

RECEIPT

DATE

8/7/86

No.

735877

RECEIVED FROM

E. Earle Downing Inc.

\$

350.00

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

DOLLARS

☐ FOR RENT☒ FOR

DE-SW-0430D

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY
ORDER☐ CREDIT
CARD

FROM

1985

TO

BY

M.M.



RECEIVED

AUG 07 2026

DNREC - WHS

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- 0430D _____ Expiration Date 9/30/26 _____

Please indicate the term for which you desire your permit to be issued. Submit a check or money order, payable to the "State of Delaware," for the indicated permit fee.

SCRAP TIRES ONLY

- ☐ One Year - \$75.00
- ☐ Two Years - \$125.00
- ☐ Three Years - \$175.00
- ☐ Four Years - \$225.00
- ☐ Five Years - \$275.00

ALL OTHERS

- X One Year - \$350.00
- ☐ Two Years - \$650.00
- ☐ Three Years - \$950.00
- ☐ Four Years - \$1250.00
- ☐ Five Years - \$1550.00

2. Release to Public

Do you wish to be included on the list of transporters that is provided to persons requesting a list of Delaware permitted solid waste transporters? ☐ Yes ☒ No

3. Company Information

Company Name E. Earle Downing, Inc. _____

Location Address:	Mailing Address:
1221 Bowers Street	P.O. Box 7830
Unit 6	
Wilmington, DE 19802	Wilmington, DE 19803

Contact: Bruce Downing _____ Title: President _____

Business Phone (302) 656-9908 _____ Fax: _____

E-mail: downingpaving@gmail.com _____

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: Wilmington _____ State: DE _____ Date: 1938 _____

☐ 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 4b _____

(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.

X Attachment 5 _____
☐ 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 _____
X 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)
X Dry waste: X construction/demolition debris
 X 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 X No

(c). If you answered "YES" to question 7.b., above, does your company provide recycling services to those customers? ☐ Yes ☐ No X 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) 8b__
- ☐ 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) 8b__
- ☐ 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# 220829_____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 ☐	\$300,000.00 ☐
Commercial Waste	\$750,000.00 + MCS-90 ☐	\$300,000.00 ☐
Industrial Waste	\$750,000.00 + MCS-90 ☐	\$300,000.00 ☐
Dry Waste	\$750,000.00 + MCS-90 ☐	\$300,000.00 ☒
Ash	\$750,000.00 + MCS-90 ☐	\$350,000.00 ☐
Infectious Waste	\$1,000,000.00 + MCS-90 ☐	\$750,000.00 + MCS-90 ☐
Non-Hazardous Petroleum Contaminated Soils	\$750,000.00 + MCS-90 ☐	\$300,000.00 ☐
Asbestos	\$1,000,000.00 + MCS-90 ☐ (For Hire & Private)	\$300,000.00 ☐
Scrap Tires Only	\$300,000.00 ☐	\$300,000.00 ☐

11. Spill Control and Safety

List all spill control and safety equipment that 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 Yes_

12. Driver Training

IN SUMMARY OR OUTLINE FORM, describe the procedures that your company takes to ensure that all company drivers are safe and competent drivers. Small owner-operators may describe their years of experience and driving record in lieu of a formal program.

- Include requirements for special licenses (e.g. CDL, including any special endorsements), any special training received, including dates training was received (e.g. asbestos training), and any ongoing company programs. (e.g. weekly safety meetings or annual refresher courses);
- Include your company procedure for periodic checks of the driver's records for moving violations, and your company policy on progressive counseling/discipline based on points;
- Describe how drivers are instructed in the following:
 - Knowledge of proper handling procedures for the type of solid waste being transported.
 - Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)
 - Familiarity with the conditions of the solid waste transporter's permit.

Driver Training, attachment Yes_____

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.

X Vehicle List Attached

14. Vehicle Operator Information

Is a list of all vehicle operators attached? X Yes

What tax form do you submit to the IRS for your vehicle operators?

X 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 _____

X No violations within the specified time period

16. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, upon personal knowledge and information, the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information.

**Signature



Date

7.30.26

Print Name

BRUCE DOWNING

Title

President

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

E. EARLE DOWNING, INC.

Asphalt Pavement Specialists

P.O. Box 7830

Wilmington, Delaware 19803

Telephone: (302) 656-9908

Established 1938

ATTACHMENTS

4b) Bruce Downing – President

P.O. Box 7830

Wilmington, DE 19803


100% Ownership

5) E. Earle Downing, Inc.



8b) DSWA locations used:

- Cherry Island Landfill

Other In-State locations used:

- Contractors Materials



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/1/2026

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 Core Insurance Group 3650 Winding Way Newtown Square PA 19073		CONTACT NAME: Tyler Frazee PHONE (A/C, No, Ext): 610-429-1310 E-MAIL: tyler@coremailbox.com ADDRESS: tyler@coremailbox.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Selective Ins. Co. of South Carolina	19259
		INSURER B: Selective Ins. Co. of the Southeast	39926
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 1720269242 **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
B	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJECT ☐ LOC OTHER:			S 2629517	6/1/2026	6/1/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 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	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY			S 2629517	6/1/2026	6/1/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$			S 2629517	6/1/2026	6/1/2027	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
A	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	WC 9145370	6/1/2026	6/1/2027	☒ PER STATUTE ☐ OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Equipment Floater			S 2629517	6/1/2026	6/1/2027	Leased/Rented Equip Deductible \$100,000 \$1,000

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

CERTIFICATE HOLDER**CANCELLATION**

Department of Natural Resources and Environmental
Control Compliance and Permitting Section
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

© 1988-2015 ACORD CORPORATION. All rights reserved.

