

RECEIPT

DATE

12/30/24

No.

628194

RECEIVED FROM

McGlymonds Supply & Transit Co

\$

650.00

Six hundred fifty and ²⁰/₁₀₀

DOLLARS

☐ FOR RENT☒ FOR

DE-HW-0644

ACCOUNT	
PAYMENT	
BAL. DUE	

☐ CASH☒ CHECK☐ MONEY
ORDER☐ CREDIT
CARD

FROM

900586

TO

BY

M.N.



RECEIVED

DEC 30 2024

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

HAZARDOUS WASTE TRANSPORTER PERMIT APPLICATION

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.)

The application must be signed by the company owner or a corporate officer. A check payable to the "State of Delaware" must accompany this application.

Delaware Department of Natural Resources and Environmental Control
Compliance and Permitting Section
89 Kings Highway
Dover, DE 19901

1. Type of Permit

☐ New – Submit a check or money order, payable to the "State of Delaware," in the amount of \$350.00.

☒ Renewal: Permit # DE-HW- 0644 Expiration Date 3/31/2025

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.

☐ 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 hazardous waste transporters? ☒ Yes ☐ No

3. Company Information:

Company Name: McClymonds Supply & Transit Co Inc.

Location Address:	Mailing Address:
321 Currie Road	PO Box 296
Slippery Rock, PA 16057	Portersville, PA 16051

Contact Person: Scott Rice

Title: Business Manager

Business Phone: 724-368-8040

Fax: 724-368-9688

E-mail: safety@mcclymonds.com

24 hr. Emergency Phone: [REDACTED]

EPA Identification Number: PAD987357829

Employer's Federal Tax ID Number: 251437635

4. Type of Company: (Check One)

☐ Proprietorship

☐ Partnership

☒ Corporation – City, State and Date of Incorporation: Portersville, PA / 1983

☐ Municipality

☐ Public Institution

☐ Other – Explanation: _____

5. Parent Company Information:

Parent Company Name: _____

Parent Company Address: _____

6. Ownership/Stockholder Information:

For each owner, partner, or corporate officer, list the name, title, home address, and date of birth.

☒ List of owners, partners, or corporate officers: Attachment 1

List the name and address of all stockholders owning greater than 5% outstanding shares.

☐ List of stockholders: Attachment _____

☐ Not Applicable

7. Company Affiliations:

List all other companies owned by the same owners, corporate officers, or parent company that are engaged in the business of solid or hazardous waste transportation, treatment, storage, disposal, recovery, or reclamation.

- ☐ List of company affiliates: Attachment _____
☒ No company affiliates

8. Type of Hazardous Waste to be Transported:

Indicate the waste types to be transported. (Note: Characteristic and listed hazardous wastes identified in Delaware's *Regulations Governing Hazardous Waste* (DRGHW) Part 261 are equivalent to RCRA 40 CFR Part 261 wastes.) Check all that apply.

- ☒ Part 261 characteristic or listed hazardous wastes
☐ Used or waste oils (as defined by Part 279, Used Oil Management Standards)
☐ Spent antifreeze exhibiting a characteristic of hazardous waste
☐ PCB-contaminated hazardous waste
☐ Spent fluorescent lighting tubes and ballasts when managed as non-universal waste

9. Treatment, Storage, and Disposal Facilities:

List all treatment, storage, and disposal facilities that have agreed to accept the hazardous wastes identified above.

- ☒ List of treatment, storage, and disposal facilities: Attachment 2

10. Other Transporter Permits:

List all hazardous waste transporter permits held in other states.

- ☒ List of transporter permits: Attachment _____
☐ No hazardous waste transporter permits held in other states

11. Federal DOT and Motor Carrier Numbers:

Indicate your Federal DOT number and Motor Carrier number:

DOT# 269478 MC# 182636

12. Proof of Insurance:

The transporter identified in this application must meet or exceed minimum insurance requirements as set forth in DOT Title 49 CFR Part 387. The DNREC Compliance and Permitting Section must be identified as the certificate holder. Also include a current MCS-90 endorsement or affirmation that the endorsement is still in effect.

- ☒ Certificate of insurance and MCS-90: Attachment 4

13. Spill Control and Safety Equipment:

List all spill control and safety equipment that will be carried on each vehicle.

☒ List of spill control and safety equipment: Attachment 5

14. Spill Control Plan:

Attach a copy of the Spill Control Plan that describes prevention, containment, and clean up procedures during transportation. The plan must demonstrate compliance with the requirements outlined in DRGHW Sections 263.30, 263.31, and 263.105. **Spill Control Plans must contain the following Delaware Emergency Reporting Telephone Numbers: 1-800-662-8802 and 302-739-9401.**

☒ Spill Control Plan: Attachment 6

15. Driver Training:

Attach a copy of your driver training program. All drivers must be trained in current DOT Motor Carrier Safety Regulations and have knowledge of the proper handling procedures for the type of waste transported, the hazardous waste manifest system, and safe vehicle operation as provided in 49 CFR Parts 383, 390 – 399, and DRGHW Section 263.104. All drivers must be familiar with the approved Spill Control Plan.

☒ Driver Training Program: Attachment 7

16. Controlled Substance Testing:

Do you maintain a controlled substance testing program for drivers in your employment (including contract drivers) in compliance with Federal DOT 49 CFR Part 391?

☒ Yes

☐ No, Explain:

17. Vehicle Identification Information:

List all vehicles to be used for the transportation of hazardous waste into, out of, or through Delaware. You may use the form provided or another printout that contains all required information.

☒ Vehicle Identification Information: Attachment 8

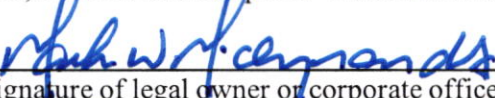
18. Environmental Record:

List all criminal citations, arrests or 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 other 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 application.

- ☐ Environmental Record: Attachment _____
☒ Not Applicable – No violations within the specified time period

19. Signature:

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 of legal owner or corporate officer

Mark W. McClymonds

Printed Name

12/12/24

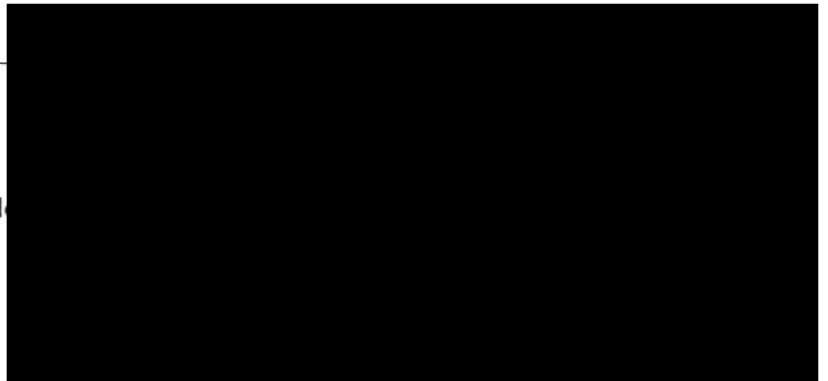
Date

President

Title

ATTACHMENT 1 – LIST OF CORPORATE OFFICERS

<u>NAME</u>	<u>TITLE</u>
Mark W. McClymonds	President
Frank G Zbuckvich	Vice Presid
Jordan Miller	Secretary



ATTACHMENT 2 – TREATMENT, STORAGE, AND DISPOSAL FACILITIES

DESOTEC HQ USA

118 Park Rd

Darlington, PA 16115

(724) 827-8181

PAD987270725

ATTACHMENT 3: 2024 HAZARDOUS TRANSPORTATION PERMITS

STATE	PERMIT NUMBER
ALABAMA	PAD987357829
COLORADO	HMP-21772
CONNECTICUT	CT-HW-941
DELAWARE	DE-HW-0644
FLORIDA	PAD987357829
IDAHO	HMP079512920
ILLINOIS	5608-01
KANSAS	PAD987357829
KENTUCKY	164798
MARYLAND	HWH762
MICHIGAN	UPW-269478-WV
MISSOURI	20J5001000
NEVADA	UPW-269478-WV
NEW HAMPSHIRE	TNH-0494
NEW YORK	PA-668
OKLAHOMA	UPW-269478-WV
PENNSYLVANIA	PA-AH0897
SOUTH CAROLINA	PAD987357829
TENNESSEE	PAD987357829
TEXAS	97628
WEST VIRGINIA	UPW-269478-WV
WISCONSIN	16553



