

RECEIPT

DATE

7/15/25

No.

741889

RECEIVED FROM

Cym Environmental Services LLC

\$

350.00

Three hundred fifty and 00/100

DOLLARS

☐ FOR RENT☒ FOR

new DE-SW-2146

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY
ORDER☐ CREDIT
CARD

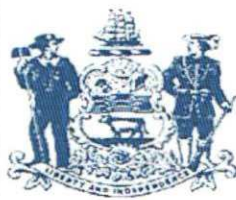
FROM

2144

TO

BY

AC



RECEIVED

JUL 15 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

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 CLYM ENVIRONMENTAL SERVICES, LLC

Location Address:	Mailing Address:
1539 TILCO DRIVE	(SAME)
SUITE 123	
FREDERICK MD 21704	

Contact: CHARLES WATTS Title: PRESIDENT

Business Phone: 301-694-6000 Fax: 301-694-6797

E-mail: CWATTS@CLYMENVIRONMENTAL.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: MD
☐ 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 ONE

(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 _____
☒ 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 ONE
- ☐ 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 ONE
- ☐ No transporter permits in other states
- (c). Indicate your Federal DOT number and Motor Carrier number:
- DOT# 756821 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.

ONLY HAUL WASTE

10. Proof of Financial Responsibility

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

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

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

	FOR-HIRE INTERSTATE	ALL OTHERS
Residential Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Industrial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Dry Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Ash	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Infectious Waste	\$1,000,000.00 + MCS-90 <input checked="" 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 TWO

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 _____

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 Charles B. Watts Date 5/15/2025
Print Name CHARLES B. WATTS Title PRESIDENT

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

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

[illegible]



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/16/2025

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 Riggs, Counselman, Michaels & Downes, Inc. 4 North Park Drive, Suite 500 Hunt Valley MD 21030	CONTACT NAME: CLS certs 25Jan 24Apr CLYM GAU5WPoll	
	PHONE (A/C, No, Ext): 410-339-7263 FAX (A/C, No): 410-339-7234	
	E-MAIL ADDRESS: CLS.Certs@rcmd.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Admiral Insurance Company	24856
	INSURER B : Chesapeake Employers' Insurance Company	11039
	INSURER C : National Liability & Fire Insurance Company	27847
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES**CERTIFICATE NUMBER:** 1648287176**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 <input checked="" type="checkbox"/> 50,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	FEIECC1218612	1/1/2025	1/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
C	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		73TRB005871	1/2/2025	1/2/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0		FEIEXS1218712	1/1/2025	1/1/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	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 <input type="checkbox"/> N/A	2607719	4/3/2025	4/3/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Pollution Liability		FEIECC1218612	1/1/2025	1/1/2026	Limit Aggregate \$1,000,000 \$2,000,000

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

Certificate Holder is included as Additional Insured under General Lia"Certificate holder is listed as Additional Insured under General Liability as required by written contract. Umbrella follows form of underlying coverage of General Liability, Automobile Liability and Employers Liability."

CERTIFICATE HOLDER**CANCELLATION**

State of Delaware
Dept of Natural Resources and Environmental Control
Compliance and Permitting Section
89 Kings Hwy, Dover, DE 19901

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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DELAWARE SOLID WASTE TRANSPORTER PERMIT APPLICATION

ATTACHMENT ONE

A) Owner Information

Charles Watts, President and Managing Member

1539 Tilco Drive, Suite 123, Frederick, MD 21704

[REDACTED] 50%

Finley Watts, Vice President and Member

1539 Tilco Drive, Suite 123, Frederick, MD 21704

[REDACTED] 50%

B) Out of State TSD Facilities

Curtis Bay Medical Waste 3200 Hawkins Point, Baltimore, MD

Clym Env Services, 293 Franklin St, Greenfield, IN, 46140

C) Other State Permits

Maryland, SMH076

West Virginia, IMW9925HO02001

Virginia, IWT0000010166

Pennsylvania, PAHC0253

New York, MD049

Connecticut, CT-BMW-076

D) Vehicle Operators

Alfredo Sanchez

Apolinar Sanchez

Terrance Grant

Alfredo Apolinales

Luis Sanchez-Ramirez



Clym Environmental Services, LLC

1539 Tilco Drive
Frederick, MD 21704

Medical Waste Driver Checklist

When recruiting applicants for positions that will require the operation of Company trucks, follow this checklist to assure all Company policies are met:

