

RECEIPT

DATE

3/18/26

No.

932509

RECEIVED FROM

King Waste, Inc.

\$

1550.00

One thousand five hundred fifty and ⁰⁰/₁₀₀ DOLLARS FOR RENT FOR

DE-SW-1401

ACCOUNT	
PAYMENT	
BAL. DUE	

 CASH CHECK MONEY ORDER CREDIT CARD

FROM

10346

TO

BY

M.M.



2026

RECEIVED

MAR 18 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- 1401 Expiration Date 3-31-2026

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 King Waste, Inc.

Location Address:	Mailing Address:
<u>220 Lloyd Guessford Rd</u>	<u>same</u>
<u>Townsend, DE 19734</u>	<u>←</u>

Contact: Bill King Title: CEO

Business Phone: 302 653 4999 Fax: 302 653 2492

E-mail: KingWasteInc@gmail.com

24 hr Emergency Contact Phone: 610 633 7732

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: Townsend State: DE Date: 1-2010

- 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. William J King Jr CEO 220 Lloyd Guessford Rd Townsend, DE 19734

Attachment [redacted] 100%

(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.

Kings Waste, Inc. 220 Lloyd Guessford Rd
Townsend, DE
19734

- 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) All
- 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) Revolution Recovery
- 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# 1991853 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:

	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 X

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 X

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 William J King III Date 12-26-2025
Print Name William J King III Title CEO

****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).
 - 2).
 - (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: _____ 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.
-

King Waste, Inc.

Driver Training and Requirements

1. Driver Application.
2. Class A-B CDL.
3. DMV Driving Record No Incidences in the Past 5 Years.
4. Pass Background Check No Convictions in Past 10 Years.
5. Pass Drug Test and Physical.
6. Driver Ride Along Minimum Two Weeks.
7. Pass Safety and Road Test.
8. Training and Testing on Spill Control Procedures.

Driver Must Meet/Pass All Training, Requirements and Testing to Become a Driver/Employee for King Waste, Inc.

STATE OF DELAWARE

Department of Finance Division of Revenue

ACTIVE BUSINESS LICENSE

2010600061

EFFECTIVE

01/01/2025 - 12/31/2027

ISSUED TO

KING WASTE INC
220 LLOYD GUESSFORD RD
TOWNSEND DE 19734-9299

LOCATION

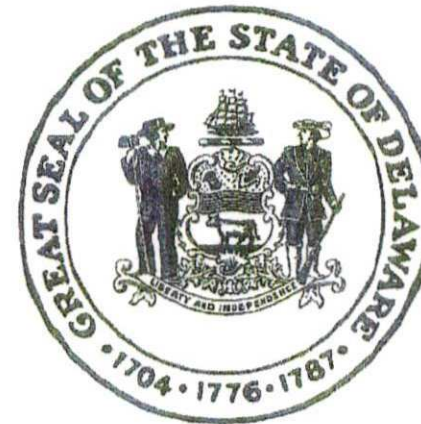
KING WASTE INC
220 LLOYD GUESSFORD RD
TOWNSEND, DE 19734-9299

TRADE, BUSINESS, OR
PROFESSIONAL ACTIVITY

DRAYPERSON OR MOVER

ISSUED: 02/01/2025
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.



2027

POST CONSPICUOUSLY - NOT TRANSFERABLE





2026 UCR Registration is VALID!



Receipt # 000-0603-4176

Registered on: 02/02/2026 11:23 EST

Generated: 02/02/2026 14:35 EST

Year: 2026

aid:	Date	Bracket	UCR Fee	Conv. Fee	Total
	02/02/2026	Bracket 1 [2 veh.]	\$46.00	\$1.37	\$47.37

Bracket: 0 to 2 vehicles [2 vehicle(s)]

USDOT #: 1991853

Classifications: Motor Carrier, Motor Private Carrier

Legal Name: KING WASTE INC

Base State: Delaware

Principal: 220 LLOYD GUESSFORD RD
TOWNSEND, DE 19734
US

Payor: Dakota Group, LLC

*** Expires: 12/31/2026 ***

UCR Registration

Complete Registration Details

Order Information

Order ID:	796
Order Total:	\$225
Created At:	1/23/2026 8:47:34 PM

Company Information

USDOT Number:	1991853
Legal Name:	KING WASTE INC
DBA Name:	
Contact Email:	KINGWASTEINC@GMAIL.COM
Phone:	(302) 653-4999

UCR Registration Details

Vehicles & Counts

Passenger Vehicles:	0
Straight Trucks / Tractors:	2
Power Units:	2
Total Vehicles:	0
Calculated Fee:	225