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/11/2024

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 License # 60236 HUB International Three Rivers 2730 Sidney Street, Suite 330 Pittsburgh, PA 15203	CONTACT NAME: Shannon Menegazzi PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: shannon.menegazzi@hubinternational.com														
INSURED McClymonds Supply & Transit Co Inc P. O. Box 296 Currie Road Portersville, PA 16051	<table><tr><td>INSURER(S) AFFORDING COVERAGE</td><td>NAIC #</td></tr><tr><td>INSURER A : Hudson Insurance Company</td><td>25054</td></tr><tr><td>INSURER B : First Financial Insurance Co.</td><td>11177</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(S) AFFORDING COVERAGE	NAIC #	INSURER A : Hudson Insurance Company	25054	INSURER B : First Financial Insurance Co.	11177	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			HMU200105-07	2/28/2024	2/28/2025	<table><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 1,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	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	\$	PRODUCTS - COMP/OP AGG	\$ 1,000,000		\$
EACH OCCURRENCE	\$ 1,000,000																				
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GENERAL AGGREGATE	\$																				
PRODUCTS - COMP/OP AGG	\$ 1,000,000																				
	\$																				
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> MCS82			HMU200105-07	2/28/2024	2/28/2025	<table><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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BODILY INJURY (Per accident)	\$																				
PROPERTY DAMAGE (Per accident)	\$																				
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EACH OCCURRENCE	\$																				
AGGREGATE	\$																				
	\$																				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				<table><tr><td>PER STATUTE</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr></table>	PER STATUTE	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$						
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E.L. EACH ACCIDENT	\$																				
E.L. DISEASE - EA EMPLOYEE	\$																				
E.L. DISEASE - POLICY LIMIT	\$																				
B	Motor Cargo			HSI0006256	2/28/2024	2/28/2025	Per Vehicle 250,000														
B				HSI0006256	2/28/2024	2/28/2025	Deductible 10,000														

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

CERTIFICATE HOLDER

CANCELLATION

Department of Natural Resources & Environmental Control
Division of Air & Waste Management
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

USDOT Number: 269478

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. This requirement to collect information as requested on this form does not expire. For questions, please contact the Office of Registration and Safety Information, Registration, Licensing, and Insurance 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.



United States Department of Transportation
Federal Motor Carrier Safety Administration

Motor Carrier Public Liability Surety Bond
under Sections 29 and 30 of the Motor Carrier Act of 1980

FORM MCS-82

PARTIES

SURETY COMPANY

Hudson Insurance Company

COMPANY NAME

100 William Street, 5th Floor

STREET ADDRESS

New York

STATE



10038

ZIP CODE

New Yor

CITY

212-978-2800

TELEPHONE NUMBER

Jay M Calvert, Attorney in Fact

(type or print Principal Officer's name and title)

MOTOR CARRIER

MCCLYMONDS SUPPLY & TRANSIT CO., INC.

COMPANY NAME

296 CURRIE ROAD

STREET ADDRESS

Pennsylvania

STATE



16051

ZIP CODE

PORTERSVILLE

CITY

412-368-8040

TELEPHONE NUMBER

X Mark W. McClymonds / President

(type or print Principal Officer's name and title)

PURPOSE

This is an agreement between the Surety and the Principal under which the Surety, its successors and assignees, agree to be responsible for the payment of any final judgment or judgments against the Principal for public liability, property damage, and environmental restoration liability claims in the sums prescribed herein; subject to the governing provisions and the following conditions.

GOVERNING PROVISIONS

1. Sections 29 and 30 of the Motor Carrier Act of 1980 (49 U.S.C. 13906).
2. Rules and regulations of the Federal Motor Carrier Safety Administration (FMCSA).

CONDITIONS

The Principal is or intends to become a motor carrier of property subject to the applicable governing provisions relating to financial responsibility for the protection of the public.

This bond assures compliance by the Principal with the applicable governing provisions, and shall insure to the benefit of any person or persons who shall recover a final judgment or judgments against the Principal for public liability, property damage, or environmental restoration liability claims (excluding injury to or death of the Principal's employees while engaged in the course of their employment, and loss of or damage to property of the principal, and the cargo transported by the Principal). If every final judgment shall be paid for such claims resulting from the negligent operation, maintenance, or use of motor vehicles in transportation subject to the applicable governing provisions, then this obligation shall be void, otherwise it will remain in full effect.

Within the limits described herein, the Surety extends to such losses regardless of whether such motor vehicles are specifically described herein and whether occurring on the route or in the territory authorized to be served by the Principal or elsewhere.

The liability of the Surety on each motor vehicle subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 for each accident shall not exceed \$ 750,000.00, and shall be a continuing one notwithstanding any recovery hereunder.

The surety agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the surety bond is in force as of a particular date. The telephone number to call is 317-582-0073.

This bond is effective from February 28, 2018 (12:01 a.m., standard time, at the address of the Principal as stated herein) and shall continue in force until terminated as described herein. The principal or the Surety may at any time terminate this bond by giving (1) thirty-five (35) days notice in writing to the other party (said 35 day notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the Principal is subject to the FMCSA's registration requirements, by providing thirty (30) days notice to the FMCSA (said 30 days notice to commence from the date notice is received by the FMCSA at its office in Washington, D.C.). The Surety shall not be liable for the payment of any judgment or judgments against the Principal for public liability, property damage, or environmental restoration claims resulting from accidents which occur after the termination of this bond as described herein, but such termination shall not affect the liability of the Surety for the payment of any such judgment or judgments resulting from accidents which occur during the time the bond is in effect.

(affix Motor Carrier
corporate seal)

<u>MCCLYMONDS SUPPLY & TRAN</u> X <u>5/31/23</u>	
SURETY	DATE
<u>Portersville</u>	<u>Pennsylvania</u> <input checked="" type="checkbox"/>
CITY	STATE
X <u>[Signature]</u>	(Principal Officer's signature)

ATTACHMENT 5: EMERGENCY EQUIPMENT

Power units will be equipped with emergency equipment necessary to properly respond to emergencies involving the hazardous materials being transported. Equipment may include but is not limited to:

1. Particulate filter mask or gas mask.
2. NIOSH approved $\frac{1}{2}$ mask respirator with appropriate cartridges.
3. Hard Hat.
4. Safety glasses, goggles, or face shield.
5. First-Aid kit.
6. Eyewash apparatus.
7. Standard absorption pillows.
8. Tubular absorption pillows.
9. Absorption pads.
10. Boots.
11. Chemical resistant gloves.
12. Rubberized (slicker) suit or coveralls.
13. Shovel.
14. Hazardous waste bags.
15. Acid neutralizer.
16. Caustic neutralizer.
17. Skin neutralization solution.
18. (3) Emergency warning triangles.
19. Plastic.
20. DOT Emergency Response Guidebook.

McClymonds Supply & Transit Transportation Emergency Contingency Plan

1.0 PURPOSE

To establish proper response procedures in the event of an emergency, a hazardous waste or hazardous material spill that may adversely affect the environment and/or public health and safety during transportation.

2.0 SCOPE

Procedures outlined in this plan must be used in responding to and reporting emergencies that may occur during transportation of hazardous waste and/or hazardous materials.

3.0 APPLICABILITY

Procedures outlined in this plan apply to transportation services provided by McClymonds Supply & Transit and has been prepared in accordance with 49 CFR Part 130 and 49 CFR 172.

4.0 EMERGENCY ACTION

In the event of an emergency, spill of hazardous material(s) or hazardous waste(s) during transportation, the driver will:

- 4.1 Remain with the vehicle and warn pedestrians and motorists of the dangers involved. The driver must keep all people away from the scene. Isolate the area with cones, tape, etc., until emergency response personnel arrive. Upon their arrival, request emergency response authorities to keep unauthorized personnel away from the scene.
- 4.2 Notify or have someone to notify the police, fire department, or other emergency response agency.
- 4.3 Notify emergency responders of the material that has been released.
- 4.4 Set up warning signals to warn oncoming motorists.
- 4.5 Show shipping papers/manifest to emergency response personnel.
- 4.6 Request emergency response personnel to protect the scene and report details of the emergency to the Safety Manager. The Safety Manager is responsible for reporting the emergency to the Appropriate EH&S representative and/or report line shown below:
 - 4.6.1 Frank Zbuckvich Vice President
Office 1(724) 368-8040 Ext214
Mobile 1(412) 670-3718
 - 4.6.2 James Mangino Motor Carrier Safety Manager
Office 1(724) 368-8040 Ext257
Mobile 1(724) 333-009
 - 4.6.3 Clinton Hancox HSE Manager
Office 1(724) 368-8040 Ext 255
Mobile 1(724) 421-9316

4.7 CONTAINMENT

The driver should erect a barrier whenever it is safe to do so to prevent the escape of spilled hazardous material(s) and/or waste(s). The barrier can be constructed using whatever material is available including dirt, rock, sand, etc. Wind and weather conditions can affect the containment of solids. Tarpaulins or plastic may be useful during wet and/or windy conditions. The source of the release must be located and controlled.

