

# RECEIPT

DATE

9/14/2026

No.

992902

RECEIVED FROM

R. Keating &amp; Sons, Inc.

\$

350.<sup>00</sup>/<sub>100</sub>

Three hundred &amp; fifty dollars &amp; no cents

DOLLARS

☐ FOR RENT☒ FOR

DE-SW-07940

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY  
ORDER☐ CREDIT  
CARD

FROM

21253

TO

BY

EB



RECEIVED

SEP 09 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- 0794D Expiration Date 12/31/2026

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 R. Keating & Sons, Inc

|                     |                     |
|---------------------|---------------------|
| Location Address:   | Mailing Address:    |
| 7621 Lancaster Pike | 7621 Lancaster Pike |
| Hockessin, DE 19707 | Hockessin, DE 19707 |
|                     |                     |

Contact: Kevin Keating Title: Vice President

Business Phone: 302-239-4670 Fax: 302-239-3197

E-mail: rkeating707@comcast.net

24 hr Emergency Contact Phone: 302-218-3413

## 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: 1979  
☐ 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 #1

(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 #2  
☐ 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) #3
  - ☒ 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# 382382 MC# 1465

- ☐ 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<br/>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 | \$750,000.00 + MCS-90 <input type="checkbox"/>   | \$350,000.00 <input type="checkbox"/>            |
| Contaminated Soils      | \$1,000,000.00 + MCS-90 <input type="checkbox"/> | \$350,000.00 <input type="checkbox"/>            |
| Asbestos                | (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 #4

## 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 #5

### 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 Kevin Keating Date 9/11/2026  
Print Name Kevin Keating Title Vice President

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

VEHICLE INFORMATION - See Item 13 of the application.

Use this form, or other format which provides the same information, to answer the VEHICLE IDENTIFICATION requirement of the application. List all vehicles, both motorized and container (if a license plate is required on the container) to be used to haul solid waste in the state of Delaware. In addition, list the vehicle owner, owner's address, and domicile address if different from the company address provided in the application.

[illegible]

## 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.



RKEATIN-01

TREED

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/21/2026

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  
AP Benefit Advisors, LLC dba BHI  
111 Continental Dr, Ste 405  
Newark, DE 19713

CONTACT NAME: **Tracy A Reed**  
PHONE (A/C, No, Ext): **(302) 995-2029** FAX (A/C, No): **(302) 995-2220**  
E-MAIL ADDRESS: **tracy.reed@assuredpartners.com**

INSURER(S) AFFORDING COVERAGE  
INSURER A: **Pennsylvania National Mutual Casualty Insurance Co** NAIC # **14990**

INSURED  
**R. Keating & Sons, Inc.**  
**7621 Lancaster Pike**  
**Hockessin, DE 19707**

INSURER B :  
INSURER C :  
INSURER D :  
INSURER E :  
INSURER F :

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                             | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                            |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC<br>OTHER: |           |          | CL92045718    | 1/30/2026               | 1/30/2027               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
| A        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                                     |           |          | AU92045718    | 1/30/2026               | 1/30/2027               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                                                   |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 0                                                                                                                     |           |          | UL92045718    | 1/30/2026               | 1/30/2027               | EACH OCCURRENCE \$ 2,000,000<br>AGGREGATE \$ 2,000,000<br>\$                                                                                                                                                                                      |
| A        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                                        | Y/N<br>N  | N/A      | WC92045718    | 1/30/2026               | 1/30/2027               | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                          |
| A        | Rented/Leased Equip                                                                                                                                                                                                                                                                                                           |           |          | CL92045718    | 1/30/2026               | 1/30/2027               | Limit 1,300,000                                                                                                                                                                                                                                   |

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

## CERTIFICATE HOLDER

## CANCELLATION

DNREC-CAP  
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

**R. KEATING & SONS, INC**

**UNANIMOUS ACTION OF DIRECTORS  
BY WRITTEN CONSENT**

**SCHEDULE I**

Name

Title(s)