- ✓ Have the applicant fully complete an Employment Application Form. Be certain that all applicable sections are completed and the appropriate signatures are obtained.
- ✓ Have the applicant obtain a registered copy of his/her current driving record. Current means within the last five days. Copy the driving records and attach them to the Employment Application Form.
- ✓ Conduct an initial interview completing the Driver Questionnaire Form. Make notes on the Driver Questionnaire Form as to any areas of interest including ANY driving violation, criminal activity or gap in employment.
- ✓ Check all listed references and make notes of conversations on Driver Questionnaire Form.
- ✓ Circulate Employment Application Form and Driver Questionnaire Form to the proposed Supervisor, Health and Safety Manager and Senior Manager for review and comment.
- ✓ Schedule second interview as necessary, making further notes on the Driver Questionnaire Form.
- ✓ Offer employment only after approval by Supervisor Senior Manager

GUIDELINES:

We are looking for candidates that have:

- ✓ Clean driving records (no violations in the past five years, no major violations at all)
- ✓ Class C CDL with Hazmat Endorsement preferred
- ✓ At least two years occupational driving experience
- ✓ 25 years of age or older for CDL positions, 21 years of age or older all others
- ✓ Physical ability to consistently lift/handle 50 pounds
- ✓ Polite, personable demeanor
- ✓ Stable work history, excellent references

ONBOARDING:

Complete training modules for: Bloodborne Pathogens Safety; Hazard Communication Standard Overview; DOT Hazmat Employee (Medical Waste).

Hands on operations training (20 hour)

Drug screening & DOT physical

Review of Spill Control Plan

Review Permits and associated documents for all States in assigned service area

ONGOING:

Annual refresher training and driving records review



Clym Environmental Services, LLC

1539 Tilco Drive
Frederick, MD 21704

INFECTIOUS MATERIALS SPILL CONTROL PLAN

1.0 Scope

Clym Environmental Services, LLC ("Clym") is committed to the safe and compliant shipment of infectious wastes. In supporting this commitment this Spill Control Plan has been developed. All technicians, specialists and drivers who handle infectious wastes are required to read and understand this document, follow all procedures detailed in this document, and attend annual training.

2.0 Spill Containment and Safety Equipment

All vehicles permitted, licensed and/or authorized to transport infectious waste will carry spill containment equipment at all times. Spill containment kits will include, at a minimum, those items listed below. Kits are to be replenished immediately after supplies are used and must be inventoried weekly by the responsible driver.

Spill Containment Materials:

- (1) Spill sock
- (1) First aid kit
- (1) 5 gallon bottle disinfectant
- (2) Tyvek Coveralls
- (2) Masks
- (1) Box of disposable gloves
- (1) Sharps container
- (1) Tongs
- (2) Safety Glasses
- (10) Overpack Boxes and Liners
- (1) Bag Absorbent (20 lbs)
- (1) Dust pan
- (1) Box of wipes

The following safety equipment must be maintained in all company vehicles:

Fire Extinguisher, Flashlight, Spill Kit
Roadside Kit (Reflectors, Flares)
Emergency Response Guidebook
Emergency Response Contact List

3.0 Driver Preventative Measures

Technicians, Specialists and Drivers will package, load and transport all infectious wastes in a safe and thoughtful manner. All applicable Clym Standard Operating Procedures (SOPs) must be followed. The following list outlines preventative measures that may reduce the likelihood of a spill:

- 3.1 Ensure that all containers are properly sealed prior to loading. Be certain that top and bottom closures are secure.
- 3.2 Inspect all containers for signs of leakage while loading. Overpack any container found to be leaking in an overpack/liner combination package.
- 3.3 Load lighter weight boxes on top of heavier boxes. Reposition any container that is causing another container the bend or buckle.
- 3.4 Never kick, throw, flip or mishandle containers.
- 3.5 Use load locks to secure packages from unnecessary movement during transit.
- 3.6 Place the protective spill sock across the truck bed before closing the rear door.
- 3.7 Always close the rear vehicle door and lock the door latch before moving the vehicle.
- 3.8 Inspect the vehicle prior to transport. Be certain the rear door is closed and locked and there is no evidence of leakage. Check the tires for signs of excess wear or damage. Make sure the mirrors are properly positioned.
- 3.9 Obey ALL traffic laws. Drive defensively.
- 3.10 ALWAYS burn headlights.
- 3.11 Chock rear wheels whenever loading or unloading.
- 3.12 If you believe your vehicle is unsafe to drive, call for assistance!