4.8 EVACUATION

In the event of a major spill, evacuation may be necessary. Major concerns include vehicle collisions where flammable materials or ignitable wastes are involved. If the possibility of fire, explosion, a release of toxic fumes or any combination of these perils exists the area should be evacuated in accordance with instructions contained in the Emergency Response Guidebook.

4.9 CLEANUP

After containing the released material(s) and/or waste(s) and controlling the source of the spill, it is necessary to effect cleanup operations. If the spill is contained on an impervious paved surface, absorbent material should be used. Commercial absorbent materials may be used but must be compatible with the hazardous material(s) and/or waste(s) and will not cause an adverse reaction. If the material(s) and/or waste(s) have contaminated earth, all contaminated dirt must be collected into approved containers and must be disposed in accordance with local, state, and federal regulations. An authorized contractor equipped to perform such task will conduct removal of contaminated earth. All field sampling and remediation will be performed by an authorized contractor. Contractors will work with state agencies and will communicate with appropriate Company EH&S representatives.

4.9.1. If any waste(s) has reached the ground, contaminated soil will be removed and the extent of contamination determined by sampling the contaminated area. A qualified laboratory will analyze the samples. Sampling techniques, chain-of-custody requirements, and analytical methods must follow approved procedures.

5.0 COMMUNICATIONS

The driver will report and maintain communication with his/her McClymonds Supply & Transit supervisor and the appropriate emergency response agencies using cellular telephone, two-way radio, public telephone, and or CB radio. The most efficient line of communication must be determined and established by the driver based on conditions at the scene of the emergency.

5.1 Drivers must not discuss or make any comment about an emergency situation to newspaper reporters, photographers, or other members of the news media at the scene or following an emergency. Media representatives should be directed to contact McClymonds Supply & Transit for information about any transportation emergency.

•Frank Zbuckvich Vice President Office 1(724) 368-8040 Ext214 Mobile 1(412) 670-3718

5.2 If Communications are unavailable, call the main line, telephone 1-800-752-0740.

6.0 EMERGENCY REPORTING BY DRIVER

In the event of an emergency, spill of hazardous waste(s), or unintentional release of hazardous materials, the driver must provide the following information to the McClymonds Supply & Transit transportation Emergency Coordinator and emergency response agencies:

- 6.1 Driver's Name
- 6.2 Date, time, and exact location of the incident.
- 6.3 The extent of injuries, if any.
- 6.4 Class and Division, name, and quantity of hazardous waste(s) or hazardous material(s) involved.
- 6.5 Type of incident (spill, fire, leak, etc.) and nature (solid, liquid, gas, toxic vapor, etc.) of hazardous waste(s) or material(s) involved.
- 6.6 Whether or not a continuing danger exists at the scene.
- 6.7 How you, the driver, can be contacted.
- 6.8 Shipper, consignee, and point of origin.
- 6.9 Vehicle number(s).
- 6.10 Local conditions (weather, terrain, proximity to schools, hospitals, waterways, public buildings, etc.).
- 6.11 Local emergency services that have been notified.

7.0 EMERGENCY REPORTING BY MCCLYMONDS SUPPLY & TRANSIT

Emergency telephone numbers for reporting incidents are listed in this plan. Immediate notification to the National Response Center and Director of the Office of Hazardous Materials Regulations must be made in the event of: (1) A person is fatally injured or requires hospitalization due to injuries received, (2) Damage to company equipment or other property damage exceeds \$50,000. (3) The incident and or spill involves radioactive materials or etiological agents, (4) There is continuing danger to life. The McClymonds Supply & Transit Emergency Coordinator will collect the following information and coordinate notification to the National Response Center and Director of the Office of Hazardous Materials Regulations, Materials Transportation Bureau, Department of Transportation, Washington, D. C., and the jurisdiction where the emergency has occurred, and the appropriate state agency listed in this plan:

- 7.1 Name of the person reporting the incident.
- 7.2 Name, address, and EPA identification number of Evoqua Water Technologies LLC
- 7.3 Telephone number of the person reporting the incident.
- 7.4 Date, time, and location of the incident.
- 7.5 Type of transport vehicle and mode of transportation.
- 7.6 Type and description of the incident.
- 7.7 Proper shipping description, hazard class, and UN or NA number(s) of all hazardous materials carried on the vehicle.
- 7.8 Persons fatally injured or injured.
- 7.9 Estimated property damage.
- 7.10 Any evacuation of the general public.
- 7.11 Any major transportation artery that has been closed.
- 7.12 For waste(s) involved in the emergency or spill.

- 7.12.1 The name and EPA identification number of the generator.
- 7.12.2 Shipping name, hazard class, and UN or NA number of the waste(s)
- 7.12.3 Approximate amount of material(s) or waste(s) released.
- 7.12.4 Extent of contamination to land, water, and/or air.

8.0 EMERGENCY RESPONSE CONTRACTORS

It is the responsibility of each Branch to maintain a written emergency response contract with a local responder. This local emergency response contract shall identify and ensure the availability of the necessary personnel or equipment to respond to the maximum potential discharge that may be transported by the Branch within the shortest practicable time.

9.0 DETAILED INCIDENT REPORTS

Within 30 days of the incident, McClymonds Supply & Transit will file a report (Form 5800.1) with the Information Systems Manager DHM-63, Research and Special Programs Administration, Department of Transportation, Washington, DC 20590-0001. When the release involves the discharge of hazardous waste(s) a copy of the hazardous waste manifest will be attached to the report. Copies of the report and any attachments will be forwarded to the appropriate state agency and generator of the waste, if applicable.

10.0 EMERGENCY EQUIPMENT

Power units will be equipped with emergency equipment necessary to properly respond to emergencies involving the hazardous materials being transported. Equipment may include but is not limited to:

- Particulate filter mask or gas mask.
- NIOSH approved ½ mask respirator with appropriate cartridges.
- Hard Hat.
- Safety glasses, goggles, or face shield.
- First-aid kit.
- Eyewash apparatus.
- Standard absorption pillows.
- Tubular absorption pillows.
- Absorption pads.
- Boots.
- Chemical resistant gloves.
- Rubberized (slicker) suit or coveralls.
- Shovel.
- Hazardous waste bags.
- Acid neutralizer.
- Caustic neutralizer.
- Skin neutralization solution.
- (3) Emergency warning triangles.
- Plastic.
- DOT Emergency Response Guidebook.

EMPLOYEE TRAINING PROGRAM

Drivers and other employees responsible for the safe transportation of hazardous material(s) and waste(s) will complete approximately 8 hours initial and periodic (annual) refresher training. Topics may include the following:

1. Requirements of the McClymonds Supply & Transit Contingency Plan.

- Knowledge of the materials transported.
- Safety and health hazards associated with materials transported.
- Practice in preventing and containing spills and releases.
- McClymonds Supply & Transit procedures for responding to emergencies, spills, and releases.
- First aid.
- Use of emergency response equipment.
- Hazardous material(s) shipping paper requirements
- Labeling, Marking, and Placarding hazardous material(s) and waste(s).
- Hazardous Waste Manifesting.
- Container maintenance.
- Receiving containers.
- Inspections (vehicle).
- Transferring containers.
- Checklist for loading and unloading.
- Vehicle inspections and maintenance.
- Driving and Parking Rules.
- Hazard Communication Program.
- Federal Motor Carrier Safety Regulations

Monthly safety training will be conducted on specific topics. The documentation will be maintained at the Branch.