Jeffrey M. Keating  


President & Secretary

50% Ownership

Kevin R. Keating  


Vice President & Treasurer

50% Ownership

Attachment #1

# R. Keating & Sons Excavating, Inc.

\*1612 Old Wilmington Road, Hockessin, DE 19707 \*

\*Phone 302-239-4670 \*Fax 302-239-3197\*

\*email [rkeating707@comcast.net](mailto:rkeating707@comcast.net)\*

R. Keating & Sons, Inc.  
1612 Old Wilmington Road  
Hockessin, DE 19707

PH. 302-239-4670  
FX. 302-239-3197

Email – [rkeating707@comcast.net](mailto:rkeating707@comcast.net)



State of Delaware Business License: 2000110135

# R. Keating & Sons Excavating, Inc.

\*7621 Lancaster Pike, Hockessin, DE 19707 \*

\*Phone 302-239-4670 \*Fax 302-239-3197\*

\*email [rkeating707@comcast.net](mailto:rkeating707@comcast.net)\*

Delaware Recycling Center  
1101 Lambson Lane  
New Castle, DE 19720

Cherry Island Landfill  
1706 E 12<sup>th</sup> Street  
Wilmington, DE 19809

# **R. Keating & Sons Excavating, Inc.**

• 1612 Old Wilmington Rd. Hockessin DE 19707 • Phone (302) 239-4670 • Fax (302) 239-3197

## **Spill Control and Safety Plan For Dry Waste**

1. Spill control and safety equipment carried in each vehicle:
  - a. Reflectors and/or flares
  - b. Fire extinguisher
  - c. First aid kit
  - d. Heavy-duty gloves, hard hat
  - e. Flashlight
  - f. Safety vests
2. All loads will be tarped to prevent accidental discharge of the waste during transport to the disposal facility.
3. The driver will perform the following pre-trip inspections:
  - a. Requirements for DCL license
  - b. Lights, tire wear and pressure, brakes, check for air leaks, etc.
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:

**Jeff Keating    302-218-3414**
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**

6. This plan will be carried in all vehicles, along with the permit.

# R. Keating & Sons Excavating, Inc.

\*1612 Old Wilmington Road, Hockessin, DE 19707 \*

\*Phone 302-239-4670 \*Fax 302-239-3197\*

\*email rkeating707@comcast.net

September 2026

DNREC

Solid & Hazardous Waste Management Branch  
89 Kings Hwy  
Dover, DE 19901

We are a small owner excavating business with nineteen (19) employees. Of these employees seven (7) have a CDL license with an average of nineteen (19) years driving experience. Of those seven drivers, one employee carries a TWIC.

## WHStranporters

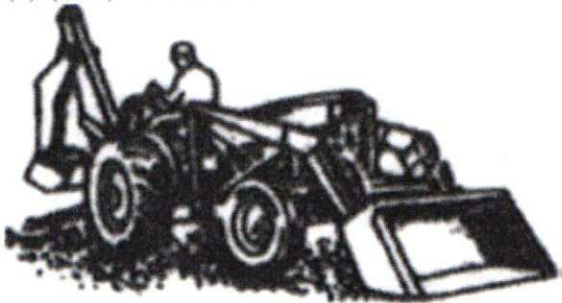
---

**From:** Katy <rkeating707@comcast.net>  
**Sent:** Tuesday, September 22, 2026 1:56 PM  
**To:** WHStranporters  
**Subject:** Re: Delaware Solid Waste Transporter Permit Application  
**Attachments:** DriversCDL2026.pdf

Good Afternoon,  
RE: DE-SW-0794D

Please see the attached drivers list that was missing from our permit application. I am sorry for the delay in responding back, as I have been in the hospital and today is my first day back. If there are any other issues, please contact me.

Thank you,  
Katy Beattie  
R. Keating & Sons, Inc.  
7621 Lancaster Pike  
Hockessin, DE 19707  
(o) (302)-239-4670  
(f) (302)-239-3197  
(c) (302)-593-1182



On 09/14/2026 3:17 PM EDT 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:

- **Section 14**-You did not provide a list of vehicle operators.

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

Thank you,

DaQuan Davis



**DaQuan L. Davis**  
Environmental Scientist

**Division of Waste and Hazardous Substances**

☎ 302-739-9403

✉ [WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)

📍 89 Kings Hwy SW, Dover, DE 19901

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



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\*1612 Old Wilmington Road, Hockessin, DE 19707 \*

\*Phone 302-239-4670 \*Fax 302-239-3197\*

\*email [rkeating707@comcast.net](mailto:rkeating707@comcast.net)\*

September 2026

