

RECEIPT

DATE

01/30/25

No.

927908

RECEIVED FROM

B+E Complete Property Preservation

\$ 350.00

Three hundred fifty and ⁰⁰/₁₀₀

DOLLARS

☐ FOR RENT☒ FOR

New SW-2112 App

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY
ORDER☐ CREDIT
CARD

FROM

1439

TO

BY

M.M.



RECEIVED

JAN 30 2025

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- _____ Expiration Date _____

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 B & E Complete Property Preservation

| Location Address: | Mailing Address: |
|----------------------------------|----------------------------------|
| 320 Robinson Lane Wilm, DE 19805 | 320 Robinson Lane Wilm, DE 19805 |
| | |
| | |

Contact: Enoch Johnson Title: Owner

Business Phone: (302) 494-4451 Fax: _____

E-mail: Becompleksvc@gmail.com

24 hr Emergency Contact Phone [REDACTED]

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: _____ State: _____ Date: _____
☐ Municipality
☐ Public institution
☒ Limited Liability Corporation (LLC) State: Delaware
☐ 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 Enoch Johnson 100%

(c). If company is owned by or affiliated with a parent company, attach parent company name, address & mailing address, and % ownership.

☐ Attachment _____
☒ No parent company

5. Company locations in Delaware

List name and street address of each company location, including freight terminals, within the State of Delaware.

- ☒ Attachment Same as company information
☐ 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) _____
 - ☐ 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# _____ MC# _____

- ☒ N/A If N/A, please provide an explanation, on the following page, as to why you are not required to have a DOT or MC number.

Not for hire. Also interstate company

10. Proof of Financial Responsibility

The transporter must submit proof of financial responsibility as established in section 7.2.4 of Delaware's *Regulations Governing Solid Waste*. This proof may be established by a Certificate of Insurance, with MCS-90 endorsement where applicable, or by other means approved by the Department. (The Certificate of Insurance must identify the **Department of Natural Resources and Environmental Control, Compliance and Permitting Section** as the certificate holder.)

- (a). Are you for-hire in interstate commerce? ☐ Yes ☒ No (For-Hire means you are in the business of transporting, for compensation or payment, wastes generated by a company other than your own.)
- (b). Do you transport in the State of Delaware Only (Intrastate)? ☒ Yes ☐ No
- (c). Do you transport Interstate? ☒ Yes ☐ No

- (d). Certificate of Insurance must be attached and include minimum automobile liability coverage as follows:

| | FOR-HIRE INTERSTATE | ALL OTHERS |
|---|--|--|
| Residential Waste | \$750,000.00 + MCS-90 <input checked="" type="checkbox"/> | \$350,000.00 <input type="checkbox"/> |
| Commercial Waste | \$750,000.00 + MCS-90 <input type="checkbox"/> | \$350,000.00 <input type="checkbox"/> |
| Industrial Waste | \$750,000.00 + MCS-90 <input type="checkbox"/> | \$350,000.00 <input type="checkbox"/> |
| Dry Waste | \$750,000.00 + MCS-90 <input type="checkbox"/> | \$350,000.00 <input type="checkbox"/> |
| Ash | \$750,000.00 + MCS-90 <input type="checkbox"/> | \$350,000.00 <input type="checkbox"/> |
| Infectious Waste | \$1,000,000.00 + MCS-90 <input type="checkbox"/> | \$750,000.00 + MCS-90 <input type="checkbox"/> |
| Non-Hazardous Petroleum Contaminated Soils | \$750,000.00 + MCS-90 <input type="checkbox"/> | \$350,000.00 <input type="checkbox"/> |
| Asbestos | \$1,000,000.00 + MCS-90 <input type="checkbox"/> (For Hire & Private) | \$350,000.00 <input type="checkbox"/> |
| Scrap Tires Only | \$350,000.00 <input type="checkbox"/> | \$350,000.00 <input type="checkbox"/> |

11. Spill Control and Safety

List all spill control and safety equipment which will be carried on each vehicle. (**Note:** Separate lists by type of vehicle and type of waste may be required.) Attach a copy of the Spill Control Plan. The Spill Control Plan **must** contain the following elements: (1) List of safety and spill control equipment carried in the vehicle, (2) Driver preventive measures, (3) Driver immediate corrective actions, (4) Company internal communications, (5) Company external communications including the **Delaware Emergency Reporting Numbers: 1-800-662-8802 and 302-739-9401**, and (6) Cleanup and decontamination measures.