ATTACHMENT 8: VEHICLES USED TO TRANSPORT HAZARDOUS WASTE

Company Unit #	Make	Model	Year	Type	VIN	License Plate State	License Plate #
1631	Pete	389	2024	Tractor	1XPXD49X1RD643469	PA	AH27394
1245	Pete	567	2018	Tractor	1NPXGGGG90D466842	PA	AG03886
1605	Pete	389	2023	Tractor	1XPXD49X5PD866952	PA	AH29609
1434	Pete	389	2019	Tractor	1NPXGGGG00D663818	PA	AG86912
1606	Pete	389	2023	Tractor	1XPXD49X7PD866953	PA	AG49894

Davis, DaQuan (DNREC)

From: Scott Rice <srice@mcclymonds.com>
Sent: Monday, January 6, 2025 12:12 PM
To: WHStranporters
Subject: RE: Incomplete Hazardous Waste Transporter Permit Application
Attachments: 2025-2027 Delaware Haz application signed.pdf; Transportation Contingency Plan '25.pdf; MCS90 Endorsement.pdf

Hello DaQuan,

Attached are the corrections and additions you requested. Sorry for the inconvenience.

Please let me know if there is anything else.

Have a great day!

Scott Rice



PO BOX 296
Portersville, PA 16051

Phone 724-368-8040 ext 238
Cell 724-822-0182

From: Davis, DaQuan (DNREC) [<mailto:daquan.davis@delaware.gov>] **On Behalf Of** WHStranporters
Sent: Thursday, January 2, 2025 3:27 PM
To: Safety <Safety@mcclymonds.com>
Subject: [EXTERNAL] Incomplete Hazardous Waste Transporter Permit Application

This message originated from outside your organization

Hi Mr. Rice,

Thank you for submitting your application to obtain your Delaware hazardous 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 5** – Do you have a parent company? [No parent to McClymonds](#)
- **Section 6**- Your ownership is missing the stock percentage of legal corporate officers/owners. [Mark McClymonds 100% owner](#)
- **Section 12**- You did not submit an MCS -90 endorsement form (policy number HMU 2000105-07). [MCS90 Attachment on this email](#)
- **Section 14**- The spill control plan is missing the Delaware emergency reporting numbers (1-800-662-8802 and 302-739-9401). Please update your plan and add the numbers. [Updated Contingency plan on this email](#)
- **Section 15**- No driver training. [ATTACHMENT 7](#)

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

Thank you,



DaQuan L. Davis

Environmental Scientist I

Division of Waste and Hazardous Substances

☎ 302-739-9403

✉ daquan.davis@delaware.gov

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 dnrec.delaware.gov



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ATTACHMENT 6:

McClymonds Supply & Transit

Transportation Emergency

Contingency Plan

1.0 PURPOSE

To establish proper response procedures in the event of an emergency, a hazardous waste or hazardous material spill that may adversely affect the environment and/or public health and safety during transportation.

2.0 SCOPE

Procedures outlined in this plan must be used in responding to and reporting emergencies that may occur during transportation of hazardous waste and/or hazardous materials.

3.0 APPLICABILITY

Procedures outlined in this plan apply to transportation services provided by McClymonds Supply & Transit and has been prepared in accordance with 49 CFR Part 130 and 49 CFR 172.

4.0 EMERGENCY ACTION

In the event of an emergency, spill of hazardous material(s) or hazardous waste(s) during transportation, the driver will:

- 4.1 Remain with the vehicle and warn pedestrians and motorists of the dangers involved. The driver must keep all people away from the scene. Isolate the area with cones, tape, etc., until emergency response personnel arrive. Upon their arrival, request emergency response authorities to keep unauthorized personnel away for the scene.
- 4.2 Notify or have someone to notify the police, fire department, or other emergency response agency.
- 4.3 Notify emergency responders of the material that has been released.
- 4.4 Set up warning signals to warn oncoming motorists.
- 4.5 Show shipping papers/manifest to emergency response personnel.
- 4.6 Request emergency response personnel to protect the scene and report details of the emergency to the Safety Manager. The Safety Manager is responsible for reporting the emergency to the Appropriate EH&S representative and/or report line shown below:
 - 4.6.1 Frank Zbuckvich Vice President
Office 1(724) 368-8040 Ext214
Mobile 1(412) 670-3718
 - 4.6.2 James Mangino Motor Carrier Safety Manager
Office 1(724) 368-8040 Ext257
Mobile 1(724) 333-009
 - 4.6.3 Clinton Hancox HSE Manager
Office 1(724) 368-8040 Ext 255
Mobile 1(724) 421-9

4.7 CONTAINMENT

The driver should erect a barrier whenever it is safe to do so to prevent the escape of spilled hazardous material(s) and/or waste(s). The barrier can be constructed using whatever material is available including dirt, rock, sand, etc. Wind and weather conditions can affect the containment of solids. Tarpaulins or plastic may be useful during wet and/or windy conditions. The source of the release must be located and controlled.

4.8 EVACUATION

In the event of a major spill, evacuation may be necessary. Major concerns include vehicle collisions where flammable materials or ignitable wastes are involved. If the possibility of fire, explosion, a release of toxic fumes or any combination of these perils exists the area should be evacuated in accordance with instructions contained in the Emergency Response Guidebook.

4.9 CLEANUP

After containing the released material(s) and/or waste(s) and controlling the source of the spill, it is necessary to effect cleanup operations. If the spill is contained on an impervious paved surface, absorbent material should be used. Commercial absorbent materials may be use but must be compatible with the hazardous material(s) and/or waste(s) and will not cause an adverse reaction. If the material(s) and/or waste(s) have contaminated earth, all contaminated dirt must be collected into approved containers and must be disposed in accordance with local, state, and federal regulations. An authorized contractor equipped to perform such task will conduct removal of contaminated earth. All field sampling and remediation will be performed by an authorized contractor. Contractors will work with state agencies and will communicate with appropriate Company EH&S representatives.

4.9.1. If any waste(s) has reached the ground, contaminated soil will be removed and the extent of contamination determined by sampling the contaminated area. A qualified laboratory will analyze the samples. Sampling techniques, chain-of-custody requirements, and analytical methods must follow approved procedures.

5.0 COMMUNICATIONS

The driver will report and maintain communication with his/her McClymonds Supply & Transit supervisor and the appropriate emergency response agencies using cellular telephone, two-way radio, public telephone, and or CB radio. The most efficient line of communication must be determined and established by the driver based on conditions at the scene of the emergency.

5.1 Drivers must **not** discuss or make any comment about an emergency situation to newspaper reporters, photographers, or other members of the news media at the scene or following an emergency. Media representatives should be directed to contact McClymonds Supply & Transit for information about any transportation emergency.

•Frank Zbuckvich Vice President Office 1(724) 368-8040 Ext214 Mobile 1(412) 670-3718

5.2 If Communications are unavailable, call the main line, telephone 1-800-752-0740.

6.0 EMERGENCY REPORTING BY DRIVER

In the event of an emergency, spill of hazardous waste(s), or unintentional release of hazardous materials, the driver must provide the following information to the McClymonds Supply & Transit transportation Emergency Coordinator and emergency response agencies:

- 6.1 Driver's Name
- 6.2 Date, time, and exact location of the incident.
- 6.3 The extent of injuries, if any.
- 6.4 Class and Division, name, and quantity of hazardous waste(s) or hazardous material(s) involved.
- 6.5 Type of incident (spill, fire, leak, etc.) and nature (solid, liquid, gas, toxic vapor, etc.) of hazardous waste(s) or material(s) involved.
- 6.6 Whether or not a continuing danger exists at the scene.
- 6.7 How you, the driver, can be contacted.
- 6.8 Shipper, consignee, and point of origin.
- 6.9 Vehicle number(s).
- 6.10 Local conditions (weather, terrain, proximity to schools, hospitals, waterways, public buildings, etc.).
- 6.11 Local emergency services that have been notified.

