

# RECEIPT

DATE

9/23/25

No.

743646

RECEIVED FROM

Keystone Med Waste Solutions

\$

1550.00

One thousand five hundred &amp; fifty and 00/100

DOLLARS

☐ FOR RENT☒ FOR

DE-SW-2091

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY  
ORDER☐ CREDIT  
CARD

FROM

1018

TO

BY

AG



DELAWARE DEPARTMENT OF  
**NATURAL RESOURCES AND  
ENVIRONMENTAL CONTROL**

RECEIVED

SEP 22 2025

DNREC - WHS

89 Kings Highway  
Dover, DE 19901  
302-739-9403  
dnrec.delaware.gov

## 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.

**X** Renewal: Permit # DE-SW- 2091\_\_\_\_\_Expiration Date Dec 31st 2025\_\_\_\_\_

Please indicate the term for which you desire your permit to be issued. Submit a check or money order, payable to the "State of Delaware," for the indicated permit fee.

#### 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
- X** Five Years - \$1550.00



**5. Company locations in Delaware**

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

☐ Attachment \_\_\_\_\_

X 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 \_\_\_\_\_

X 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) \_\_\_\_\_

X 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 X No

(c). If you answered "YES" to question 7.b., above, does your company provide recycling services to those customers? ☐ Yes ☐ No X 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) F

## 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 B

☐ No transporter permits in other states

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

DOT# 4262293 \_\_\_\_\_ MC# 1653944 \_\_\_\_\_

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

## 10. Proof of Financial Responsibility

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

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



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

	<b>FOR-HIRE INTERSTATE</b>	<b>ALL OTHERS</b>
Residential Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Industrial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Dry Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input 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 that 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 **E**

## 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 **C**

**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  Date 09/11/2025

Print Name Rand LeMarinel Title Director National Operations

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

VEHICLE INFORMATION - See Item 13 of the application.

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

[illegible]



## SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

- (1) Spill control and safety equipment carried in each vehicle:
  - 1). Reflectors and/or flares
  - 2). Fire extinguisher
  - 3). First aid kit
  - 4). Heavy-duty gloves, hard hat
  - 5). Flashlight
  - 6). Spill Kit
  - 7). PPE
- (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). Daily vehicle pre trip inspections
  - 2). Daily spill kit contents and PPE inspections
- (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: **Rand Lemarinel** Phone: **276-618-3123**
- (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: 911 or 877-636-2872 or 410-517-3600**  
**New Jersey: 911 or 877-237-8411 or 609-882-2000**
- (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.



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/15/2025

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).

<b>PRODUCER</b> Progressive Insurance PO Box 94739, Cleveland, OH 44101	<b>CONTACT</b> NAME: Progressive Commercial Lines Customer and Agent Servicing	
	PHONE (A/C, No, Ext): 1-800-444-4487	FAX (A/C, No):
<b>INSURED</b> KEYSTONE MED WASTE SOLUTIONS LLC 613-D LIBERTY ST MARTINSVILLE, VA 24114	E-MAIL ADDRESS: progressivecommercial@email.progressive.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A : Progressive Northern Insurance Company	
	INSURER B :	
	INSURER C :	
	INSURER D :	
INSURER E :		
INSURER F :		
NAIC # 38628		

### COVERAGES

CERTIFICATE NUMBER: 512659751930540548D091525T184735


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
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <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	N	N	984297702	07/23/2025	07/23/2026	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	See ACORD 101 for additional coverage details.	N	N	984297702	07/23/2025	07/23/2026	\$

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

### CERTIFICATE HOLDER

Dept of Natural Resources & Environmental Control & Compliance/Permitting Section 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 

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Please note, the expiration date as stated on this form relates to the process for renewing the Information Collection Request for this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not expire. For questions, please contact the Office of Registration and Safety Information, Registration, Licensing, and Insurance Division.

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0008. Public reporting for this collection of information is estimated to be approximately 2 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.

