

# RECEIPT

DATE

4/2/26

No.

932545

RECEIVED FROM

Marty's Contracting

\$

1550.00

One thousand five hundred fifty and <sup>00</sup>/<sub>100</sub> DOLLARS FOR RENT FOR

DE-SW-0329D

ACCOUNT	
PAYMENT	
BAL. DUE	

 CASH CHECK MONEY  
ORDER CREDIT  
CARD

FROM

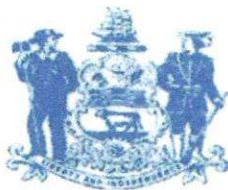
3202

TO

BY

M.M.

em 03/27/2026



RECEIVED

APR 02 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- 3629D Expiration Date 06/30/2026

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

- 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 Donald Mellinger dba Marty's Contracting

Location Address:	Mailing Address:
<u>680 Berge Road</u>	<u>PO Box 289</u>
<u>Yorklyn DE 19736</u>	<u>Yorklyn DE 19736</u>

Contact: Dawn R Mellinger Title: Office manager

Business Phone: 302-234-8690 Fax: \_\_\_\_\_

E-mail: dawn@martyscontracting/marty@

24 hr Emergency Contact Phone: Marty Mellinger 302-593-5977 martyscontracting.com

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: Yorklyn State: DE Date: 19736

- 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% Dmarty Mellinger, owner

(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

Dmarty Mellinger  
680 Bengel Road  
Yorklyn DE 19736

**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) Broken Concrete  
 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) Revolution Recovery
- 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# 987509 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 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 checked="" 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

Dmarty Mellinger  
PO Box 289  
Yorklyn DE 19736

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 03/27/1996  
Print Name Dmarty Mellinger Title Owner

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

# STATE OF DELAWARE

Department of Finance  
Division of Revenue

ACTIVE BUSINESS LICENSE  
1991074802

EFFECTIVE

01/01/2026 - 12/31/2028

ISSUED TO

MELLINGER DONALD M  
MARTYS CONTRACTING  
PO BOX 289  
YORKLYN DE 19736-0289

LOCATION

MARTYS CONTRACTING  
MARTYS CONTRACTING  
680 BERGE RD  
YORKLYN, DE 19736-

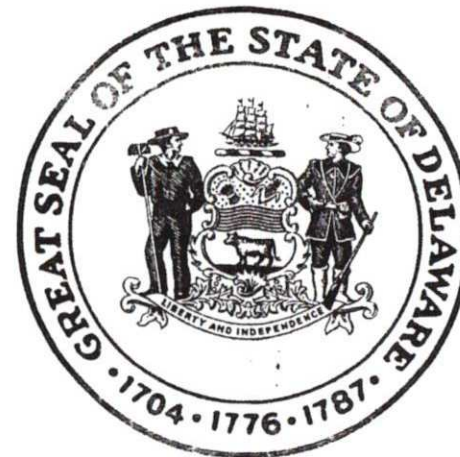
TRADE, BUSINESS, OR  
PROFESSIONAL ACTIVITY

RESIDENT CONTRACTOR

ISSUED: 12/22/2025

FEE PAID: \$225.00

Is hereby licensed to practice, conduct, or engage in the occupation or business activity indicated above in accordance with the license application duly filed pursuant to Title 30, Delaware Code.



2028

POST CONSPICUOUSLY - NOT TRANSFERABLE



INSURANCE IDENTIFICATION CARD

DE  
(STATE)

COMPANY NUMBER  
25844

COMPANY  
Union Insurance Company

COMMERCIAL  PERSONAL

POLICY NUMBER  
CAA4517447-44

EFFECTIVE DATE  
3/2/2026

EXPIRATION DATE  
11/20/2026

YEAR  
2014

MACK

MAKE/MODEL

700 GU700

VEHICLE IDENTIFICATION NUMBER  
1M2AX09C0EM019320

AGENCY/COMPANY ISSUING CARD

Relation Insurance Services  
11215 N. Community House Rd  
Charlotte

NC 28277

Suite 100

(302) 328-1888

INSURED

DONALD M. MELLINGER  
PO Box 289

Yorklyn

DE 19736

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

INSURANCE IDENTIFICATION CARD

DE  
(STATE)

COMPANY NUMBER  
25844

COMPANY  
Union Insurance Company

COMMERCIAL  PERSONAL

POLICY NUMBER  
CAA4517447-44

EFFECTIVE DATE  
3/2/2026

EXPIRATION DATE  
11/20/2026

YEAR  
2005

MACK

MAKE/MODEL

700 CV700

VEHICLE IDENTIFICATION NUMBER  
1M2AG11CX5M027782

AGENCY/COMPANY ISSUING CARD

Relation Insurance Services

11215 N. Community House Rd

Charlotte

NC 28277

Suite 100

(302) 328-1888

INSURED

DONALD M. MELLINGER

PO Box 289

Yorklyn

DE 19736

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1. Name and address of each driver, passenger and witness.
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD)  
03/26/20