7.0 EMERGENCY REPORTING BY MCCLYMONDS SUPPLY & TRANSIT

Emergency telephone numbers for reporting incidents are listed in this plan. Immediate notification to the National Response Center and Director of the Office of Hazardous Materials Regulations must be made in the event of: (1) A person is fatally injured or requires hospitalization due to injuries received, (2) Damage to company equipment or other property damage exceeds \$50,000. (3) The incident and or spill involves radioactive materials or etiological agents, (4) There is continuing danger to life. The McClymonds Supply & Transit Emergency Coordinator will collect the following information and coordinate notification to the National Response Center and Director of the Office of Hazardous Materials Regulations, Materials Transportation Bureau, Department of Transportation, Washington, D. C., and the jurisdiction where the emergency has occurred, and the appropriate state agency listed in this plan:

- 7.1 Name of the person reporting the incident.
- 7.2 Name, address, and EPA identification number of Evoqua Water Technologies LLC
- 7.3 Telephone number of the person reporting the incident.
- 7.4 Date, time, and location of the incident.
- 7.5 Type of transport vehicle and mode of transportation.
- 7.6 Type and description of the incident.
- 7.7 Proper shipping description, hazard class, and UN or NA number(s) of all hazardous materials carried on the vehicle.
- 7.8 Persons fatally injured or injured.
- 7.9 Estimated property damage.
- 7.10 Any evacuation of the general public.
- 7.11 Any major transportation artery that has been closed.
- 7.12 For waste(s) involved in the emergency or spill:

- 7.12.1 The name and EPA identification number of the generator.
- 7.12.2 Shipping name, hazard class, and UN or NA number of the waste(s)
- 7.12.3 Approximate amount of material(s) or waste(s) released.
- 7.12.4 Extent of contamination to land, water, and/or air.

8.0 EMERGENCY RESPONSE CONTRACTORS

It is the responsibility of each Branch to maintain a written emergency response contract with a local responder. This local emergency response contract shall identify and ensure the availability of the necessary personnel or equipment to respond to the maximum potential discharge that may be transported by the Branch within the shortest practicable time.

9.0 DETAILED INCIDENT REPORTS

Within 30 days of the incident, McClymonds Supply & Transit will file a report (Form 5800.1) with the Information Systems Manager DHM-63, Research and Special Programs Administration, Department of Transportation, Washington, DC 20590-0001. When the release involves the discharge of hazardous waste(s) a copy of the hazardous waste manifest will be attached to the report. Copies of the report and any attachments will be forwarded to the appropriate state agency and generator of the waste, if applicable.

10.0 EMERGENCY EQUIPMENT

Power units will be equipped with emergency equipment necessary to properly respond to emergencies involving the hazardous materials being transported. Equipment may include but is not limited to:

- Particulate filter mask or gas mask.
- NIOSH approved ½ mask respirator with appropriate cartridges.
- Hard Hat.
- Safety glasses, goggles, or face shield.
- First-aid kit.
- Eyewash apparatus.
- Standard absorption pillows.
- Tubular absorption pillows.
- Absorption pads.
- Boots.
- Chemical resistant gloves.
- Rubberized (slicker) suit or coveralls.
- Shovel.
- Hazardous waste bags.
- Acid neutralizer.
- Caustic neutralizer.
- Skin neutralization solution.
- (3) Emergency warning triangles.
- Plastic.
- DOT Emergency Response Guidebook.

Tape

- 10.1 All equipment must be tested and maintained to assure proper operation in case of an emergency. Emergency equipment will be included as part of the driver's daily vehicle inspection report. After use emergency equipment must be decontaminated, cleaned, and/or replaced before continuing normal operations. Hazardous and non-hazardous material(s) and waste(s) are to be separated to prevent cross contamination.
- 10.2 All employees will be trained in the proper use of emergency equipment. Documentation of training must be maintained by the Branch.
- 10.3 A medical examination may be required for certain types of respirators to ensure employees can safely use this type of equipment.

11.0 DECONTAMINATION PROCEDURES

Equipment used to handle hazardous material(s) or waste(s) including storage containers, tanks, processing equipment, and loading equipment will be decontaminated prior to being serviced or used for any purpose other than transportation of compatible hazardous material(s) or waste(s). All equipment will be decontaminated prior to being serviced or used for the transportation of non-hazardous material(s) and waste(s). Hazardous waste(s) compatible with non-hazardous waste may be transported to a hazardous waste storage, treatment, or disposal facility together.

- 11.1 Decontamination will be conducted at authorized wash facilities of third party vendors.
- 11.2 Decontamination must be conducted when hazardous material(s) and/or waste(s) are to be transported in containers or tanks having last contained a hazardous material(s) or waste(s), or non-hazardous material that is not compatible with the material(s) or waste(s) intended to be transported.
- 11.3 The vendor used for the service will be responsible for disposal of materials used to decontaminate or clean vessels and containers.
- 11.4 Equipment will be placed in an open head container and thoroughly rinsed with a compatible solvent or cleaning compound. Residue or wash water will be drained into a tight-head container, sealed, and disposed of in accordance with federal and state requirements at an authorized disposal site.
- 11.5 Contaminated clothing will be placed with clean-up residue and disposed of in accordance with federal and state requirements at an authorized disposal site. If clothing is reusable, it will be decontaminated properly and the residue added to other waste(s).
- 11.6 Vehicle(s) exposed to a spill or leak of hazardous material(s) or waste(s) will be decontaminated at the scene to prevent further release to the extent the vehicle(s) can be transported or moved to an authorized facility capable of additional decontamination when necessary.

12.0 EMPLOYEE TRAINING PROGRAM

Drivers and other employees responsible for the safe transportation of hazardous material(s) and waste(s) will complete approximately 8 hours initial and periodic (annual) refresher training. Topics may include the following:

- 12.1 Requirements of the McClymonds Supply & Transit Contingency Plan.

- 12.2 Knowledge of the materials transported.
- 12.3 Safety and health hazards associated with materials transported.
- 12.4 Practice in preventing and containing spills and releases.
- 12.5 McClymonds Supply & Transit procedures for responding to emergencies, spills, and releases.
- 12.6 First aid.
- 12.7 Use of emergency response equipment.
- 12.8 Hazardous material(s) shipping paper requirements
- 12.9 Labeling, Marking, and Placarding hazardous material(s) and waste(s).
- 12.10 Hazardous Waste Manifesting.
- 12.11 Container maintenance.
- 12.12 Receiving containers.
- 12.13 Inspections (vehicle).
- 12.14 Transferring containers.
- 12.15 Checklist for loading and unloading.
- 12.16 Vehicle inspections and maintenance.
- 12.17 Driving and Parking Rules.
- 12.18 Hazard Communication Program.
- 12.19 Federal Motor Carrier Safety Regulations

Monthly safety training will be conducted on specific topics. The documentation will be maintained at the Branch.

13.0 EMERGENCY RESPONSE AGENCIES

CHEMTREC 800-424-9300

National Response Center (A qualified Company HS&E representative must make this notification)

800-424-8802 (24 hours)
202-426-2675

Alabama

Alabama Department of Environmental Management
1751 Cong. W. L. Dickinson Drive
Montgomery, AL 36130-1463
334-260-2700

Alabama Emergency Management Agency
205-280-2200

Hazardous Materials/Waste Incidents
800-843-0699 (TDD users)

Alabama Department of Public Safety
334-242-4378 (State Police)

Connecticut

Department of Environmental Protection
860-424-3338 (24 Hours)
860-424-3333 (Alternate)
860-685-8190 (CT State Police)

Delaware

Department of Natural Resources and Environmental Control
89 Kings Highway
Dover, DE 19903
800-662-8802
302-739-9401
Report spills in Delaware to the appropriate county
Newcastle County 911 or 302-323-4542
Kent County 911 or 302-678-9111 (State Police)
Sussex County 911 or 302-856-6306 (Fire Department)

Florida

800-320-0519 Florida State Reporting Point

Maine

Maine Department of Environmental Protection
Bureau of Oil and Hazardous Materials Control
Division of Licensing and Enforcement
State House – Station 17
Augusta, Maine 04333

Immediate notification of an emergency must be made to the Maine Department of Environmental Protection: Telephone 1-800-482-0777

Immediate notification of an emergency must also be made to the Maine Department of Public Safety: Telephone 1-800-452-4664 or 207-624-7000

Maryland

Maryland Department of the Environment
2500 Broening Highway
Baltimore, MD 21224
410-974-3551 (Emergency Spill number)

Massachusetts

Department of Environmental Protection

One Winter Street

Boston, MA 02108

617-556-1133 (Local 24 hours)

888-304-1133 (Toll free 24 hours)

Notify local Department of Environment Protection emergency response:

Western Region, Springfield, MA (413-784-1100)

Central Region, Worcester, MA (508-792-7650)

Southeast Region, Lakeville, MA (508-946-2714)

Northeast Region, Woburn, MA (617-932-7681 or 617-932-7697)

- Notification is required for any amount of hazardous waste spill.
- The generator of the hazardous waste must be notified immediately.
- Local Fire & Police Departments

New Jersey

New Jersey Department of Environmental Protection

401 East State Street

Trenton, NJ 08625

WARNDP Hotline 1-877-927-6337

609-292-5560

North Carolina

North Carolina Department of Environment and Natural Resources

1-800-858-0368

Pennsylvania

Pennsylvania Department of Environmental Protection

717-787-4343

Pennsylvania Emergency Management Agency

In PA 800-424-7362

Outside PA 717-651-2001

Pennsylvania Local Police and Fire Departments

911 or "0" for the operator.