Spill Control Plan: Attachment ✓

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 ✓

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]

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

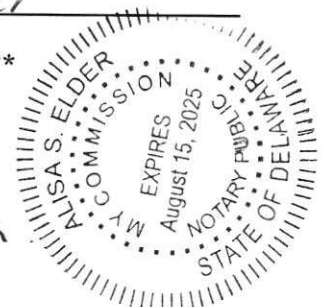
16. Certification

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 [Signature] Date 1-23-25
Print Name Enoch Johnson Title Owner

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

Alexa S. Elder




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.

PAGE NO. 1

| | | | | | | |
|---|------------|------------------------------|-----------------------------|-------------------------------|-------------------|--------|
| NAME AND RESIDENTIAL ADDRESS JOHNSON ENOCH LANEL [REDACTED] | | LICENSE NUMBER | LICENSE CLASS | | ENDORSEMENTS | |
| | | [REDACTED] | CLASS D | | | |
| | | DATE OF BIRTH | SEX | EYES | HEIGHT | WEIGHT |
| MAILING ADDRESS | | [REDACTED] | M | BRO | 5 07 | 199 |
| LICENSE STATUS VALID | CDL STATUS | ORIGINAL ISSUE 01/27/1989 | CURRENT ISSUE 11/21/2017 | LICENSE EXPIRES 10/03/2025 | RESTRICTIONS B | |



Delaware City DMV
Driver Improvement
2101 Mid County Drive
New Castle, DE 19720



Division of Motor Vehicles

Spill Control Plan

1. Safety Measures for Spill Prevention

Driver Preventive Measures

Inspection Before Departure

- Inspect equipment for leaks, cracks, or damages.
- Ensure cargo is secured to prevent shifting or spills.

Loading Procedures

- Verify that containers are properly sealed and labeled.
- Ensure appropriate containment (e.g. drip pans, absorbent mats) is used during loading.

Vehicle Maintenance

- Regularly inspect and maintain brakes, tires, and containment systems.
- Verify spill prevention equipment (e.g., valves, hoses) is functioning correctly.

Route Planning

- Avoid routes with known hazards, steep grades, or high traffic areas where accidents are more likely.

Spill Kits on Board

- Carry a complete spill response kit including absorbent materials, containment boom, and PPE (gloves, goggles, and coveralls).

2. Driver Corrective Actions in Case of a Spill

Immediate Response

- Stop the vehicle in a safe location away from traffic and water sources.
- Turn off the engine to prevent ignition of flammable substances.

Contain the Spill

- Use absorbent materials, dikes or booms to limit the spill's spread.
- Seal or plug the source of the leak, if it is safe to do so.

Secure the Area

- Establish a safety perimeter using cones or warning signs.
- Ensure no unauthorized personnel enter the spill site.

Personal Protection

- Wear appropriate PPE before handling spilled materials.

Cleanup and Recovery

- Follow the material-specific spill response procedure outlined in the Safety data Sheet (SDS).
- Used cleanup tools (shovels, brooms) to remove contaminated materials safely.

3. Communication Protocols

Internal Communications

- Notify the company owner immediately.
- Provide details about the location, type of material, and estimated quantity spilled.

External Communication

- If required, contact emergency services (911) or local environmental agencies (e.g., EPA or state agency).

Documentation

- Complete an incident report, including photos of the spill site and actions taken.
- Record the type and amount of material spilled, along with cleanup details.