State of Delaware

Annual Franchise Tax Report

CORPORATION NAME			TAX YR.										
KING WASTE INC.			2025										
FILE NUMBER	INCORPORATION DATE	RENEWAL/REVOCATION DATE											
4785930	2010/02/05												
PRINCIPAL PLACE OF BUSINESS			PHONE NUMBER										
220 LLOYD GUESSFORD RD TOWNSEND, DE 19734			(610) 633-7732										
NATURE OF BUSINESS													
WASTE REMOVAL													
REGISTERED AGENT			AGENT NUMBER										
WILLIAM J. KING JR 656 PADDOCK RD SMYRNA DE 19977			9746378										
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">AUTHORIZED STOCK BEGIN DATE</th> <th style="width: 15%;">END DATE</th> <th style="width: 25%;">DESIGNATION/ STOCK CLASS</th> <th style="width: 20%;">NO. OF SHARES</th> <th style="width: 25%;">PAR VALUE/ SHARE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				AUTHORIZED STOCK BEGIN DATE	END DATE	DESIGNATION/ STOCK CLASS	NO. OF SHARES	PAR VALUE/ SHARE					
AUTHORIZED STOCK BEGIN DATE	END DATE	DESIGNATION/ STOCK CLASS	NO. OF SHARES	PAR VALUE/ SHARE									
OFFICER	NAME	STREET/CITY/STATE/ZIP	TITLE										
WILLIAM KING		220 LLOYD GUESSFORD RD TOWNSEND, DE 19734	CEO										
DIRECTORS	NAME	STREET/CITY/STATE/ZIP	TITLE										
WILLIAM KING		220 LLOYD GUESSFORD RD TOWNSEND, DE 19734											
<p><i>NOTICE: Pursuant to 8 Del. C. 502(b), If any officer or director of a corporation required to make an annual franchise tax report to the Secretary of State shall knowingly make any false statement in the report, such officer or director shall be guilty of perjury.</i></p>													
AUTHORIZED BY (OFFICER, DIRECTOR OR INCORPORATOR)		DATE	TITLE										
WILLIAM KING 220 LLOYD GUESSFORD RD TOWNSEND, DE 19734 US		2026/02/05	CEO										

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 KING WASTE, INC. Permit Number DE-SW- 1401

COMPANY CONTACT INFORMATION

Mailing Address:	
Address 1	<u>220 Lloyd Guessford Rd</u>
Address 2	
City, State, Zip +4 <u>Townsend, DE 19734</u>	

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

Contact Name: Willian King Title: CEO
Business Phone: 302.653.4999 Fax: 302.653.2492
E-mail: kingwasteinc@gmail.com
24-hour Emergency Contact Phone: 610.633.7732

WASTE TYPES

Please confirm the waste types in which your company transports.

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

If you transport PHC soils, do you use Clean Earth of New Castle? Yes No

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: William King CEO

Signature / Date:  1-12-2026

CASH ONLY IF ALL CheckLock™ SECURITY FEATURES LISTED ON BACK INDICATE NO TAMPERING OR COPYING



KING WASTE, INC.
Environmental Waste Solutions
656 Paddock Rd
Smyrna, DE 19977
302.653.4999

COMMERCE BANK, A DIVISION NA
TD Bank
Dover, DE 19901
55-136/312

10345

2/5/2026

PAY TO THE ORDER OF State of Delaware

\$ *1,550.00

One Thousand Five Hundred Fifty and 00/100 ***** DOLLARS

PROTECTED AGAINST FRAUD



DNREC
89 Kings Highway
Dover, DE 19901



William O. Hill

MEMO

DE-SW-1401



KING WASTE, INC.

State of Delaware

10345

2/5/2026

SOLID WASTE TRANSPORTER PERMIT

1,550 00

Payroll

DE-SW-1401

1,550 00

© 2014 INTUIT INC. 1-800-433-8310

Details on Back



Intuit® CheckLock™ Secure Check

Davis, DaQuan (DNREC)

From: Bill King <kingwasteinc@gmail.com>
Sent: Tuesday, April 28, 2026 10:52 AM
To: WHStranporters
Subject: Re: Annual Report Submission for Delaware Solid Waste Transporter Permit

Yes, that is correct.

On Tue, Apr 28, 2026, 9:03 AM WHStranporters <WHStranporters@delaware.gov> wrote:

Yes, and you are the only driver for the company correct?