4.0 Driver Immediate Corrective Actions

Should an accident occur involving the spillage of infectious materials, act quickly to assist any injured persons and contain the spill. Always treat injuries before responding to the spill. Follow these guidelines for controlling and containing spills:

- 4.1 Secure the spill area. Direct all traffic away from the spill area.
- 4.2 Contain the spill. Use the protective boom and/or absorbent materials to prevent the spread of the material.
- 4.3 Once the spill has been contained to the extent possible, contact the Emergency Response numbers in Sections 5 and 6. Follow the instructions given by the Emergency Response Coordinator.
- 4.4 Don protective clothing. Disinfect spilled materials using the disinfectant from the spill kit. Repackage waste in overpack/liner combination packages as possible.
- 4.5 Use tongs to collect any spilled Sharps. Contain any Sharps into an approved Sharps container.
- 4.6 Stay at the scene to provide information and security until relieved by a responsible party.

5.0 Internal Communications

In the event of a spill, contact Clym Corporate Offices via the tollfree telephone number **888-289-2324**. Communicate your name, location and situation to the operator. The operator will transfer you to the proper party.

Internal Contacts:

Emergency Response Coordinator: Varied

Health and Safety Officer: Ed Wonilowicz Cell: 

Vice President, Operations Finley Watts Cell: 

6.0 External Communications

In addition to the internal communications, notification to external sources is required. Staff at the Corporate Office will notify external sources. These sources include:

Delaware Emergency Reporting 800 662-8802 (in state only)
302 739-9401

24 Hour Support 800-424-9300 (CHEMTREC)

7.0 Cleanup and Decontamination Measures

All spill areas must be thoroughly decontaminated. Be certain to don appropriate protective clothing (i.e., coveralls, disposable gloves, mask and safety glasses) prior to performing any activity that may come in contact with infectious material. Use a disinfecting agent to douse all spill areas. Leave the affected areas covered with disinfectant for a minimum of twenty minutes. Using absorbent towels when possible, collect and repackage all spilled materials into overpack/liner packages. Use tongs, NEVER YOUR HANDS, to collect any Sharps. Package as infectious wastes any supply, personal protective equipment or spill containment mechanism that during the containment or cleanup process becomes contaminated with infectious waste.

If additional supplies, personnel or equipment is required to complete the cleanup and decontamination be certain to describe these needs to the Emergency Response Coordinator. In all cases, an Emergency Response Team will be sent to the accident site to conduct, oversee or review the cleanup and decontamination and investigate causative and preventative measures.

State of Maryland
DEPARTMENT OF THE ENVIRONMENT

April 1, 2025

EFFECTIVE DATE

March 31, 2026

EXPIRATION DATE

SMH 076

SMW HAULER NUMBER

**SPECIAL MEDICAL WASTE
(SMW) HAULER CERTIFICATE**

The Maryland Department of the Environment has issued this certification to

Clym Environmental Services

to transport SMW in Maryland

This certificate is issued pursuant to the provisions of §7-252 of the Environment Article, Annotated Code of Maryland.



Maryland
Department of
the Environment

Stephanie Cobb-Williams, Deputy Director,
Land and Materials Administration

For FMCSA Use 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, Financial Responsibility Filings 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-RRR, Washington, D.C. 20590.



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 CLYM ENVIRONMENTAL SERVICES LLC of Maryland 756821
(Motor Carrier name) (Motor Carrier state or province) (USDOT Number)

Dated at 12:01 am on this 30th day of July, 2025

Amending Policy Number: 73TRB005871 Effective Date: 07/30/2025

Name of Insurance Company: NATIONAL LIABILITY & FIRE INSURANCE COMPANY

Countersigned by: 
(authorized company representative)

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

- ☒ 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: 402-916-3000.