By following this spill control plan, spill risks can be minimized, and drivers can effectively respond to any spill incidents to reduce harm to people, property, and the environment.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/16/2024

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 Streetsmart Insurance 208 SOUTH STREET FREEHOLD NJ 07728 | CONTACT NAME: Certificates Team PHONE (A/C, No, Ext): (732) 462-8343 FAX (A/C, No): E-MAIL ADDRESS: certificates@streetsmart.insurance | | | | | | | | | | | | | | |
|--|---|-------------------------------|--------|-----------------------------------|--------|-------------------------------|-------|----------------------------|-------|---------------------------|-------|------------|--|------------|--|
| INSURED B&E Complete Property Preservation LLC 320 Robinson Ln Wilmington DE 19805 | <table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: GENERAL INS CO OF AMER</td><td>24732L</td></tr><tr><td>INSURER B: UNITED FNCL CAS CO</td><td>11770</td></tr><tr><td>INSURER C: OHIO CAS INS CO</td><td>24074</td></tr><tr><td>INSURER D: THE PIE INS CO</td><td>21857</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: GENERAL INS CO OF AMER | 24732L | INSURER B: UNITED FNCL CAS CO | 11770 | INSURER C: OHIO CAS INS CO | 24074 | INSURER D: THE PIE INS CO | 21857 | INSURER E: | | INSURER F: | |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | |
| INSURER A: GENERAL INS CO OF AMER | 24732L | | | | | | | | | | | | | | |
| INSURER B: UNITED FNCL CAS CO | 11770 | | | | | | | | | | | | | | |
| INSURER C: OHIO CAS INS CO | 24074 | | | | | | | | | | | | | | |
| INSURER D: THE PIE INS CO | 21857 | | | | | | | | | | | | | | |
| 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 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 <input type="checkbox"/> OTHER: | | BWG67585638 | 04/27/2024 | 04/27/2025 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ |
| B | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | 00746131 | 10/28/2024 | 10/28/2025 | COMBINED SINGLE LIMIT (Ea accident) \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| C | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | USO67585638 | 04/27/2024 | 04/27/2025 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ |
| D | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N Y N/A | WC PI 835727-000 | 03/30/2024 | 03/30/2025 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 |

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

CERTIFICATE HOLDER**CANCELLATION**

Department of Natural Resources and (cont. in ACORD 101)

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

Certificates Team

© 1988-2015 ACORD CORPORATION. All rights reserved.

AGENCY CUSTOMER ID: _____
LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

| | | | |
|---|--------------------------|---|--|
| AGENCY Streetsmart Insurance | | NAMED INSURED B&E Complete Property Preservation LLC | |
| POLICY NUMBER WC PI 835727-000, USO67585638, BWG67585638, 00746131 | | | |
| CARRIER The Pie Insurance Company | NAIC CODE 21857, 2407 | EFFECTIVE DATE: | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate Of Liability Insurance

**Certificate Holder Name:

Department of Natural Resources and Environmental Control, Compliance and Permitting Section

AGENCY CUSTOMER ID: _____
LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 2

| | | | |
|---|--------------------------|---|--|
| AGENCY Streetsmart Insurance | | NAMED INSURED B&E Complete Property Preservation LLC | |
| POLICY NUMBER WC PI 835727-000, USO67585638, BWG67585638, 00746131 | | | |
| CARRIER The Pie Insurance Company | NAIC CODE 21857, 2407 | EFFECTIVE DATE: | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate Of Liability Insurance

2004, CHEVROLET, EXPRESS CUTAWAY, VANCGR, 1GBJG31U341155771
2005, FORD, E350 SUPER DUTY, VANCGR, 1FDWE35L15HA06006
2010, FORD, F750 SUPER DUTY, TRUCKT, 3FRWF7FC3AV274193