Rhode Island

Department of Environmental Management

401-222-2797 (daytime)

401-222-2284 (24 hours)

South Carolina

South Carolina Department of Health and Environmental Control

2600 Bull Street
Columbia, SC 29201-1708
To report chemical and oil spills, and fish kills
888-481-0125
803-253-6488 (In Columbia area)

Virginia

Virginia Department of Environmental Quality
800-468-8892
804-674-2400

Virginia State Water Control Board
P. O. Box 1145
Richmond, VA 23230
804-527-5000



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

HAZARDOUS WASTE TRANSPORTER PERMIT APPLICATION

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.)

The application must be signed by the company owner or a corporate officer. A check payable to the "State of Delaware" must accompany this application.

Delaware Department of Natural Resources and Environmental Control
Compliance and Permitting Section
89 Kings Highway
Dover, DE 19901

1. Type of Permit

- ☐ New – Submit a check or money order, payable to the "State of Delaware," in the amount of \$350.00.
- ☒ Renewal: Permit # DE-IIW- 0644 Expiration Date 3/31/2025

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.

- ☐ 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 hazardous waste transporters? ☒ Yes ☐ No

3. Company Information:

Company Name: McClymonds Supply & Transit Co Inc.

Location Address:	Mailing Address:
321 Currie Road	PO Box 296
Slippery Rock, PA 16057	Portersville, PA 16051

Contact Person: Scott Rice

Title: Business Manager

Business Phone: 724-368-8040

Fax: 724-368-9688

E-mail: safety@mcclymonds.com

24 hr. Emergency Phone: [REDACTED]

EPA Identification Number: PAD987357829

Employer's Federal Tax ID Number: 251437635

4. Type of Company: (Check One)

☐ Proprietorship

☐ Partnership

☒ Corporation – City, State and Date of Incorporation: Portersville, PA / 1983

☐ Municipality

☐ Public Institution

☐ Other – Explanation: _____

5. Parent Company Information:

Parent Company Name: NONE

Parent Company Address: _____

6. Ownership/Stockholder Information:

For each owner, partner, or corporate officer, list the name, title, home address, and date of birth.

☒ List of owners, partners, or corporate officers: Attachment 1

List the name and address of all stockholders owning greater than 5% outstanding shares.

☐ List of stockholders: Attachment _____

☐ Not Applicable

7. Company Affiliations:

List all other companies owned by the same owners, corporate officers, or parent company that are engaged in the business of solid or hazardous waste transportation, treatment, storage, disposal, recovery, or reclamation.

- ☐ List of company affiliates: Attachment _____
☒ No company affiliates

8. Type of Hazardous Waste to be Transported:

Indicate the waste types to be transported. (Note: Characteristic and listed hazardous wastes identified in Delaware's *Regulations Governing Hazardous Waste* (DRGHW) Part 261 are equivalent to RCRA 40 CFR Part 261 wastes.) Check all that apply.

- ☒ Part 261 characteristic or listed hazardous wastes
☐ Used or waste oils (as defined by Part 279, Used Oil Management Standards)
☐ Spent antifreeze exhibiting a characteristic of hazardous waste
☐ PCB-contaminated hazardous waste
☐ Spent fluorescent lighting tubes and ballasts when managed as non-universal waste

9. Treatment, Storage, and Disposal Facilities:

List all treatment, storage, and disposal facilities that have agreed to accept the hazardous wastes identified above.

- ☒ List of treatment, storage, and disposal facilities: Attachment 2

10. Other Transporter Permits:

List all hazardous waste transporter permits held in other states.

- ☒ List of transporter permits: Attachment _____
☐ No hazardous waste transporter permits held in other states

11. Federal DOT and Motor Carrier Numbers:

Indicate your Federal DOT number and Motor Carrier number:

DOT# 269478 MC# 182636

12. Proof of Insurance:

The transporter identified in this application must meet or exceed minimum insurance requirements as set forth in DOT Title 49 CFR Part 387. The DNREC Compliance and Permitting Section must be identified as the certificate holder. Also include a current MCS-90 endorsement or affirmation that the endorsement is still in effect.

- ☒ Certificate of insurance and MCS-90: Attachment 4

13. Spill Control and Safety Equipment:

List all spill control and safety equipment that will be carried on each vehicle.

☒ List of spill control and safety equipment: Attachment 5

14. Spill Control Plan:

Attach a copy of the Spill Control Plan that describes prevention, containment, and clean up procedures during transportation. The plan must demonstrate compliance with the requirements outlined in DRGHW Sections 263.30, 263.31, and 263.105. **Spill Control Plans must contain the following Delaware Emergency Reporting Telephone Numbers: 1-800-662-8802 and 302-739-9401.**

☒ Spill Control Plan: Attachment 6

15. Driver Training:

Attach a copy of your driver training program. All drivers must be trained in current DOT Motor Carrier Safety Regulations and have knowledge of the proper handling procedures for the type of waste transported, the hazardous waste manifest system, and safe vehicle operation as provided in 49 CFR Parts 383, 390 – 399, and DRGHW Section 263.104. All drivers must be familiar with the approved Spill Control Plan.

☒ Driver Training Program: Attachment 7

16. Controlled Substance Testing:

Do you maintain a controlled substance testing program for drivers in your employment (including contract drivers) in compliance with Federal DOT 49 CFR Part 391?

☒ Yes

☐ No, Explain:

17. Vehicle Identification Information:

List all vehicles to be used for the transportation of hazardous waste into, out of, or through Delaware. You may use the form provided or another printout that contains all required information.

☒ Vehicle Identification Information: Attachment 8

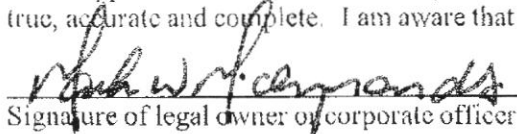
18. Environmental Record:

List all criminal citations, arrests or 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 other 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 application.

- ☐ Environmental Record: Attachment _____
☒ Not Applicable – No violations within the specified time period

19. Signature:

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 of legal owner or corporate officer

Mark W. McClymonds
Printed Name

12/12/24
Date

President
Title

ATTACHMENT 1 – LIST OF CORPORATE OFFICERS

<u>NAME</u>	<u>TITLE</u>	<u>DOB</u>	<u>ADDRESS</u>
Mark W. McClymonds 100% Ownership	President		
Frank G Zbuckvich	Vice President		
Jordan Miller	Secretary		

ATTACHMENT 2 – TREATMENT, STORAGE, AND DISPOSAL FACILITIES

DESOTEC HQ USA

118 Park Rd

Darlington, PA 16115

(724) 827-8181

PAD987270725

ATTACHMENT 3: 2024 HAZARDOUS TRANSPORTATION PERMITS

STATE	PERMIT NUMBER
ALABAMA	PAD987357829
COLORADO	HMP-21772
CONNECTICUT	CT-HW-941
DELAWARE	DE-HW-0644
FLORIDA	PAD987357829
IDAHO	HMP079512920
ILLINOIS	5608-01
KANSAS	PAD987357829
KENTUCKY	164798
MARYLAND	HWH762
MICHIGAN	UPW-269478-WV
MISSOURI	20J5001000
NEVADA	UPW-269478-WV
NEW HAMPSHIRE	TNH-0494
NEW YORK	PA-668
OKLAHOMA	UPW-269478-WV
PENNSYLVANIA	PA-AH0897
SOUTH CAROLINA	PAD987357829
TENNESSEE	PAD987357829
TEXAS	97628
WEST VIRGINIA	UPW-269478-WV
WISCONSIN	16553



ATTACHMENT 4:

MCCLSUP-02

SMENEGAZZI

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/11/2024

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 License # 60236 HUB International Three Rivers 2730 Sidney Street, Suite 330 Pittsburgh, PA 15203	CONTACT NAME: Shannon Menegazzi PHONE (A/C, No, Ext): E-MAIL ADDRESS: shannon.menegazzi@hubinternational.com FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: Hudson Insurance Company INSURER B: First Financial Insurance Co. INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 25054 11177
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INSURED
McClymonds Supply & Transit Co Inc
P. O. Box 296
Currie Road
Portersville, PA 16051

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		HMU200105-07	2/28/2024	2/28/2025	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 \$ PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY MCS82 <input type="checkbox"/> NON-OWNED AUTOS ONLY		HMU200105-07	2/28/2024	2/28/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				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	<input type="checkbox"/> Y/N N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Motor Cargo		HSI0006256	2/28/2024	2/28/2025	Per Vehicle 250,000
B			HSI0006256	2/28/2024	2/28/2025	Deductible 10,000

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

CERTIFICATE HOLDER Department of Natural Resources & Environmental Control Division of Air & Waste Management 89 Kings Highway Dover, DE 19901	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	---

USDOT Number: 269478

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. This requirement to collect information as requested on this form does not expire. For questions, please contact the Office of Registration and Safety Information, Registration, Licensing, and Insurance 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.