**U.S. Department  
of Transportation**

Federal Motor Carrier  
Safety Administration

OMB No: 2126-0008  
Expiration: 05/31/2024  
Form MCS-90 Revised 06/03/2021

USDOT Number: 4262293 Date Received: \_\_\_\_\_

**FORM MCS-90  
ENDORSEMENT FOR MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY  
UNDER SECTIONS 29 AND 30 OF THE MOTOR CARRIER ACT OF 1980**

Issued to KEYSTONE MED WASTE SOLUTIONS LLC

(Motor Carrier name)

of 613 LIBERTY ST # 2D MARTINSVILLE, VA 24112

(Motor Carrier state or province)

Dated at 01:33 PM on this 14th day of May, 2025

Amending Policy Number: CA 984297702 Effective Date: 05/14/2025

Name of Insurance Company: Progressive Northern Insurance Co

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: 1-800-895-2886.

Cancellation of this endorsement may be effected by the company of 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, D.C.).

**Filings must be transmitted online via the Internet at <http://www.fmcsa.dot.gov/urs>**

**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.

#### 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 10,000 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 10,000 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 10,000 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 10,000 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.

**Attachment: A**

Parent Company:

Redwood Holding, LLC  
302 E. Washington St #1134  
Monroe, GA 30655

Ownership = 100%

**Attachment: B**

**Additional State Permits:**

Maryland

Pennsylvania



State of Maryland <b>DEPARTMENT OF THE ENVIRONMENT</b>		
<u>December 18, 2024</u>	<u>November 30, 2025</u>	<u>SMH 172</u>
<small>EFFECTIVE DATE</small>	<small>EXPIRATION DATE</small>	<small>SMW HAULER NUMBER</small>
 <b>SPECIAL MEDICAL WASTE (SMW) HAULER CERTIFICATE</b>		
The Maryland Department of the Environment has issued this certification to		
<u>Keystone Med Waste Solutions, LLC</u>		
to transport SMW in Maryland		
This certificate is issued pursuant to the provisions of §7-252 of the Environment Article, <u>Annotated Code of Maryland</u> .		
	<b>Maryland</b> Department of the Environment	 Edward Dexter, Administrator, Solid Waste Program

SEE REVERSE FOR ADDITIONAL CONDITIONS -

2510-CD-ERM0056B      REV. 04/00      PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
REGULATED MEDICAL AND CHEMOTHERAPEUTIC TRANSPORTER LICENSE

PA-HC0294

AUTHORIZATION NO.

11/30/2026

EXPIRATION DATE

3

NO. OF COPIES

-VOID UNLESS VALIDATED  
VALIDATED  
10/29/2024

NAME & ADDRESS OF LICENSEE KEYSTONE MED WASTE SOLUTIONS LLC 613D LIBERTY ST MARTINSVILLE VA 24112-1808	
BUSINESS PHONE NO. 540-240-9995	24-HOUR PHONE NO. 276-229-8878



THIS LICENSE AUTHORIZES THE LICENSEE TO  
TRANSPORT REGULATED MEDICAL AND  
CHEMOTHERAPEUTIC WASTES WHICH ARE  
NOT "HAZARDOUS WASTES" UNDER  
PENNSYLVANIA REGULATIONS.

**Attachment: C**

**Driver Training Certificates**

***PAYCHEX<sup>®</sup> FLEX***

CERTIFICATE OF ACHIEVEMENT

AWARDED TO

**Shantina Callaway**

FOR COMPLETING

**Safety: Bloodborne Pathogens Including  
Personal Protective Equipment**

COMPLETION DATE

January 14, 2025

SCORE

100%

***PAYCHEX® FLEX***

CERTIFICATE OF ACHIEVEMENT

AWARDED TO

**Richard Dupree**

FOR COMPLETING

**Safety: Bloodborne Pathogens Including  
Personal Protective Equipment**

COMPLETION DATE

August 29, 2025

SCORE

100%

## **Attachment: D**

### **List of Drivers:**

**Shantina Callaway**

**Richard Dupree**

### **Driver Qualification**

**Drivers are required to maintain a clean driving record and be licensed for the type of vehicle assigned to them (CDL or Non CDL).**

**Motor Vehicle Record checks are completed annually.**

**Bloodborne Pathogens Certification is required pre-employment and annually.**

**Spill control training is required pre employment and annually.**

**Spill control plan is carried in each vehicle**



**Attachment: E**

**Spill Control Plan**



**4140 Taggart Creek Rd  
Charlotte, NC 28208  
540-240-9995**

# **DELAWARE**

## **INFECTIOUS WASTE OPERATING PLAN**

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## **PURPOSE:**

### **Keystone Med Waste Solutions, LLC 4140 Taggart Creek Rd Charlotte, NC 28208**

Keystone Med Waste Solutions, LLC operates a fleet of modern, licensed vehicles employed in the transportation of, and the remedial response to emergencies related to regulated and biomedical wastes.