AGENCY CUSTOMER ID: _____

LOC #: _____

**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

| | | | |
|---|--------------------------|---|--|
| AGENCY Streetsmart Insurance | | NAMED INSURED B&E Complete Property Preservation LLC | |
| POLICY NUMBER WC PI 835727-000, USO67585638, BWG67585638, 00746131 | | | |
| CARRIER The Pie Insurance Company | NAIC CODE 21857, 2407 | EFFECTIVE DATE: | |

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** Certificate Of Liability Insurance

2004, CHEVROLET, EXPRESS CUTAWAY, VANCRC, 1GBJG31U341155771

2005, FORD, E350 SUPER DUTY, VANCRC, 1FDWE35L15HA06006

2010, FORD, F750 SUPER DUTY, TRUCKT, 3FRWF7FC3AV274193

Davis, DaQuan (DNREC)

From: becompletesvc@gmail.com
Sent: Tuesday, February 11, 2025 2:40 PM
To: WHStranporters
Subject: Re: Incomplete- Delaware Solid Waste Transporter Permit Application
Attachments: Updated information.docx

Enoch Johnson
B&E Complete Property Preservation
Becompletesvc@gmail.com
302-494-4451
Becompletesvc@gmail.com

"No job is too big or too small!"

B&E Complete is competent and committed to those we serve.

On Tuesday, February 11, 2025 at 02:07:16 PM EST, WHStranporters <whstranporters@delaware.gov> wrote:

No, you can provide them through this email chain.



DaQuan L. Davis

Environmental Scientist I

Division of Waste and Hazardous Substances

302-739-9403

WHStranporters@delaware.gov

89 Kings Hwy SW, Dover, DE 19901

dnrec.delaware.gov



From: Enoch Johnson <becompletesvc@gmail.com>
Sent: Monday, February 10, 2025 2:35 PM
To: WHStranporters <WHStranporters@delaware.gov>
Subject: Re: Incomplete- Delaware Solid Waste Transporter Permit Application

Hello.

Do I need to submit another application? I answered each question through email.

B&EComplete Property Preservation

Bear, Delaware 19701

302-494-4451

[Becompletesvc@gmail.com](mailto:becompletesvc@gmail.com)

Becompletesvcs.com

On Mon, Feb 10, 2025 at 1:54 PM WHStranporters <WHStranporters@delaware.gov> wrote:

Hello,

I know we discussed some of this on the phone, but I need answers to these question in writing.

- **Section 7(b)-** Do you do weekly household trash pickups?
- **Section 10-** Are you intrastate or interstate?
- **Section 13-** What is the State of registration FOR ALL 3 VEHICLES?

Thank you,



DaQuan L. Davis

Environmental Scientist I

Division of Waste and Hazardous Substances

302-739-9403

WHStranporters@delaware.gov

89 Kings Hwy SW, Dover, DE 19901

dnrec.delaware.gov



From: becompletesvc@gmail.com <becompletesvc@gmail.com>

Sent: Saturday, February 8, 2025 11:49 AM

To: WHStranporters <WHStranporters@delaware.gov>

Subject: Re: Incomplete- Delaware Solid Waste Transporter Permit Application

Hello DaQuan,

Per our conversation.

B&E Complete only works in the State of Delaware.

Our company handles residential waste.

I've attached the updated spill control plan and COI.

Please let me know if you need anything else.

Thank you,

Enoch Johnson

B&E Complete Property Preservation

Becompletesvc@gmail.com

302-494-4451

Becompletesvc@gmail.com

"No job is too big or too small!"

B&E Complete is competent and committed to those we serve.

On Wednesday, February 5, 2025 at 01:27:16 PM EST, WHStranporters <whstranporters@delaware.gov> wrote:

Yes, it can be email.



DaQuan L. Davis

Environmental Scientist I

**Division of Waste and Hazardous
Substances**

 302-739-9403

 WHStranporters@delaware.gov

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

 dnrec.delaware.gov



From: becompletesvc@gmail.com <becompletesvc@gmail.com>
Sent: Wednesday, February 5, 2025 10:19 AM
To: WHStranporters <WHStranporters@delaware.gov>
Subject: Re: Incomplete- Delaware Solid Waste Transporter Permit Application

Hell Daquan,

Thanks for the update. Can the below requests be emailed? Or does he has to be sent with a new application?