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**

Relation Insurance Services  
11215 N. Community House Rd  
Suite 100  
Charlotte  
NC 28277

CONTACT NAME: Jean Balick  
PHONE (A/C, No, Ext): (302) 328-1888  
E-MAIL ADDRESS: jean.balick@relationinsurance.com  
FAX (A/C, No): (302) 328-1431

**INSURED**

DONALD M. MELLINGER  
P.O. BOX 289  
YORKLYN  
DE 19736

INSURER(S) AFFORDING COVERAGE		NAIC
INSURER A:	Acadia Ins Company	3132
INSURER B:	Union Insurance Company	2584
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

**COVERAGES**

**CERTIFICATE NUMBER:** CL25111573392

**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	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		CPA4516680-44	11/20/2025	11/20/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		CAA4517447-44	11/20/2025	11/20/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 \$		CPA4516680-44	11/20/2025	11/20/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	<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	WCA4517448-44	11/20/2025	11/20/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 2014 MACK 700 GU700 VIN 1M2AX09C0EM019320						

**CERTIFICATE HOLDER**

State of Delaware Department of Transportation  
303 Transportation Circle  
PO Drawer E  
Dover  
DE 19901

**CANCELLATION**

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

*Kathleen Good*

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DATE (MM/DD/)  
03/26/202

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**PRODUCER**  
Relation Insurance Services  
11215 N. Community House Rd  
Suite 100  
Charlotte  
NC 28277

**INSURED**  
DONALD M. MELLINGER  
P.O. BOX 289  
YORKLYN  
DE 19736

**CONTACT NAME:** Jean Balick  
**PHONE (A/C, No, Ext):** (302) 328-1888  
**E-MAIL ADDRESS:** jean.balick@relationinsurance.com  
**FAX (A/C, No):** (302) 328-1431

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Acadia Ins Company	31325
INSURER B:	Union Insurance Company	25844
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

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INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	SUBROGATION	WARRANTY	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
2005 MACK 700 CV700 VIN 1M2AG11CX5M027782

**CERTIFICATE HOLDER**

State of Delaware Department of Transportation  
303 Transportation Circle  
PO Drawer E  
Dover  
DE 19901

**CANCELLATION**

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  
*Kathleen Good*

## Spill Control Plan

- Spill control and safety equipment carried in each vehicle:
  - Reflectors and/or flares.
  - Fire extinguisher.
  - First aid kit.
  - Heavy-duty gloves.
  - Hard hat.
  - Flashlight.
- All loads will be enclosed, covered or tarped to prevent accidental discharge of the waste during transport to the disposal facility.
- The driver will perform the following pre-trip inspections:
  - Check all tires for objects, loose lugs, etc.
  - Check and listen for air leaks in brake system.
  - Check oil and radiator fluid levels.
  - Clean off and check operation of lights.
  - Make sure tarp and straps are in good condition.
  - Make sure spill control and safety equipment is in truck.
- If there is an accident or other emergency that causes a portion of the load to be spilled, the driver, if uninjured, will contact the following designated company coordinator:
  - Marty Mellinger on his cellular phone at (302) 593-5977.
- In the event the driver is unable to get in contact with the above designated company coordinator, the driver will contact the following alternate designated company coordinator:
  - Dawn Mellinger at the office at (302) 234-8690 or (302) 593-5973.
- The designated company coordinator or alternate company 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, the 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 or (302) 739-9401 or (800) 662-8802
  - Pennsylvania 911
- The designated coordinator will contract for clean-up services.
- This plan will be carried in all vehicles, along with the permit.

## **Driver Training**

- Requirements for Driver:
  - It is mandatory for the driver to have a valid CDL Class B drivers license.
  - The driver must have a Med Card.
  - The driver must submit a yearly driving record.
  
- Training Procedures:
  - The owner goes over the operation of the truck with the driver.
  - The owner rides with the driver for two days (more if necessary).
  - The driver receives instructions on how to handle solid waste and what dump facilities to use.
  - The driver receives instructions on tarping the can.
  - The driver receives instructions on material supply houses used by the company.
  - The driver receives the Spill Control Plan for the company.



## IMPORTANT NOTICE

The Delaware Department of Natural Resources and Environmental Control (DNREC) Compliance and Permitting Section (CAPS) is dedicated to overseeing the waste transportation permit process. We carefully receive, review, and provide comments regarding submitted permit applications, requiring a complete application prior to public notice. It is important for transporters submitting applications to DNREC-CAPS to understand that all permit applications will now be publicly accessible during the required 15-day public notice period and are also subject to release under DNREC's Freedom of Information Act (FOIA) afterward.