E. EARLE DOWNING, INC.

Asphalt Pavement Specialists

P.O. Box 7830

Wilmington, Delaware 19803

Telephone: (302) 656-9908



Established 1938

MEMORANDUM:

Spill Control Plan

- (1) Spill control and safety equipment carried in each vehicle:
 - a. Reflectors and/or flares
 - b. Fire Extinguisher
 - c. First Aid Kit
- (2) All loads will be enclosed, covered or tarped to prevent accidental discharge of any waste during transport to the facility.
- (3) The driver is required to fill out vehicle inspection and/or trip report forms each day as the vehicle leaves and returns to our lot.
- (4) If there is an accident or emergency which causes a portion of the load to be spilled, the driver, if uninjured, will contact the following designated company coordinator:
 - a. Foreman of Jobsite
 - b. Downing Office – (302)656-9908
 - c. Bruce Downing – [REDACTED]
- (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, the person contacted will notify the state emergency response team by calling one of the following numbers:
 - a. 911
 - b. [REDACTED]
 - c. (800)662-8802
- (6) This plan will be carried in all vehicles, along with the permit.

E. EARLE DOWNING, INC.

Asphalt Pavement Specialists

P.O. Box 7830

Wilmington, Delaware 19803

Telephone: (302) 656-9908



Established 1938

MEMORANDUM:

DRIVER TRAINING OUTLINE

Drivers maintaining CDL licenses are required to have the following:

- Medical Exams
- Random drug and alcohol testing

All drivers are required to maintain a valid driver's license.

All employees have regular safety meetings.

Drivers' records are checked each year with renewal of our general liability insurance policy.

Drivers are to complete a walk around inspection and/or vehicle trip log each day the vehicle is used.

- Inspection sheet is filled out
- Damage or violations are reported to the office

Knowledge of proper handling for the type of solid waste being transported is given at each job site meeting before any waste is moved.

All drivers are familiar with the Spill Control Plan and have access to a hard copy.

VEHICLE IDENTIFICATION

Bill Accnt	Bill Accnt Name	Truck	Fleet	Veh_Year	Make	VT Label	State	Tag	Desc	GVWR
813	E. Earle Downing, Inc.	813025	307	2018	Hino	268 Dump	DE	C38896	White	26,000

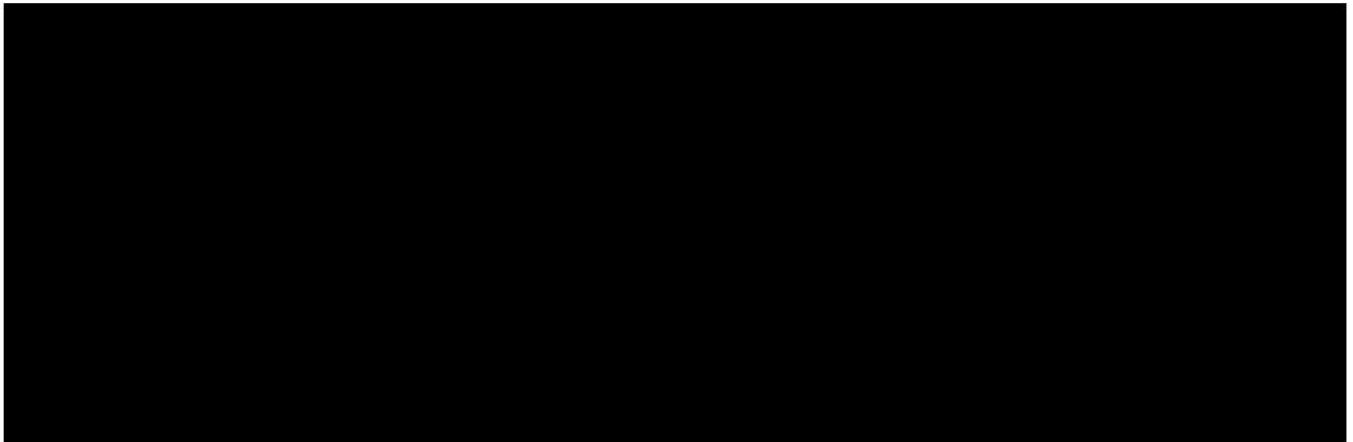
current update 3/4/25

E. Earle Downing, Inc.

Name

D.O.B.

License



WHStranporters

From: Office Email <downingpaving@gmail.com>
Sent: Tuesday, August 18, 2026 10:37 AM
To: WHStranporters
Subject: Re: Delaware Solid Waste Transporter Permit Application

Good Morning,
I apologize for not including the Vin# for our vehicle. I've included it in this email.

Hino vin# 5PVNE8JV1J4556867

Let me know if you need any other information.

Thank You,
Heather Slemmer
E. Earle Downing, Inc

I believe in the sun even when it's not shining! 🌞

On Aug 17, 2026, at 2:46 PM, WHStranporters <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:

1. **Section 13**-The vehicle list submitted was missing the following:
VEHICLE IDENTIFICATION NUMBER (VIN).

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

Thank you,

DaQuan Davis

<image001.png>

DaQuan L. Davis
Environmental Scientist
Division of Waste and Hazardous Substances

<image002.png>

302-739-9403

<image003.png>

WHStranporters@delaware.gov

<image004.png>

89 Kings Hwy SW, Dover, DE 19901

<image005.png>

dnrec.delaware.gov

<image006.png>

<image007.png>

<image008.png>