All vehicles are equipped with spill kits that meet or exceed regulations and are maintained aboard each vehicle to respond to a spill of that particular vehicle's full waste capacity and waste type. All vehicle operators are trained to carry out comprehensive remedial actions in the event of a spill or release of regulated medical or biomedical waste into the environment.

Keystone Med Waste Solutions, LLC can dispatch 24-hours daily with additional emergency vehicles to a spill site to assist an involved vehicle and operator at an incident site. Since vehicles are equipped with cellular phones, and as well, all daily regularly scheduled vehicle routes are monitored, emergency response vehicles can be dispatched from a variety of locations (see emergency equipment below).

Upon notification of an emergency incident, and the nature of the incident, an immediate decision is made by the emergency coordinator whether to dispatch additional vehicles and trained personnel to the incident site or, under the known appropriate circumstance, to allow the involved operator to conduct clean up activity and file his/her incident report. The emergency coordinator will decide upon whom, the involved operator or the emergency coordinator, shall perform remedial tasks.

All spill areas to be sectioned off with yellow caution/biohazard safety tape and appropriate personal protective equipment applied. There upon immediate clean-up procedures shall commence. All waste not spilled, or involved, shall be secured to prevent further potential contamination. Clean-up procedures include, depending upon the circumstances of the spill or involvement.

- All spilled waste is to be collected by means that facilitates rapid containment and minimizes occupational hazards and environmental contamination. All spilled wastes are to be contained and sealed in red bags and leak proof, rigid fiber and corrugated containers.

- Decontamination procedure shall be conducted upon all exposed hard surfaces as required and allowed by regulations including equipment used in clean-up activity. All disposable equipment shall be separately sealed and contained in a manner that minimizes occupational hazards. Reusable emergency equipment shall be secured for transport.
- All clean-up procedures shall be documented and recorded in writing.
- All contained wastes, emergency equipment and the involved vehicle(s) shall return to Keystone Med Waste Solutions, LLC facility for vehicle and equipment decontamination and incineration of all wastes at an appropriate site as permitted by regulation.

**Primary emergency coordinator:**

**Rand LeMarinel**

**Director of National Operations**

**Phone: (540) 240-9995 During business hours**

**Phone: (864) 365-1589864 24/7 after hours**

**Secondary emergency coordinator**

**Bruce Halstengard**

**Senior Manager of Logistics and Transportation**

**Phone: (540) 240-9995 Business Hours**

**Phone: (864) 365-1589 24/7 after hours**

At least one emergency coordinator shall be available whenever vehicles have been dispatched/scheduled or in route for the transportation of regulated medical waste. The emergency coordinator has full authority to commit any resources he/she deems necessary in order to carry out this Contingency Plan.



## **LIST OF EMERGENCY RESPONSE** **AGENCIES**

**Delaware State Emergency Response Team**  
**911 or 302-739-9401 or 1-800-662-8802**

**Maryland Emergency Response Team**  
**911 or 410-517-3600 or 1-877-636-2872**

**New Jersey Emergency Response Team**  
**911 or 609-882-2000 or 1-877-237-8411**

## **DRIVER REQUIREMENTS:**

- Drivers are required to be licensed for the type of vehicle they will be operating (CDL or non CDL).
- Drivers are required to be vaccinated against Tetanus and Hepatitis B.
- Drivers are required to maintain a current and valid DOT Medical Card.
- Drivers licenses are checked pre-employment and annually.
- Drivers must be trained annually on Biomedical Waste Management via training videos.
- Drivers are required to participate in Bloodborne Pathogens training and obtain a certificate of completion annually.
- Drivers are required to maintain and document a log that will contain waste amounts, dates and signatures to verify pick up and delivery.
- Drivers are required to perform a daily pre-trip inspection on vehicle condition.
- Drivers are required to perform a daily pre-trip inspection on the spill kit supplies and PPE.