[Sent from Yahoo Mail for iPhone](#)

On Tuesday, February 4, 2025, 1:26 PM, WHStranporters <WHStranporters@delaware.gov> wrote:

Hi Mr. Johnson,

Thank you for submitting your application to renew 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 7(b)-** Do you do weekly household trash pickups? Are you adding commercial waste ?
- **Section 10-** Are you intrastate or interstate?
- **Section 10-** You did not submit a certificate of insurance with the required amount 350,000.00. Please provide this form and ensure you have the correct amount of automobile liability insurance .
- **Section 11-** The spill control plan is missing an emergency contact (name and phone number). Please update this plan and add the contact information.
- **Section 13-** What is the State of registration FOR ALL 3 VEHICLES?

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





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/7/2025

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 | | CONTACT NAME: Certificates Team | |
| Streetsmart Insurance | | PHONE (A/C, No, Ext): (732) 462-8343 | FAX (A/C, No): |
| 208 SOUTH STREET | | E-MAIL ADDRESS: certificates@streetsmart.insurance | |
| FREEHOLD | | INSURER(S) AFFORDING COVERAGE | |
| NJ 07728 | | INSURER A: GENERAL INS CO OF AMER | |
| INSURED | | INSURER B: UNITED FNCL CAS CO | |
| B&E Complete Property Preservation LLC | | INSURER C: OHIO CAS INS CO | |
| 320 Robinson Ln | | INSURER D: THE PIE INS CO | |
| Wilmington | | INSURER E: | |
| DE 19805 | | 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 | | | BWG67585638 | 04/27/2024 | 04/27/2025 | EACH OCCURRENCE \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 |
| | | | | | | | MED EXP (Any one person) \$ 15,000 |
| | | | | | | | PERSONAL & ADV INJURY \$ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | OTHER: | | | | | | \$ |
| B | AUTOMOBILE LIABILITY | | | 00746131 | 10/28/2024 | 10/28/2025 | COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 |
| | <input type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) \$ |
| | <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | | \$ |
| C | <input checked="" type="checkbox"/> UMBRELLA LIAB | | | USO67585638 | 04/27/2024 | 04/27/2025 | EACH OCCURRENCE \$ 5,000,000 |
| | <input type="checkbox"/> EXCESS LIAB | <input checked="" type="checkbox"/> OCCUR | | | | | AGGREGATE \$ 5,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE | | | | | | \$ |
| | DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | | | | \$ |
| D | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | WC PI 835727-000 | 03/30/2024 | 03/30/2025 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N | | | | | E.L. EACH ACCIDENT \$ 500,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | Y | N/A | | | | E.L. DISEASE - EA EMPLOYEE \$ 500,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ 500,000 |

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

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|--|
| Department of Natural Resources and (cont. in ACORD 101) | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| 89 Kings Highway | AUTHORIZED REPRESENTATIVE |
| Dover, DE 19901 | <i>Certificates Team</i> |

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

| | | | |
|---|--------------------------|---|--|
| AGENCY Streetsmart Insurance | | NAMED INSURED B&E Complete Property Preservation LLC | |
| POLICY NUMBER WC PI 835727-000, USO67585638, BWG67585638, 00746131 | | | |
| CARRIER The Pie Insurance Company | NAIC CODE 21857, 2407 | EFFECTIVE DATE: | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate Of Liability Insurance

**Certificate Holder Name:

Department of Natural Resources and Environmental Control, Compliance and Permitting Section

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 2

| | | | |
|---|--------------------------|---|--|
| AGENCY Streetsmart Insurance | | NAMED INSURED B&E Complete Property Preservation LLC | |
| POLICY NUMBER WC PI 835727-000, USO67585638, BWG67585638, 00746131 | | | |
| CARRIER The Pie Insurance Company | NAIC CODE 21857, 2407 | EFFECTIVE DATE: | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate Of Liability Insurance