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

📞 302-739-9403

✉️ WHStranporters@delaware.gov

📍 [89 Kings Hwy SW, Dover, DE 19901](#)

🌐 dnrec.delaware.gov



From: Bill King <kingwasteinc@gmail.com>
Sent: Monday, April 27, 2026 5:40 PM
To: WHStranporters <WHStranporters@delaware.gov>
Subject: Re: Annual Report Submission for Delaware Solid Waste Transporter Permit

PA haul permit. I believe this is the last piece of information that you needed for the Delaware Haul Permit?

On Wed, Apr 22, 2026 at 3:36 PM Bill King <kingwasteinc@gmail.com> wrote:

Just spoke with PA and they are going to mail out a new permit and I should have it by mid to late next week.

On Wed, Apr 22, 2026 at 3:15 PM Bill King <kingwasteinc@gmail.com> wrote:

I'm trying to get Pennsylvania to send me over a copy of my 2026 permit. sorry for the delay.

On Mon, Apr 13, 2026 at 2:43 PM WHStranporters <WHStranporters@delaware.gov> wrote:



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

📞 302-739-9403

✉ WHStranporters@delaware.gov

📍 [89 Kings Hwy SW, Dover, DE 19901](https://www.delaware.gov/locations/89-Kings-Hwy-SW-Dover-DE-19901)

dnrec.delaware.gov



From: Bill King <kingwasteinc@gmail.com>

Sent: Wednesday, April 8, 2026 2:29 PM

To: WHStranporters <WHStranporters@delaware.gov>

Subject: Re: Annual Report Submission for Delaware Solid Waste Transporter Permit

I didn't forget about you, My insurance renews on the 13th and I'm going to get you an updated certificate of insurance. THn=ank you for your patience

On Fri, Mar 27, 2026 at 1:29 PM WHStranporters <WHStranporters@delaware.gov> wrote:

Hello,

I have received your check. Upon review of the application, I have found that some information is missing or needs to be updated. Please address the items listed below:

- **Section 9(b)**- Do you have any other state solid waste transporter permits? If so, please provide each permit's number.
- **Section 10**-You did not submit a certificate of insurance. Please provide this form and ensure you have the correct amount of automobile liability insurance, and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section. The address is [89 Kings Highway, Dover, DE 19901](#).
- **Section 10**-Please provide an MCS-90 endorsement form.
- **Section 11**-The spill control plan is missing an emergency contact (name and phone number) and pre-trip inspections. Please update this plan, add the contact information, and include pre-trip inspections.
- **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

✉ WHSttransporters@delaware.gov

📍 [89 Kings Hwy SW, Dover, DE 19901](#)

🌐 dnrec.delaware.gov



From: Davis, DaQuan (DNREC) **On Behalf Of** WHStranporters
Sent: Wednesday, March 18, 2026 4:17 PM
To: Bill King <kingwasteinc@gmail.com>
Subject: RE: Annual Report Submission for Delaware Solid Waste Transporter Permit

Hello,

I have received your check. Upon review of the application, I have found that some information is missing or needs to be updated. Please address the items listed below:

- **Section 9(b)**- Do you have any other state solid waste transporter permits? If so, please provide each permit's number.
- **Section 10**-You did not submit a certificate of insurance. Please provide this form and ensure you have the correct amount of automobile liability insurance, and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section. The address is [89 Kings Highway, Dover, DE 19901](#).
- **Section 10**-Please provide an MCS-90 endorsement form.
- **Section 11**-The spill control plan is missing an emergency contact (name and phone number) and pre-trip inspections. Please update this plan, add the contact information, and include pre-trip inspections.
- **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

📍 [89 Kings Hwy SW, Dover, DE 19901](#)

🌐 dnrec.delaware.gov



From: Bill King <kingwasteinc@gmail.com>

Sent: Wednesday, March 18, 2026 2:35 PM

To: WHStranporters <WHStranporters@delaware.gov>

Subject: Re: Annual Report Submission for Delaware Solid Waste Transporter Permit

Hey Daquan, This is Bill with King Waste. Do you know if you received our check for the hauler permit?

On Wed, Mar 4, 2026 at 1:07 PM WHStranporters <WHStranporters@delaware.gov> wrote:

I have not received this.



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

☎ 302-739-9403

✉ WHStranporters@delaware.gov

📍 [89 Kings Hwy SW, Dover, DE 19901](#)

🌐 dnrec.delaware.gov



From: Bill King <kingwasteinc@gmail.com>

Sent: Wednesday, March 4, 2026 12:51 PM

To: WHStranporters <WHStranporters@delaware.gov>

Subject: Re: Annual Report Submission for Delaware Solid Waste Transporter Permit

Did you receive our permit renewal? I sent it in a couple of weeks ago.