## **Containment:**

- Red bags for containment of infectious waste will comply with the physical properties.
- Drivers equipped with an ample supply of biomedical waste bags and boxes.
- Drivers carry an emergency kit in the cab of the truck containing the following supplies:
  - Reflectors and/or flares
  - Fire extinguishers
  - First aid kit
  - Heavy-duty gloves
  - Flashlight
  -

### **Spill Kit Contents:**

Absorbent Pads

Absorbent containment barriers

Heavy duty rubber gloves

Nitrile gloves

Disinfectant spray

Dust pan and broom

### **Personal Protective Equipment:**

Heavy duty rubber gloves

Safety Goggles

Rubber boot coverings

Hazmat suit

Nitrile gloves

**Containment:**

- Red bags, sharps containers, and other containers of infectious waste, when sealed, will not be reopened. Ruptured or leaking packages of infectious waste will be placed into a larger container without disturbing the original seal.

**Labeling:**

- All sealed infectious waste red bags and sharps containers will be labeled with the facility's name and address prior to transport.
- Outer Containers are labeled with our name, address, registration number and 24-hour phone number.

## **Protocol For Spills Inside Truck**

- Step 1:** Put your PPE on (protective equipment)
- Step 2:** Identify the substance
- Step 3:** Using absorbent pads and bumpers from your spill kit, contain the spill.
- Step 4:** Once all liquid is absorbed, place all contaminated pads, bumpers and anything else used to absorb into the empty spill kit container.
- Step 5:** Put contaminated, shovel, broom, dustpan into the spill kit container also.
- Step 6:** Using antibacterial solution, spray all contaminated surfaces and let it sit for 5 minutes.
- Step 7:** Using absorbent pads or paper towels, clean up the solution and place materials into the spill kit container .
- Step 8:** Spray floor of truck with antibacterial solution again.
- Step 9:** Remove all PPE and place into the spill kit container.
- Step 10:** Place the spill kit container into a new biowaste box, bin or bag.

- Step 11:**     **Secure package inside of truck using E-trac cargo straps.**
- Step 12:**     **Complete the incident report and send to management**

## **Large Spill Protocol**

- Step 1:**     **Evacuate the area if necessary**
- Step 2:**     **Seal off the area using caution tape**
- Step 3:**     **Contact Management at 540-240-9995, if after hours  
                  contact Emergency Response Coordinator  
                  at 276-229-8878**
- Step 4:**     **Contact Montana's DES Duty Officer 24 hrs  
                  406-431-0411**
- Step 5:**     **Put on your PPE (protective equipment)**
- Step 6:**     **Use the spill kit bumpers to contain the spill**
- Step 7:**     **Be available to provide assistance to the emergency  
                  response team if necessary.**
- Step 8:**     **Dispose of contaminated materials into the spill kit  
                  container and/or waste bags, bins, and boxes.**
- Step 9:**     **Using antibacterial solution, disinfect the  
                  contaminated areas.**
- Step 10:**    **Complete the Keystone Incident Report and send  
                  to management.**



# **INFECTIOUS WASTE SPILL REPORT FORM**

**Instructions:** Use this form to report any biohazard, spills or any other occurrence that presents a safety concern regarding biomedical waste or sharps. This form must be completed by the person involved in the incident. Please fill out the requested information as appropriate, then email the completed form to Rand@keystonemedwaste.com or Bruce@keystonemedwaste.com as soon as practical.

## **I. REPORT INFO**

Report Date:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## **II. INCIDENT INFO**

Date and time of incident: \_\_\_\_\_

## **III. INCIDENT DETAILS**

### **A. TYPE OF SPILL (select all that apply)☑**

☐ Sharps injury (needlestick, puncture, cut, scratch)

☐ Splash onto clothing or skin

☐ Spill

☐ Other (describe): \_\_\_\_\_

### **B. Materials involved (select all that apply)☑**

☐ Infectious Waste

☐ Sharps

☐ Other (describe): \_\_\_\_\_

### **C. Narrative**

Please describe the incident (exactly what happened, how it happened, any exposures/injuries, first aid or medical attention sought, cleanup/containment actions, notifications, etc).

### **III. FOLLOW UP**

Please describe any further follow-up planned, including the actions you will take to prevent a similar incident in the future (specific procedural or equipment changes, review/retraining, etc.).

