

RECEIPT

DATE

9/2/25

No.

743621

RECEIVED FROM

Lecco Pipeline Co LLC

\$

350.00

Three hundred fifty and 00/100

DOLLARS

☐ FOR RENT☒ FOR

new DE-SW-2152

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY
ORDER☐ CREDIT
CARD

FROM

1970

TO

BY

AG



RECEIVED

SEP 02 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: English

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 Lecco Pipeline Company Inc.

Location Address:	Mailing Address:
85 Brick Hill Rd	P.O. Box 1271
Elkton MD 21921	Elkton MD 21921

Contact: Joseph Tiley Title: Owner

Business Phone: 410-392-2720 Fax: _____

E-mail: Leccopipeline@yphoo.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: Elkton State: MD Date: 2001
☐ Municipality
☐ Public institution
☒ Limited Liability Corporation (LLC) State: Maryland
☐ 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 _____

(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 2
- ☐ 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 1
- ☐ No transporter permits in other states

- (c). Indicate your Federal DOT number and Motor Carrier number:

DOT# 2288562 MC# _____

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

10. Proof of Financial Responsibility

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

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

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

	FOR-HIRE INTERSTATE	ALL OTHERS
Residential Waste	\$750,000.00 + MCS-90 <input checked="" type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input checked="" 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	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Contaminated Soils	\$1,000,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Asbestos	(For Hire & Private)	
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.

- (a). 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);
- (b). 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;
- (c). Describe how drivers are instructed in the following:
 - (i) Knowledge of proper handling procedures for the type of solid waste being transported.
 - (ii) Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)
 - (iii) 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 MM Date 8-14-25

Print Name Joseph Tiley Title Owner

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

¹VEHICLE INFORMATION - See Item 13 of the application.

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

[illegible]

List of DSWA Locations Waste will be transported
(Attachment in reference to Section 8 part b)

LANDFILLS:

- Cherry Island Landfill

TRANSFER STATIONS

- Pine Tree Corners Transfer Station

COPY
Solid Waste
Hand Book

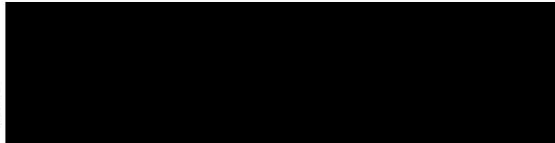
**COMPANY OWNERSHIP OVERVIEW FOR LECCO
PIPELINE COMPANY LLC**

(In reference to Section 4: Part b)

Owner: Joseph J. Tiley

Title: President/Resident Agent

Phone #:

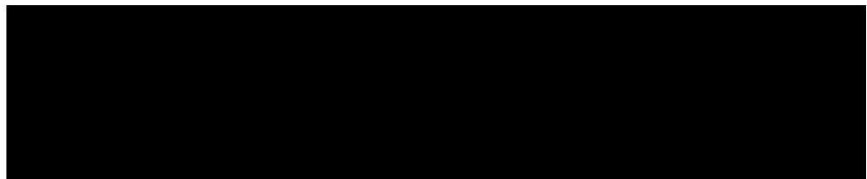


State of Formation: MD

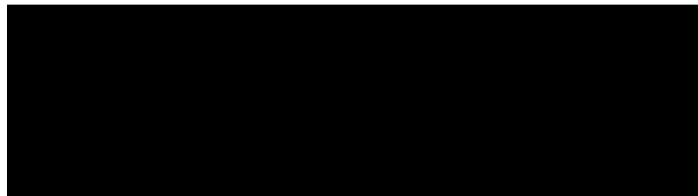
Percentage of Ownership in Company:100%

Mailing Address: 85 Brick Hill Road
Elkton, MD 21921

Alt. Address:



Email :



VEHICLE IDENTIFICATION

(Attachment pertaining to Item 13)

***Both trucks are owned and operated by
applicant. Registration Ownership is Assigned to
the following:**

**LECCO PIPELINE COMPANY LLC
85 BRICK HILL RD
ELKTON, MD 21921**

YEAR	MAKE	MODEL	TYPE OF TRUCK	COLOR	VIN	TAG #	STATE ISSUED	GVWR
2012	Kenworth	T800	Roll Off	RED	1NKDXPCX0CJ327250	E625012	MD	70,000
2001	Mack	RD688S	Roll Off	RED	1M2P267C81M059900	9ES0199	MD	54,000

LECCO PIPELINE CO. LLC SPILL CONTROL & SAFETY PLAN

Plan applies to 2011 Kenworth Rolloff, and 2001 Mack Rolloff, as both are similar power units hauling similar types of waste, payload, and containers are interchangeable within fleet. No placarded hazardous materials to be carried