On Tue, Mar 3, 2026 at 8:58 AM WHStranporters <WHStranporters@delaware.gov> wrote:

Yes, Can you please resend because I haven't receive your renewal application yet from our mailing department.



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

☎ 302-739-9403

✉ WHStranporters@delaware.gov

📍 [89 Kings Hwy SW, Dover, DE 19901](#)

🌐 dnrec.delaware.gov



From: Bill King <kingwasteinc@gmail.com>

Sent: Monday, March 2, 2026 5:18 PM

To: WHStranporters <WHStranporters@delaware.gov>

Subject: Re: Annual Report Submission for Delaware Solid Waste Transporter Permit

Hey DaQuan,

I sent this in with the Waste Hauler renewal. If you need me to resend it I can. Please let me know.

Bill King

On Mon, Mar 2, 2026 at 3:11 PM WHStranporters <WHStranporters@delaware.gov> wrote:

Good afternoon,

You are receiving this email because your company or organization held a Delaware solid waste transporter permit during the calendar year 2025. To maintain this permit, you are required to submit an annual report to the Department by **April 1, 2026**.

Attached, you will find the annual report form that needs to be completed. Please return the completed form via email or mail to the address provided below:

Delaware Department of Natural Resources and Environmental Control

Waste & Hazardous Substances

Compliance and Permitting Section

89 Kings Highway

Dover, DE 19901

whstransporters@delaware.gov

Thank you,

DaQuan Davis



DaQuan L. Davis
Environmental Scientist

Division of Waste and Hazardous Substances

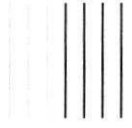
☎ 302-739-9403

✉ WHStransporters@delaware.gov

📍 [89 Kings Hwy SW, Dover, DE 19901](https://www.delaware.gov/location/89-Kings-Hwy-SW-Dover-DE-19901)

🌐 dnrec.delaware.gov







COMMONWEALTH OF PENNSYLVANIA
Waste Transportation Safety Program
Written Authorization

3514260661

Phone No. (302)-653-4999

VIN# 1M2GR4GC5RM043066

WH13514

Expires Sep 2026

KING WASTE, INC.
WILLIAM KING
220 LLOYD GUESSFORD RD
TOWNSEND, DE 19734-9299

REPLACEMENT

THIS WRITTEN AUTHORIZATION MUST BE KEPT WITH THE
WASTE TRANSPORTATION VEHICLE AT ALL TIMES.
If lost or damaged contact DEP immediately at 717-783-9258.
A replacement fee is required.
Duplication or Photocopies of this original documentation
are not valid.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/09/2026

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).

PRODUCER Davis Insurance Group Inc. 100 West Rockland Rd Suite M PO Box 215 Montchanin DE 19710		CONTACT NAME: Janet Matarese PHONE (A/C, No, Ext): (302) 652-4700 E-MAIL ADDRESS: jmatarese@davisinsurancegroup.com FAX (A/C, No):																	
INSURED King Waste, Inc. 220 Lloyd Guessford Road Townsend DE 19734		INSURER(S) AFFORDING COVERAGE <table border="1"> <tr> <th>INSURER A:</th> <th>NAIC #</th> </tr> <tr> <td>Nautilus Insurance Company</td> <td>17370</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>Key Risk Insurance Company</td> <td>10885</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER A:	NAIC #	Nautilus Insurance Company	17370	INSURER B:		Key Risk Insurance Company	10885	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER C:																			
INSURER D:																			
INSURER E:																			
INSURER F:																			

COVERAGES

CERTIFICATE NUMBER: CL264900146

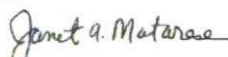
REVISION NUMBER:

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 type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			ECP204324012	04/13/2026	04/13/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			BAP204324312	04/13/2026	04/13/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Additional \$ 30,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR 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 N/A				PER STATUTE OTH-ER 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)
 Additional Insured: DNREC

CERTIFICATE HOLDER**CANCELLATION**

DNREC 89 Kings Highway 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 
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USDOT Number: _____ Date Received: _____

Please note, the expiration date as stated on this form relates to the process for renewing the Information Collection Request for this form with the Office of Management and Budget. his requirement to collect information as requested on this form does not expire. For questions, please contact the Office of Registration, Registration Division.

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0008. Public reporting for this collection of information is estimated to be approximately 2 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.