United States Department of Transportation
Federal Motor Carrier Safety Administration

Motor Carrier Public Liability Surety Bond
under Sections 29 and 30 of the Motor Carrier Act of 1980

FORM MCS-82

PARTIES

SURETY COMPANY

Hudson Insurance Company

COMPANY NAME

100 William Street, 5th Floor

STREET ADDRESS

New York

STATE

10038

ZIP CODE

New York

CITY

212-978-2800

TELEPHONE NUMBER

Jay M Calvert, Attorney in Fact

(type or print Principal Officer's name and title)

MOTOR CARRIER

MCCLYMONDS SUPPLY & TRANSIT CO., INC.

COMPANY NAME

296 CURRIE ROAD

STREET ADDRESS

Pennsylvania

STATE

PORTERSVILLE

CITY

412-368-8040

TELEPHONE NUMBER

X Mark W. McClymonds / President

(type or print Principal Officer's name and title)

PURPOSE

This is an agreement between the Surety and the Principal under which the Surety, its successors and assignees, agree to be responsible for the payment of any final judgment or judgments against the Principal for public liability, property damage, and environmental restoration liability claims in the sums prescribed herein, subject to the governing provisions and the following conditions.

GOVERNING PROVISIONS

1. Sections 29 and 30 of the Motor Carrier Act of 1980 (49 U.S.C. 13906).
2. Rules and regulations of the Federal Motor Carrier Safety Administration (FMCSA).

CONDITIONS

The Principal is or intends to become a motor carrier of property subject to the applicable governing provisions relating to financial responsibility for the protection of the public.

This bond assures compliance by the Principal with the applicable governing provisions, and shall insure to the benefit of any person or persons who shall recover a final judgment or judgments against the Principal for public liability, property damage, or environmental restoration liability claims (excluding injury to or death of the Principal's employees while engaged in the course of their employment, and loss of or damage to property of the principal, and the cargo transported by the Principal). If every final judgment shall be paid for such claims resulting from the negligent operation, maintenance, or use of motor vehicles in transportation subject to the applicable governing provisions, then this obligation shall be void, otherwise it will remain in full effect.

Within the limits described herein, the Surety extends to such losses regardless of whether such motor vehicles are specifically described herein and whether occurring on the route or in the territory authorized to be served by the Principal or elsewhere.

The liability of the Surety on each motor vehicle subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 for each accident shall not exceed \$ 750,000.00, and shall be a continuing one notwithstanding any recovery hereunder.

The surety agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the surety bond is in force as of a particular date. The telephone number to call is 317-582-0073.

This bond is effective from February 28, 2018 (12:01 a.m., standard time, at the address of the Principal as stated herein) and shall continue in force until terminated as described herein. The principal or the Surety may at any time terminate this bond by giving (1) thirty-five (35) days notice in writing to the other party (said 35 day notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the Principal is subject to the FMCSA's registration requirements, by providing thirty (30) days notice to the FMCSA (said 30 days notice to commence from the date notice is received by the FMCSA at its office in Washington, D.C.). The Surety shall not be liable for the payment of any judgment or judgments against the Principal for public liability, property damage, or environmental restoration claims resulting from accidents which occur after the termination of this bond as described herein, but such termination shall not affect the liability of the Surety for the payment of any such judgment or judgments resulting from accidents which occur during the time the bond is in effect.



MCCLYMONDS SUPPLY & TRAN X 5/31/23
SURETY DATE
Portersville Pennsylvania ☒
CITY STATE
X [Signature]
Principal Officer's signature

ATTACHMENT 5: EMERGENCY EQUIPMENT

Power units will be equipped with emergency equipment necessary to properly respond to emergencies involving the hazardous materials being transported. Equipment may include but is not limited to:

1. Particulate filter mask or gas mask.
2. NIOSH approved $\frac{1}{2}$ mask respirator with appropriate cartridges.
3. Hard Hat.
4. Safety glasses, goggles, or face shield.
5. First-Aid kit.
6. Eyewash apparatus.
7. Standard absorption pillows.
8. Tubular absorption pillows.
9. Absorption pads.
10. Boots.
11. Chemical resistant gloves.
12. Rubberized (slicker) suit or coveralls.
13. Shovel.
14. Hazardous waste bags.
15. Acid neutralizer.
16. Caustic neutralizer.
17. Skin neutralization solution.
18. (3) Emergency warning triangles.
19. Plastic.
20. DOT Emergency Response Guidebook.

ATTACHMENT 6

McClymonds Supply & Transit Transportation Emergency Contingency Plan

1.0 PURPOSE

To establish proper response procedures in the event of an emergency, a hazardous waste or hazardous material spill that may adversely affect the environment and/or public health and safety during transportation.

2.0 SCOPE

Procedures outlined in this plan must be used in responding to and reporting emergencies that may occur during transportation of hazardous waste and/or hazardous materials.

3.0 APPLICABILITY

Procedures outlined in this plan apply to transportation services provided by McClymonds Supply & Transit and has been prepared in accordance with 49 CFR Part 130 and 49 CFR 172.

4.0 EMERGENCY ACTION

In the event of an emergency, spill of hazardous material(s) or hazardous waste(s) during transportation, the driver will:

- 4.1 Remain with the vehicle and warn pedestrians and motorists of the dangers involved. The driver must keep all people away from the scene. Isolate the area with cones, tape, etc., until emergency response personnel arrive. Upon their arrival, request emergency response authorities to keep unauthorized personnel away from the scene.
- 4.2 Notify or have someone to notify the police, fire department, or other emergency response agency.
- 4.3 Notify emergency responders of the material that has been released.
- 4.4 Set up warning signals to warn oncoming motorists.
- 4.5 Show shipping papers/manifest to emergency response personnel.
- 4.6 Request emergency response personnel to protect the scene and report details of the emergency to the Safety Manager. The Safety Manager is responsible for reporting the emergency to the Appropriate EH&S representative and/or report line shown below:
 - 4.6.1 Frank Zbuckvich Vice President
Office 1(724) 368-8040 Ext214
Mobile 1(412) 670-3718
 - 4.6.2 James Mangino Motor Carrier Safety Manager
Office 1(724) 368-8040 Ext257
Mobile 1(724) 333-009
 - 4.6.3 Clinton Hancox HSE Manager
Office 1(724) 368-8040 Ext 255
Mobile 1(724) 421-9316

4.7 CONTAINMENT

The driver should erect a barrier whenever it is safe to do so to prevent the escape of spilled hazardous material(s) and/or waste(s). The barrier can be constructed using whatever material is available including dirt, rock, sand, etc. Wind and weather conditions can affect the containment of solids. Tarps or plastic may be useful during wet and/or windy conditions. The source of the release must be located and controlled.

4.8 EVACUATION

In the event of a major spill, evacuation may be necessary. Major concerns include vehicle collisions where flammable materials or ignitable wastes are involved. If the possibility of fire, explosion, a release of toxic fumes or any combination of these perils exists the area should be evacuated in accordance with instructions contained in the Emergency Response Guidebook.