2004, CHEVROLET, EXPRESS CUTAWAY, VANCRC, 1GBJG31U341155771
 2005, FORD, E350 SUPER DUTY, VANCRC, 1FDWE35L15HA06006
 2010, FORD, F750 SUPER DUTY, TRUCKT, 3FRWF7FC3AV274193

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

| | | | |
|---|--------------------------|---|--|
| AGENCY Streetsmart Insurance | | NAMED INSURED B&E Complete Property Preservation LLC | |
| POLICY NUMBER WC PI 835727-000, USO67585638, BWG67585638, 00746131 | | | |
| CARRIER The Pie Insurance Company | NAIC CODE 21857, 2407 | EFFECTIVE DATE: | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate Of Liability Insurance

2004, CHEVROLET, EXPRESS CUTAWAY, VANCGR, 1GBJG31U341155771
 2005, FORD, E350 SUPER DUTY, VANCGR, 1FDWE35L15HA06006
 2010, FORD, F750 SUPER DUTY, TRUCKT, 3FRWF7FC3AV274193

Spill Control Plan

1. Safety Measures for Spill Prevention

Driver Preventive Measures

Inspection Before Departure

- Inspect equipment for leaks, cracks, or damages.
- Ensure cargo is secured to prevent shifting or spills.

Loading Procedures

- Verify that containers are properly sealed and labeled.
- Ensure appropriate containment (e.g. drip pans, absorbent mats) is used during loading.

Vehicle Maintenance

- Regularly inspect and maintain brakes, tires, and containment systems.
- Verify spill prevention equipment (e.g., valves, hoses) is functioning correctly.

Route Planning

- Avoid routes with known hazards, steep grades, or high traffic areas where accidents are more likely.

Spill Kits on Board

- Carry a complete spill response kit including absorbent materials, containment boom, and PPE (gloves, goggles, and coveralls).

2. Driver Corrective Actions in Case of a Spill

Immediate Response

- Stop the vehicle in a safe location away from traffic and water sources.
- Turn off the engine to prevent ignition of flammable substances.

Contain the Spill

- Use absorbent materials, dikes or booms to limit the spill's spread.
- Seal or plug the source of the leak, if it is safe to do so.

Secure the Area

- Establish a safety perimeter using cones or warning signs.
- Ensure no unauthorized personnel enter the spill site.

Personal Protection

- Wear appropriate PPE before handling spilled materials.

Cleanup and Recovery

- Follow the material-specific spill response procedure outlined in the Safety data Sheet (SDS).
- Used cleanup tools (shovels, brooms) to remove contaminated materials safely.

3. Communication Protocols

Internal Communications

- Notify the company owner immediately.
- Provide details about the location, type of material, and estimated quantity spilled.

External Communication

- If required, contact emergency services (911) or local environmental agencies (e.g., EPA or state agency).

Documentation

- Complete an incident report, including photos of the spill site and actions taken.
- Record the type and amount of material spilled, along with cleanup details.

By following this spill control plan, spill risks can be minimized, and drivers can effectively respond to any spill incidents to reduce harm to people, property, and the environment. For emergencies please contact Enoch Johnson at [REDACTED]

B&E Complete Property Preservation

329 Robinson Lane

Wilmington, De 19805

Hello DaQuan L Davis,

Please review the following:

1. **Section 7(b)**- B&E Complete Property Preservation **does not** do weekly household trash pickups or handle commercial waste.
2. **Section 10**- B&E Complete Property Preservation works solely in the state of Delaware.
3. **Section 10**- COI has been resubmitted with updated insurance limited.
4. **Section 11**- Spill plan has been resubmitted with updated spill plan emergency contact information.
5. **Section 13**- All vehicle registrations are current for the state of Delaware.