Endorsement for Motor Carrier Policies of Insurance for Public Liability under Sections 29 and 30 of the Motor Carrier Act of 1980

FORM MCS-90

Issued to King Waste, Inc (Motor Carrier name) of 220 Lloyd Guessford Road Townsend, DE 19734 (Motor Carrier state or province)

Dated at P O Box 1532, Charlottesville, VA 22902 on this 3 day of April, 2026

Amending Policy Number: BAP2043243-12 Effective Date: 04/13/2026

Name of Insurance Company: Key Risk Insurance Company

Countersigned by: [Signature] (authorized company representative)

- The policy to which this endorsement is attached provides primary or excess insurance, as indicated for the limits shown (check only one):
[X] This insurance is primary and the company shall not be liable for amounts in excess of \$ 750,000 for each accident.
[] This insurance is excess and the company shall not be liable for amounts in excess of \$ _____ for each accident in excess of the underlying limit of \$ _____ for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: 434-326-5048.

Cancellation of this endorsement may be effected by the company or the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the FMCSA's registration requirements under 49 U.S.C. 13901, by providing thirty (30) days notice to the FMCSA (said 30 days notice to commence from the date the notice is received by the FMCSA at its office in Washington, DC).

Filings must be transmitted online via the Internet at https://portal.fmcsa.dot.gov/UrsRegistrationWizard/

(continued on next page)

DEFINITIONS AS USED IN THIS ENDORSEMENT

Accident includes continuous or repeated exposure to conditions or which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

Motor Vehicle means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

Bodily Injury means injury to the body, sickness, or disease to any person, including death resulting from any of these.

Property Damage means damage to or loss of use of tangible property.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Motor Carrier Safety Administration (FMCSA).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon,

Environmental Restoration means restitution for the loss, damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.

Public Liability means liability for bodily injury, property damage, and environmental restoration.

or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately to each accident and any payment under the policy because of any one accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

(continued on next page)

SCHEDULE OF LIMITS - PUBLIC LIABILITY
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Type of carriage	Commodity transported	January 1, 1985
(1) For-hire (in interstate or foreign commerce, with a gross vehicle weight rating of 10,001 or more pounds).	Property (nonhazardous)	\$750,000
(2) For-hire and Private (in interstate, foreign, or intrastate commerce, with a gross vehicle weight rating of 10,001 or more pounds).	Hazardous substances, as defined in 49 CFR 171.8, transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Division 1.1, 1.2, and 1.3 materials, Division 2.3, Hazard Zone A, or Division 6.1, Packing Group 1, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material, as defined in 49 CFR 173.403.	\$5,000,000
(3) For-hire and Private (in interstate or foreign commerce, in any quantity; or in intrastate commerce, in bulk only; with a gross vehicle weight rating of 10,001 or more pounds).	Oil listed in 49 CFR 172.101; hazardous waste, hazardous materials, and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101, but not mentioned in (2) above or (4) below.	\$1,000,000
(4) For-hire and Private (in interstate or foreign commerce, with a gross vehicle weight rating of less than 10,001 pounds).	Any quantity of Division 1.1, 1.2 or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group 1, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403.	\$5,000,000

*The schedule of limits shown does not provide coverage. The limits shown in the schedule are for information purposes only.



Thank you for allowing us the opportunity to serve as your insurance provider for your Commercial Automobile Insurance coverage. We take pride in providing exceptional service and unique insurance solutions to our customers. Quality and customer service are what distinguish us from other insurance carriers and we always strive to exceed our customers' expectations.

Attached is an Accident Worksheet to aid you while recording the critical details of a claim; details which will be useful to our claims examiners while handling any claims. In an effort to keep the specifics of any accident available for you and our claims teams, please complete this worksheet with as many details as you can. You can include the completed form when you report the claim to your agent, or to us directly at autoclaims@berkeleyenvironmental.com.

Often times, a seemingly minor accident can be easy to ignore or dismiss without reporting it to your agent or to us directly. Although this may appear to be a reasonable response initially, the results of this inaction can be anything but reasonable. Preserving the facts and details of every accident, whether minor or major, helps us to provide the best possible outcomes for you.

If there is anything else we can do for you, please feel free to contact us. We appreciate your feedback as it helps us continue to develop creative solutions to customer problems. Thank you again for choosing us, and I look forward to having you as one of our valued customers for many years to come.

Best regards.

A handwritten signature in cursive script that reads "Chris DeLauder".

Chris DeLauder
Executive Vice President
cdelauder@berkeleyenvironmental.com