1. SAFETY AND SPILL CONTROL EQUIPMENT TO BE CARRIED WITH VEHICLE AT ALL TIMES

- Road flares, Hazard Triangles, Appropriate class, fully charged Fire extinguisher, etc. which is required by the USDOT to be aboard to meet safety requirements
- PPE (safety glasses, nitrile gloves, ANSI approved Hard hat and Hi Visibility vest, all drivers must wear appropriately rated chemical resistant steel toe or composite toe safety boots
- Sealable Oil/Chemical resistant Disposable Bags, container for disposal of any clean up materials needed
- Liquid/Oil Absorbment Apparatuses in sweepable form, absorbent pad and containment socks (Sand, Cat Litter, Oil Dri, Pig Mats or suitable substitutions) Drain pan and sealable container or combination of the 2
- Push Broom and Corn Shovel
- Hands free Cell Phone and Charger and/or Operational CB Radio to alert emergency personnel as well as necessary contact information

2. DRIVER PREVENTIVE MEASURES

- Inspect Power Unit to leaving the yard for any signs of Fluid Leaks. If Leak is Detected, notify mechanic prior to departure for assessment of severity and corrective action necessary for repair. Also inspect to make sure the Tarp System is fully operational and in good working order including the tarp not having holes or tears in it.
- Inspect the container to be hauled to make sure door latches operate tightly, there are no holes, or any other compromises to integrity of the container that could result in escape of debris, as well as type of manifest during transport. If noted again notify a mechanic so repair can be made.

3. DRIVER IMMEDIATE CORRECTIVE ACTIONS IN EVENT OF INCIDENT

- In the event of an incident during transport of waste whether Truck or manifest issue, If possible pull off to a safe area (such as road shoulder) as soon as possible, with four way Flashers.
- Once the vehicle has come to a safe stop, IMMEDIATELY shutoff the engine to eliminate risk of possible ignition of fluid combustion in the event it is flammable
- Call 911 and or notify emergency authority on CB channel 9 as well as DNREC, the EPA or any other necessary agencies, if possible. If driver can prevent further potential damage by immediate containment of potential issue it is not in violation of law to delay report of event in that it is imperative to immediately reduce further catastrophic consequences if calling agency poses health risk
- If Driver deems safe to exit vehicle Put on PPE (Hard Hat, Hi Vis Vest, glasses etc.) Place warning triangles around the vehicle so other motorists are made aware of a potential hazard,
- Assess the Situation to identify the Type of material spilt, attributes of spill material (Flammability, etc.) area it has spread, and with absorption materials aboard vehicle do your best to contain it if possible
- If situation is deemed non life threatening and if source of spill is mechanical failure such as a blown coolant line on the truck, look for valves to turn, or if there is another possible solution to eliminate further potential leakage to minimize any detrimental ecological impact
- Notify Company Supervisor after notifying necessary agencies

4. COMPANY INTERNAL COMMUNICATIONS

- 
- SHOP PHONE:410-398-1577
- LECCO OFFICE PHONE:410-398-2720

5. EXTERNAL COMMUNICATIONS

- DELAWARE EMERGENCY REPORTING NUMBER:1-800-662-8802 & 302-739-9401
- DNREC:302-832-3100
- EPA :1-800-424-8802
- DE STATE POLICE: 302-739-5901
- DE EPCRA:302-395-2523

6. CLEANUP AND DECONTAMINATION MEASURES

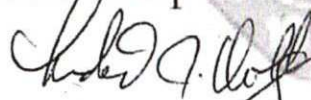
- After Notifying Necessary Agencies, follow any instruction from them first but in emergency dcontainment of spill, once deemed safe to proceed, and proper safety measures observed (PPE, Warning Devices Etc.) Eliminate any potential source of Ignition to combustible material by killing engine and electrical system by disconnecting batteries whether by unhooking cables or if truck has a "deadman" or shutoff switch (Unless CB radio is only form of communication) and quickly survey if there are any catch basins ponds, creeks or other bodies of water nearby, or other pervious surfaces near incident and contain with Oil sock or other absorption materials to consolidate affected area
- If Spill is result of a mechanical failure on the vehicle, if there are provisions to eliminate source of leak by means such as, but not limited to, a shutoff valve, crimping a line, or placing a drain pan under if necessary.
- Once Source of spill has been eliminated and consolidated, place appropriate oil absorption apparatus to be used on the spill and allow it to absorb spill material. If mats are used to soak up heavy spills, be sure to discard of in a sealed, leakproof chemical resistant bag or container for later proper disposal.
- For remaining spill spread an oil absorption agent (Oil Dri, cat litter etc) over the affected area and activate by sweeping it to and fro across to agitate and soak up residual waste material. once agent is spent sweep it up and place spent material into containment apparatus for proper disposal to be executed.
- Coordinate with Responsible Agent from DNREC and/or superceding agencies , others to make sure cleanup is completed satisfactorily, accepted proper disposal of containment apparatus used during incident and observe whether a report, and/or any other further remedial actions shall be deemed necessary.