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://www.fmcsa.dot.gov/registration>.

(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.

Davis, DaQuan (DNREC)

From: Christina Ramey <cramey@rcmd.com>
Sent: Thursday, July 31, 2025 10:12 AM
To: Charles Watts; WHStranporters
Subject: RE: MCS90 Endorsement - Incomplete Delaware Solid Waste Transporter Permit Application (DE-SW-2146)
Attachments: Attachment.pdf
Importance: High

Hi Charlie,

Please see attached the MCS90 Endorsement. I have received several emails form the carrier with questions. I will give you a call and send another email following this. Please see below what they said about Delaware which seems to tie into the same conversation you are having with @WHStranporters with Mr. Davis.

From Insurance Company/carrier –

1. When they tried to file - Delaware is asking for an MC number but the insured does not have one filed.

Please let me know if the MCS90 is acceptable.

Thanks,

Chris Ramey
Client Manager - Commercial

RCM&D a UNISON RISK ADVISORS Company

1500 Whetstone Way, Suite 201 | Baltimore MD 21230

Direct: 410-339-5247
Main: 800-346-4075 ext 1247
cramey@rcmd.com

   [rcmd.com](https://www.rcmd.com)

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PLEASE NOTE: Coverage cannot be placed, issued or altered without confirmation from a representative of our company. Please be aware that any and all reviews, recommendations, suggestions, observations, details of any other types of correspondence are done so for insurance purposes only. No communication between us should not be interpreted to be legal advice or a substitute for consultation with your own attorney.

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From: Charles Watts <cwatts@clymenvironmental.com>

Sent: Wednesday, July 30, 2025 1:43 PM

To: WHStranporters <WHStranporters@delaware.gov>

Cc: Christina Ramey <cramey@rcmd.com>

Subject: Re: Incomplete Delaware Solid Waste Transporter Permit Application (DE-SW-2146)

CAUTION: This email originated from outside of the RCM&D organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good afternoon DaQuan,

Thanks for your email and apologies for the oversight!

- 1) Please see our MD permit attached.
- 2) We were not issued a MC with the reason given that we only haul waste (no value cargo), hence just the DOT number.
- 3) MCS-90 endorsement requested from insurance folks.

Please let me know if you need anything else and thanks for your assistance!

Charles

On Jul 16, 2025, at 1:19 PM, WHStranporters <WHStranporters@delaware.gov> wrote:

Mr. Watts,

Thank you for submitting your application for your Delaware solid waste transporter permit. Upon review, I have found that some information is missing or requires updating. Please address the items listed below:

- **Section 9(a)**- Please provide a copy of the company's home state solid waste transporter permit.
- **Section 10**- Please provide a motor carrier number (MC #).
- **Section 10**- Please provide an MCS-90 endorsement form.

Please provide the information requested above via e-mail within five (15) days.

Thank you,

<image001.png>

DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

<image002.png> 302-739-9403

<image003.png> WHStranporters@delaware.gov

<image004.png> 89 Kings Hwy SW, Dover, DE 19901

<image005.png> dnrec.delaware.gov

<image006.png> <image007.png> <image008.png>

Charles Watts

PIONEERING SUSTAINABLE REGULATED MEDICAL WASTE MANAGEMENT

Clym Environmental Services, LLC

1539 Tilco Drive, Suite 123

Frederick, MD 21704

(301) 694-6000

(301) 694-6797 Fax

www.clymenvironmental.com

View our disclaimer at: www.rcmd.com/disclaimer

Davis, DaQuan (DNREC)

From: Charles Watts <cwatts@clymenvironmental.com>
Sent: Thursday, July 31, 2025 10:28 AM
To: WHStranporters
Subject: MCS90
Attachments: Attachment.pdf

Good morning!

Please see the attached and let me know of any questions.

Thanks,

Charles

Charles Watts

PIONEERING SUSTAINABLE REGULATED MEDICAL WASTE MANAGEMENT

Clym Environmental Services, LLC

1539 Tilco Drive, Suite 123

Frederick, MD 21704

(301) 694-6000

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