Signature (electronic is acceptable):

**Attachment: F**

**Out of State Solid Waste Treatment, Storage  
and Disposal Facility:**

**Daniels Healthcare  
1851b Chespark Dr  
Gastonia, NC 28052**

## Davis, DaQuan (DNREC)

---

**From:** Rand LeMarinel <rand@keystonemedwaste.com>  
**Sent:** Thursday, September 25, 2025 12:06 PM  
**To:** WHStransporters  
**Cc:** Debbie Desiderato; lilas@keystonemedwaste.com  
**Subject:** Re: DE Solid Waste Transporter Permit Application  
**Attachments:** Delaware Packet (3).pdf

Hello DaQuan,

Thanks for reaching out! See below.

1. Section 4(b) - ownership has not changed. See attached for the same document that we submitted last year
2. Section 13 - All vehicles are registered in the state of Virginia
3. It should already be signed by myself.

Let me know if you need anything else.

Best,

Rand

On Wed, Sep 24, 2025 at 8:03 AM WHStransporters <[WHStransporters@delaware.gov](mailto:WHStransporters@delaware.gov)> wrote:

Hello Mr. LeMarinel,

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)-** The corporate officer information was not submitted. It should include the dates of birth, ownership percentages, titles, and preferred mailing addresses of the corporate officers. Please update this information and resend it.
- **Section 13-** What state are the vehicles registered in?
- **Section 16-** Please have a corporate officer list from 4(b) sign and date the application.

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

Thank you,

DaQuan Davis



**DaQuan L. Davis**

Environmental Scientist

**Division of Waste and Hazardous  
Substances**

☎ 302-739-9403

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

📍 89 Kings Hwy SW, Dover, DE 19901

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



**Rand LeMarinel**

Director of National Operations

P: (720) 807-9541

E: [rand@keystonemedwaste.com](mailto:rand@keystonemedwaste.com)

**Attachment A:**

**B. Ownership:**

**Name: Adrienne Quintana**

**Title: CEO**



**Mailing Address: 302 E. Washington St. #1134  
Monroe, Georgia 30655**

**Percentage of Ownership: 100%**

**C. Parent Company Name:**

**Redwood Holding, LLC**

**302 E. Washington St. #1134**

**Monroe, Georgia 30655**

**Percentage of ownership: 100%**



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/09/2024

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).

<b>PRODUCER</b> Progressive Insurance PO Box 94739, Cleveland, OH 44101	<b>CONTACT</b> NAME: Progressive Commercial Lines Customer and Agent Servicing PHONE (A/C, No, Ext): 1-800-444-4487 FAX (A/C, No): E-MAIL ADDRESS: progressivecommercial@email.progressive.com														
<b>INSURED</b> KEYSTONE MED WASTE SOLUTIONS 613 LIBERTY ST # 2D MARTINSVILLE, VA 24112	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : Progressive Northern Insurance Company</td><td>38628</td></tr><tr><td>INSURER B :</td><td></td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Progressive Northern Insurance Company	38628	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

### COVERAGES

CERTIFICATE NUMBER: 512659751930540548D100924T201509

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
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <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	N	N	984297702	07/23/2024	07/23/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
A	See ACORD 101 for additional coverage details.	N	N	984297702	07/23/2024	07/23/2025	\$

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

### CERTIFICATE HOLDER

Department of Natural Resources and  
Environmental Control  
89 King 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

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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_

**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY Progressive Insurance		NAMED INSURED KEYSTONE MED WASTE SOLUTIONS 613 LIBERTY ST # 2D MARTINSVILLE, VA 24112
POLICY NUMBER 984297702		
CARRIER Progressive Northern Insurance Company	NAIC CODE 38628	EFFECTIVE DATE: 07/23/2024

**ADDITIONAL REMARKS**

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

**Description of Location/Vehicles/Special Items****Scheduled autos only**

2017 HINO 258/268 5PVNJ8JV9H4S65886

Comprehensive

\$1,000 Ded

Collision

\$1,000 Ded

Uninsured Motorist BI/PD

\$1,000,000 Combined Single Limit w/\$200 Ded

Liability coverage may not apply to all scheduled vehicles.