Cecil County, Maryland

Commercial Refuse Hauler License

This license allows: LEC

To collect and transport, for disposal or recycling, municipal solid waste and/or source-separated recyclable materials, in Cecil County in accordance with Cecil County Code Chapters 285 & 318.



Frederick I. Dollinger, Acting Chief Solid Waste Management Division

This license is valid
from

Date of issue to
June 30, 2025

License Number: 1610

Date of Issue: 07/01/2024



SEPTAGE HAULER PERMIT #HAUL-24-18

**CECIL COUNTY, MARYLAND
DEPARTMENT OF LAND USE & DEVELOPMENT SERVICES
Division of Water & Sewer Planning
(410) 996-5230**

ISSUE DATE: May 16, 2024

EXPIRATION DATE: M

Septage Hauler Permit HAUL-24-18 is here by granted for the use of the following vehicle:

VEHICLE MAKE/MODEL/YEAR: Freightliner/1225D/2018
VEHICLE IDENTIFICATION NUMBER (VIN #): 3ALMGNFG8JDJT0474
LICENSE PLATE: MD4ET7675
SEPTAGE TANK CAPACITY (GAL): 3880
GROSS VEHICLE WEIGHT: 32,000
COMPANY FLEET NUMBER: 69

COMPANY INFORMATION:

LECCO Excavating & Pipeline
P.O. Box 1271
Elkton, MD 21921
443-466-1095


CONDITIONS OF PERMIT ISSUANCE:

This permit is only valid for the vehicle specified above.
Each vehicle must be inspected prior to permit issuance.
Issuance of the Septage Hauler Permit does not release the applicant from acquiring all other applicable federal, state, and local permits.
Failure of the applicant to adhere to the conditions above or failure to maintain adequate vehicle standards will result in the permit being rescinded.

This permit is valid for until the expiration date shown above.

By applying for this permit, you agree that you have carefully examined the information on this application and agree that it is true and correct to the best of your knowledge. In doing the work, all provisions of the Cecil County Codes will be complied with, whether they are known or unknown. The applicant hereby agrees to comply with all the terms, conditions and requirements of the Septage Hauler Permit.

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). *Safety goggles or Glasses*
- (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). *SECURED LOAD Exam.*
 - 2). *LOAD lowered. Check*
- (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: *Joseph Tiley* 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: ~ 1-877-636-2872.
New Jersey: 1-877-427-6337
- (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.

Spill Control Plan.

① Safety Control Spill Equipment.

Ⓐ Absorbent Dry Bag material

Ⓑ Absorbent Blankets / cloth.

Ⓒ PPE FOR DRIVER / OPERATOR

② DRIVER preventative measures.

A) Tarped loads + Safety Tie-down. (Secured load)

B) Double check Safety Latches on unit

C) Correct weight / NOT over loaded.

D) Circle check BEFORE / DURING / AFTER

Arrival of location.

③ DRIVER immediate corrective Actions.

A Utilize Safety Spill Equipment (if Able.)

B Contact Company Safety Team.

C Delaware Spill Control contact Number

D 911

④ Company Internal Communications

LELLO Pipeline Co.
1025 Augustine Herman Hwy.
Elkton, MD. 21921

Contact: Joseph J. Tily.

Office 410-392-2720

cell - [REDACTED]

Email ~~LELLOPipelineCo@lello.com~~

Contact = Matthew J. Tily.

cell - [REDACTED]

⑤ Company External Communications

Davis, DaQuan (DNREC)

From: Joe Tiley <leccopipeline@yahoo.com>
Sent: Friday, September 5, 2025 9:18 AM
To: WHStranporters
Subject: Re: Incomplete Application- Delaware Solid Waste Transporter Permit (Lecco Pipe Line Company LLC)
Attachments: Scan_20250905 (5).png; Scan_20250905 (4).png; Scan_20250905 (4).pdf; Joseph Tiley Date of birth July 9 1967.docx

On Wednesday, September 3, 2025 at 10:44:18 AM EDT, WHStranporters <whstranporters@delaware.gov> wrote:

Hello Mr. Tiley,

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

- **Section 4(b)-** What is your date of birth? (Joseph Tiley)
- **Section 8 (b)-** Does Lecco Pipeline Company LLC possess another state solid waste transporter permit?
- **Section 10-** You did not submit a certificate of insurance. Please provide this form and ensure you have the correct amount of automobile liability insurance, and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section. The address is 89 Kings Highway, Dover, DE 19901.
- **Section 10-** Please provide an MCS-90 endorsement form. The MCS-90 endorsement form policy number must match the one listed on your certificate of insurance for your automotive liability insurance.
- **Section 12-** Please provide driver training or driving experience. Driver training Requirements include:
 - (a). 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);
 - (b). 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.
 - (c). Describe how drivers are instructed in the following:
 - (i) Knowledge of proper handling procedures for the type of solid waste being transported.
 - (ii) Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)
 - (iii) Familiarity with the conditions of the solid waste transporter's permit.