To improve transparency, DNREC now publishes legal notices on its website that include the names of transporters applying for permits, along with convenient links to the original permit applications. This approach is designed to promote open communication and build public trust.

Before releasing each permit application, DNREC-CAPS ensures that all personally identifiable information (PII)—such as driver names, birthdates, and Social Security numbers—is properly redacted.

Transporters who wish to keep other certain information in their permit applications confidential—excluding personally identifiable information (PII) which is being redacted—must explicitly request confidentiality when they submit their original application. This request must comply with DNREC's Freedom of Information Act (FOIA) regulations. For detailed policies and procedures regarding confidentiality requests, refer to [\*8 DE Admin. Code § 909, titled Policies and Procedures Regarding FOIA Requests\*](#).

Please note that any request to hold specific information as confidential must be made in writing at the time you submit your original waste transporter application to DNREC-CAPS. Your request must include a justification for why the information should be kept confidential, as required by Subsections 6.2.1 through 6.2.4 of the *Policies and Procedures Regarding FOIA Requests*.

Additionally, if you are making a confidentiality claim, you are required to submit two applications: the original waste transporter permit application and a second version of the original application that redacts the information you wish to keep confidential.

We appreciate your cooperation in this matter.

**Davis, DaQuan (DNREC)**

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**From:** Marty's Contracting <marty@martyscontracting.com>  
**Sent:** Thursday, April 30, 2026 4:16 PM  
**To:** Davis, DaQuan (DNREC); Marty's Contracting; Marty's Contracting  
**Cc:** Marty's Contracting  
**Subject:** Fwd: DE Solid Waste Transporter Permit Application - Marty's Contracting - Certificate of Insurance  
**Attachments:** ACORD Form 20260430-152455.pdf

Please find our Certificate of Insurance as per your request.

Please let me know you are in receipt.

Please let me know if anything else is needed.

THANKS, Dawn

Begin forwarded message:

**From:** "Davis, DaQuan (DNREC)"  
<[daqvan.davis@delaware.gov](mailto:daqvan.davis@delaware.gov)>  
**Subject:** RE: DE Solid Waste Transporter Permit Application  
**Date:** April 28, 2026 at 10:41:36 AM EDT  
**To:** "[Dawn@martyscontracting.com](mailto:Dawn@martyscontracting.com)"  
<[dawn@martyscontracting.com](mailto:dawn@martyscontracting.com)>

Hello,

Is there an update on this document:

- **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 to complete the application.

Thank you,

DaQuan Davis

## DaQuan L. Davis

Environmental Scientist

**Division of Waste and Hazardous Substances**

302-739-9403

[WHSttransporters@delaware.gov](mailto:WHSttransporters@delaware.gov)

89 Kings Hwy SW, Dover, DE 19901

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

---

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

**Sent:** Monday, April 6, 2026 2:22 PM

**To:** [Dawn@martycontracting.com](mailto:Dawn@martycontracting.com)

**Subject:** DE Solid Waste Transporter Permit Application

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.

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

[WHSttransporters@delaware.gov](mailto:WHSttransporters@delaware.gov)

**Disclaimer**

PLEASE NOTE: The information contained in this e-mail, including all attachments, may be confidential, private, proprietary, or otherwise privileged and is intended only for the use of the addressee. Unauthorized use, disclosure, distribution, or copying is strictly prohibited and may be unlawful. If you are not the intended recipient of this e-mail, please immediately notify Relation Insurance Services at the phone number or e-mail address listed above and destroy all copies of this e-mail and any attachments without further disseminating the information contained herein.



## Davis, DaQuan (DNREC)

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**From:** Davis, DaQuan (DNREC) on behalf of WHStranporters  
**Sent:** Monday, April 6, 2026 2:22 PM  
**To:** Dawn@martyscontracting.com  
**Subject:** DE Solid Waste Transporter 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.

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:** Davis, DaQuan (DNREC)  
**Sent:** Tuesday, April 28, 2026 10:42 AM  
**To:** Dawn@martyscontracting.com  
**Subject:** RE: DE Solid Waste Transporter Permit Application

**Categories:** Egress Switch: Unprotected

Hello,

Is there an update on this document:

- **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 to complete the application.

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)



---

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

**Sent:** Monday, April 6, 2026 2:22 PM

**To:** Dawn@martyscontracting.com

**Subject:** DE Solid Waste Transporter Permit Application

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.

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:** WHStranporters  
**Sent:** Wednesday, April 29, 2026 3:58 PM  
**To:** Dawn@martyscontracting.com  
**Subject:** DE Solid Waste Transporter 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.

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)
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