4.9 CLEANUP

After containing the released material(s) and/or waste(s) and controlling the source of the spill, it is necessary to effect cleanup operations. If the spill is contained on an impervious paved surface, absorbent material should be used. Commercial absorbent materials may be used but must be compatible with the hazardous material(s) and/or waste(s) and will not cause an adverse reaction. If the material(s) and/or waste(s) have contaminated earth, all contaminated dirt must be collected into approved containers and must be disposed in accordance with local, state, and federal regulations. An authorized contractor equipped to perform such task will conduct removal of contaminated earth. All field sampling and remediation will be performed by an authorized contractor. Contractors will work with state agencies and will communicate with appropriate Company EH&S representatives.

4.9.1. If any waste(s) has reached the ground, contaminated soil will be removed and the extent of contamination determined by sampling the contaminated area. A qualified laboratory will analyze the samples. Sampling techniques, chain-of-custody requirements, and analytical methods must follow approved procedures.

5.0 COMMUNICATIONS

The driver will report and maintain communication with his/her McClymonds Supply & Transit supervisor and the appropriate emergency response agencies using cellular telephone, two-way radio, public telephone, and or CB radio. The most efficient line of communication must be determined and established by the driver based on conditions at the scene of the emergency.

5.1 Drivers must not discuss or make any comment about an emergency situation to newspaper reporters, photographers, or other members of the news media at the scene or following an emergency. Media representatives should be directed to contact McClymonds Supply & Transit for information about any transportation emergency.

• Frank Zbuckvich Vice President Office 1(724) 368-8040 Ext 214 Mobile 1(412) 670-3718

5.2 If Communications are unavailable, call the main line, telephone 1-800-752-0740.

6.0 EMERGENCY REPORTING BY DRIVER

In the event of an emergency, spill of hazardous waste(s), or unintentional release of hazardous materials, the driver must provide the following information to the McClymonds Supply & Transit transportation Emergency Coordinator and emergency response agencies:

- 6.1 Driver's Name
- 6.2 Date, time, and exact location of the incident.
- 6.3 The extent of injuries, if any.
- 6.4 Class and Division, name, and quantity of hazardous waste(s) or hazardous material(s) involved.
- 6.5 Type of incident (spill, fire, leak, etc.) and nature (solid, liquid, gas, toxic vapor, etc.) of hazardous waste(s) or material(s) involved.
- 6.6 Whether or not a continuing danger exists at the scene.
- 6.7 How you, the driver, can be contacted.
- 6.8 Shipper, consignee, and point of origin.
- 6.9 Vehicle number(s).
- 6.10 Local conditions (weather, terrain, proximity to schools, hospitals, waterways, public buildings, etc.).
- 6.11 Local emergency services that have been notified.

7.0 EMERGENCY REPORTING BY MCCLYMONDS SUPPLY & TRANSIT

Emergency telephone numbers for reporting incidents are listed in this plan. Immediate notification to the National Response Center and Director of the Office of Hazardous Materials Regulations must be made in the event of: (1) A person is fatally injured or requires hospitalization due to injuries received, (2) Damage to company equipment or other property damage exceeds \$50,000, (3) The incident and or spill involves radioactive materials or etiological agents, (4) There is continuing danger to life. The McClymonds Supply & Transit Emergency Coordinator will collect the following information and coordinate notification to the National Response Center and Director of the Office of Hazardous Materials Regulations, Materials Transportation Bureau, Department of Transportation, Washington, D. C., and the jurisdiction where the emergency has occurred, and the appropriate state agency listed in this plan:

- 7.1 Name of the person reporting the incident.
- 7.2 Name, address, and BPA identification number of Evoqua Water Technologies LLC
- 7.3 Telephone number of the person reporting the incident.
- 7.4 Date, time, and location of the incident.
- 7.5 Type of transport vehicle and mode of transportation.
- 7.6 Type and description of the incident.
- 7.7 Proper shipping description, hazard class, and UN or NA number(s) of all hazardous materials carried on the vehicle.
- 7.8 Persons fatally injured or injured.
- 7.9 Estimated property damage.
- 7.10 Any evacuation of the general public.
- 7.11 Any major transportation artery that has been closed.
- 7.12 For waste(s) involved in the emergency or spill:

- 7.12.1 The name and EPA identification number of the generator.
- 7.12.2 Shipping name, hazard class, and UN or NA number of the waste(s)
- 7.12.3 Approximate amount of material(s) or waste(s) released.
- 7.12.4 Extent of contamination to land, water, and/or air.

8.0 EMERGENCY RESPONSE CONTRACTORS

It is the responsibility of each Branch to maintain a written emergency response contract with a local responder. This local emergency response contract shall identify and ensure the availability of the necessary personnel or equipment to respond to the maximum potential discharge that may be transported by the Branch within the shortest practicable time.

9.0 DETAILED INCIDENT REPORTS

Within 30 days of the incident, McClymonds Supply & Transit will file a report (Form 5800.1) with the Information Systems Manager DHM-63, Research and Special Programs Administration, Department of Transportation, Washington, DC 20590-0001. When the release involves the discharge of hazardous waste(s) a copy of the hazardous waste manifest will be attached to the report. Copies of the report and any attachments will be forwarded to the appropriate state agency and generator of the waste, if applicable.

10.0 EMERGENCY EQUIPMENT

Power units will be equipped with emergency equipment necessary to properly respond to emergencies involving the hazardous materials being transported. Equipment may include but is not limited to:

- Particulate filter mask or gas mask.
- NIOSH approved $\frac{1}{2}$ mask respirator with appropriate cartridges.
- Hard Hat.
- Safety glasses, goggles, or face shield.
- First-aid kit.
- Eyewash apparatus.
- Standard absorption pillows.
- Tubular absorption pillows.
- Absorption pads.
- Boots.
- Chemical resistant gloves.
- Rubberized (slicker) suit or coveralls.
- Shovel.
- Hazardous waste bags.
- Acid neutralizer.
- Caustic neutralizer.
- Skin neutralization solution.
- (3) Emergency warning triangles.
- Plastic.
- DOT Emergency Response Guidebook.

ATTACHMENT 7

EMPLOYEE TRAINING PROGRAM

Drivers and other employees responsible for the safe transportation of hazardous material(s) and waste(s) will complete approximately 8 hours initial and periodic (annual) refresher training. Topics may include the following:

1. Requirements of the McClymonds Supply & Transit Contingency Plan.

- Knowledge of the materials transported.
- Safety and health hazards associated with materials transported.
- Practice in preventing and containing spills and releases.
- McClymonds Supply & Transit procedures for responding to emergencies, spills, and releases.
- First aid.
- Use of emergency response equipment.
- Hazardous material(s) shipping paper requirements
- Labeling, Marking, and Placarding hazardous material(s) and waste(s).
- Hazardous Waste Manifesting.
- Container maintenance.
- Receiving containers.
- Inspections (vehicle).
- Transferring containers.
- Checklist for loading and unloading.
- Vehicle inspections and maintenance.
- Driving and Parking Rules.
- Hazard Communication Program.
- Federal Motor Carrier Safety Regulations

Monthly safety training will be conducted on specific topics. The documentation will be maintained at the Branch.

ATTACHMENT 8: VEHICLES USED TO TRANSPORT HAZARDOUS WASTE

Company Unit #	Make	Model	Year	Type	VIN	License Plate State	License Plate #
1631	Pete	389	2024	Tractor	1XPXD49X1RD643469	PA	AH27394
1245	Pete	567	2018	Tractor	1NPXGGGG90D466842	PA	AG03886
1605	Pete	389	2023	Tractor	1XPXD49X5PD866952	PA	AH29609
1434	Pete	389	2019	Tractor	1NPXGGGG00D663818	PA	AG86912
1606	Pete	389	2023	Tractor	1XPXD49X7PD866953	PA	AG49894

USDOT Number: _____ Date Received: _____

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United States Department of Transportation
Federal Motor Carrier Safety Administration

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 McClymonds Supply & Transit Co., Inc. of Pennsylvania
(Motor Carrier name) (Motor Carrier state or province)

Dated at 12:00 midnight on this 28th day of February, 2024

Amending Policy Number: HMU200105-07 Effective Date: 02/28/2024

Name of Insurance Company: Hudson Insurance Company

Countersigned by: _____

DocuSigned by:

Stephanie Davis

(authorized company representative) BAE40D2B78BA4BF...

The policy to which this endorsement is attached provides primary or excess insurance, as indicated for the limits shown (check only one):

- ☒ This insurance is primary and the company shall not be liable for amounts in excess of \$ 1,000,000 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: 317-582-0073.

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.

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.

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,

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 anyone 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

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 I, 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 I, 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.