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

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

Thank you,

DaQuan Davis



DaQuan L. Davis

Environmental Scientist

**Division of Waste and Hazardous
Substances**

✓ 302-739-9403

✉ WHStranporters@delaware.gov

✉ 89 Kings Hwy SW, Dover, DE 19901

✉ dnrec.delaware.gov



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-RRA, 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 Lecco Pipe Line Company Llc of Maryland 2288562
(Motor Carrier name) (Motor Carrier state or province) (USDOT Number)

Dated at 1:00 pm on this 4th day of September, 2025

Amending Policy Number: CA 0054905 Effective Date: 09/03/2025

Name of Insurance Company: Agency Insurance Co. of Maryland

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 \$ 1,000,000.00 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: 800-492-5629.

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

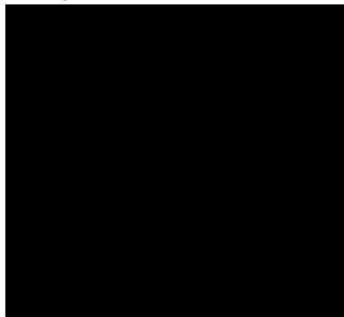
*The schedule of limits shown does not provide coverage. The limits shown in the schedule are for information purposes only.

***Joseph Tiley Date of birth



***Another state Lecco pipeline company possess solid waste permit is in **Maryland**

***List of operators



LECCO Pipeline Driver Training

Lecco Pipeline Co LLC is a company that is part of the National DOT Drug testing program with drug testing at random. We have weekly tail gate meetings to go over everything from the week prior to the upcoming week as well. We also get weekly emails keeping up to date on license validation through the motor vehicle and DOT. We have 3 drivers, they are listed as Joseph Tiley, Matthew Tiley, and Ronald Fortin. Joes father was in the excavating business while Joe was growing up and having been around large trucks since youth, he developed a familiarity and understanding of driving, he has been a valid CDL driver for 42 years. Joe owns and operates Tractor Trailers, Dump Trucks, and Septic Pumping Trucks. Matthew Tiley holds a Class A license. He has had a clean record since obtaining it in 2019. Ronald Fortin has had years of experience with our company driving many of our trucks and trailers in addition to experience he was trained through Cecil County Maryland Cecil College obtaining his CDL. Being a small company with an owner operator, it is much simpler to keep track of moving violations and spill control plan familiarity vs. a larger fleet with numerous drivers.

VEHICLE INFORMATION - See Item 13 of the application.

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

[illegible]



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/03/2025

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 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 Jones Insurance Agency 272 Mackall St Elkton MD 21921	CONTACT NAME: Tricia Brown PHONE (A/C No. Ext): 410-398-4464 FAX (A/C No.): 410-398-7627 E-MAIL: jonesinsuranceagencyinc@hotmail.com ADDRESS: jonesinsuranceagencyinc@hotmail.com
INSURED JOE TILEY DBA LECCO PIPE LINE CO LLC/ LECCO EXCAVATING 85 BRICK HILL RD Elkton MD 21921	INSURER(S) AFFORDING COVERAGE INSURER A: NATIONWIDE MUTUAL INSURANCE COMPANY NAIC # 23787 INSURER B: NATIONWIDE MUTUAL FIRE INSURANCE 23779 INSURER C: PROGRESSIVE 24260 INSURER D: OHIO CASUALTY INSURANCE 24074 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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		ACP GLO 2405976417	12/18/2024	12/18/2025	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 1,000,000
C	AUTOMOBILE LIABILITY		CA 0054905	01/21/2025	01/21/2026	GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> ANY AUTO					PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS				
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
B	UMBRELLA LIAB	<input type="checkbox"/> OCCUR	ACP WC 2405976417	12/18/2024	12/18/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				BODILY INJURY (Per person) \$
	DED	RETENTION \$				BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N	ACP WCF 2405976417	12/18/2024	12/18/2025	Ded \$ 1,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> N/A				EACH OCCURRENCE \$ 3,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					AGGREGATE \$
D	Inland Marine-Cont.Equip. Theft-Included		BMO2161434934	05/15/2025	05/15/2026	<input checked="" type="checkbox"/> WC STATUS: [] 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

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

CERTIFICATE HOLDER Department of Natural Resources and Environmental Control 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 Tricia Brown
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ACORD 25 (2010/05)

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