \* 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.

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

Thank you,

DaQuan Davis

[cid:image001.png@01DCC741.2EAC07A0<mailto:image001.png@01DCC741.2EAC07A0>]<<https://dnrec.alpha.delaware.gov/>>

DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

[cid:image002.png@01DCC741.2EAC07A0<mailto:image002.png@01DCC741.2EAC07A0>] 302-739-9403

[cid:image003.png@01DCC741.2EAC07A0<mailto:image003.png@01DCC741.2EAC07A0>]

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

[cid:image004.png@01DCC741.2EAC07A0<mailto:image004.png@01DCC741.2EAC07A0>] 89 Kings Hwy SW, Dover, DE 19901

[cid:image005.png@01DCC741.2EAC07A0<mailto:image005.png@01DCC741.2EAC07A0>] dnrec<.delaware.gov" target="\_blank"

rel="noopener"><https://dnrec.alpha.delaware.gov/>>.delaware.gov<<https://dnrec.alpha.delaware.gov/%3e.delaware.gov>><<https://dnrec.alpha.delaware.gov/>>

[cid:image006.png@01DCC741.2EAC07A0<mailto:image006.png@01DCC741.2EAC07A0>] <<https://twitter.com/DelawareDNREC>>

[cid:image007.png@01DCC741.2EAC07A0<mailto:image007.png@01DCC741.2EAC07A0>] <<https://www.facebook.com/DelawareDNREC>>

[cid:image008.png@01DCC741.2EAC07A0<mailto:image008.png@01DCC741.2EAC07A0>] <<https://www.youtube.com/DelawareDNREC>>

## Davis, DaQuan (DNREC)

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**From:** Lindsay Gwaltney <COR@assuredpartners.com>  
**Sent:** Thursday, April 9, 2026 8:39 AM  
**To:** Davis, DaQuan (DNREC)  
**Subject:** COI for John Macklin  
**Attachments:** Certificate.pdf

Good Morning,

Please see attached for the requested COI.

Thank You,  
Lindsay Gwaltney

The information contained herein, including any attachments, is proprietary and confidential and is intended for the exclusive use of the addressee. It also may contain privileged information and/or personal information subject to privacy legislation. The authorized addressee of this information, by its retention and use, agrees to protect the information contained herein from loss, theft, or compromise with at least the same care it employs to protect its own confidential information. Any dissemination or use of this information by a person other than the intended recipient is unauthorized and may be illegal. If you have received this e-mail in error, please notify the sender immediately by reply e-mail and destroy all copies.



JOHNMAL-01

XR1LGWALTNEY

# CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)  
 4/9/2026

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.

**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> AssuredPartners of MD, LLC - Severna Park 7556 Teague Road, Suite 300 Hanover, MD 21076	<b>CONTACT NAME:</b> Tara Genovese <b>PHONE (A/C, No, Ext):</b> <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> tara.genovese@assuredpartners.com														
<b>INSURED</b>  John Macklin and Son Inc 18687 Johnson Road Lincoln, DE 19960	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : <b>Nautilus Insurance Company</b></td> <td><b>17370</b></td> </tr> <tr> <td>INSURER B : <b>Key Risk Insurance Company</b></td> <td><b>10885</b></td> </tr> <tr> <td>INSURER C : <b>BrickStreet Mutual Insurance Co</b></td> <td><b>12372</b></td> </tr> <tr> <td>INSURER D : <b>Selective Insurance Company of America</b></td> <td><b>12572</b></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : <b>Nautilus Insurance Company</b>	<b>17370</b>	INSURER B : <b>Key Risk Insurance Company</b>	<b>10885</b>	INSURER C : <b>BrickStreet Mutual Insurance Co</b>	<b>12372</b>	INSURER D : <b>Selective Insurance Company of America</b>	<b>12572</b>	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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			ECP2047586-10	7/19/2025	7/19/2026	EACH OCCURRENCE \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b>
							MED EXP (Any one person) \$ <b>10,000</b>
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>
							GENERAL AGGREGATE \$ <b>2,000,000</b>
							PRODUCTS - COM/OP AGG \$ <b>2,000,000</b>
							\$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BAP2047584-10	7/19/2025	7/19/2026	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			FFX2047588-10	7/19/2025	7/19/2026	EACH OCCURRENCE \$ <b>1,000,000</b>
							AGGREGATE \$ <b>1,000,000</b>
							\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below			WCP7010867	7/19/2025	7/19/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT \$ <b>1,000,000</b>
							E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b>
							E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
D	<b>Equipment Floater</b>			S 2705793	7/19/2025	7/19/2026	<b>Leased/Rented/Borrow</b> <b>100,000</b>
D	<b>Equipment Floater</b>			S 2705793	7/19/2025	7/19/2026	<b>Deductible</b> <b>1,000</b>

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 HWY  
 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  
*Lindsay Blum*