

RECEIPT

DATE

12/08/25

No.

635810

RECEIVED FROM

Complete Recycling Group LLC

\$

75.00

Seventy five and 00/100

DOLLARS

☐ FOR RENT☒ FOR

New DE-SW-2176

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY
ORDER☐ CREDIT
CARD

FROM

040811

TO

BY

M.M.

3-11



RECEIVED

DEC 08 2025

DNREC - WHS

Dear Mr. Davis,

Complete Recycling Group, LLC acknowledges receipt of the Notice of Violation dated November 24, 2025, regarding operating without a valid Delaware solid waste transporter permit. Please accept the following response and statements of compliance:

1. Description of Events

Complete Recycling Group, LLC transported scrap tires to Scrap Tire Solution, LLC in Wilmington, Delaware on the dates listed in the Notice. At the time of transport, CRG did not possess a Delaware solid waste transporter permit. This occurred due to a misunderstanding regarding permit requirements for interstate operations and was not done with intent to violate state regulations.

2. Confirmation of Immediate Compliance

Upon receipt of the Notice of Violation, Complete Recycling Group, LLC immediately ceased all transportation of scrap tires within the State of Delaware.

3. Acknowledgment of Future Compliance & Application Status

Complete Recycling Group, LLC acknowledges that it will not transport scrap tires or any solid waste within the State of Delaware unless and until a valid Delaware solid waste transporter permit has been issued.

CRG has submitted its Delaware Solid Waste Transporter Permit application and is currently awaiting issuance of the permit. A copy of the completed application and proof of mailing are enclosed.

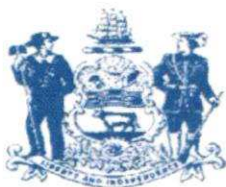
Upon issuance of the permit, CRG will promptly provide the permit number to your office.

Please let us know if any additional documentation or information is required. We appreciate your guidance and the opportunity to come into compliance.

Thank you,

A handwritten signature in black ink, appearing to read 'Richard Polansky'.

Richard Polansky
Principal



RECEIVED

DEC 08 2025

DNREC - WHS

STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL
DIVISION OF WASTE AND HAZARDOUS SUBSTANCES
COMPLIANCE AND PERMITTING SECTION

89 KINGS HIGHWAY
DOVER, DELAWARE 19901

TELEPHONE: (302) 739-9403
FAX: (302) 739-5060

SOLID WASTE TRANSPORTER PERMIT APPLICATION

Language Preference:

Instructions: You must complete this application in its entirety and attach all applicable documentation. (Note: For applicants renewing an existing permit, this application requires the submission of updated information and documentation. References to material submitted under previous applications are no longer accepted.)

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

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

1. Type of Permit

- ☒ New – **SCRAP TIRES ONLY** Submit a check or money order, payable to the "State of Delaware," in the amount of \$75.00.
- ☐ New – **ALL OTHERS** Submit a check or money order, payable to the "State of Delaware" in the amount of \$350.00.
- ☐ Renewal: Permit # DE-SW- _____ Expiration Date _____

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

SCRAP TIRES ONLY

- ☐ One Year - \$75.00
- ☐ Two Years - \$125.00
- ☐ Three Years - \$175.00
- ☐ Four Years - \$225.00
- ☒ Five Years - \$275.00

ALL OTHERS

- ☐ One Year - \$350.00
- ☐ Two Years - \$650.00
- ☐ Three Years - \$950.00
- ☐ Four Years - \$1250.00
- ☐ Five Years - \$1550.00

2. Release to Public

Do you wish to be included on the list of transporters that is provided to persons requesting a list of Delaware permitted solid waste transporters? ☒ Yes ☐ No

3. Company Information

Company Name Complete Recycling Group LLC

Location Address:	Mailing Address:
3040 Pulaski Hwy, North East MD 21921	1500 W Pulaski Hwy, Elkton, MD 21921
1500 W Pulaski Hwy, Elkton, MD 21921	" "
929 W Pulaski Hwy, Elkton, MD 21921	" "

Contact: Richard Polansky Title: Principal

Business Phone: 410-398-6727 Fax: 866-670-8702

E-mail: rick@crgx.com

24 hr Emergency Contact Phone: 443-309-4774

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.

50% Richard Polansky, Principal
70% Chamare Polansky, Owner

30% Joseph Polansky, V.P.
(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 _____
- ☐ Not applicable-No transporter permit required for these solid waste types in our home state.

- (b). List solid waste transporter permits held in other states.

☐ Attachment _____

☒ No transporter permits in other states

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

DOT# 2557009 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 type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Industrial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Dry Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Ash	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Infectious Waste	\$1,000,000.00 + MCS-90 <input type="checkbox"/>	\$750,000.00 + MCS-90 <input type="checkbox"/>
Non-Hazardous Petroleum	\$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 checked="" 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 N/A

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 ✓

Licensing & Training Requirements

All drivers are required to maintain a valid driver's license appropriate for the class of vehicle being operated. All drivers who operate commercial vehicles hold a valid Commercial Driver's License (CDL) when required by law, including any required endorsements.

Driving Record Review & Disciplinary Policy

Driver motor vehicle records are reviewed at time of hire and periodically thereafter.

The company maintains a progressive discipline policy which may include:

- Verbal warnings
- Written warnings
- Mandatory retraining
- Suspension or termination for repeated or serious violations

Drivers are subject to corrective action based on traffic violations, unsafe driving behavior, or failure to comply with company policies.

MARYLAND DEPARTMENT OF THE ENVIRONMENT



Wes Moore
Governor

Land and Materials Administration • Resource Management Program
1800 Washington Boulevard • Suite 610 • Baltimore, Maryland 21230-1719
410-537-3314 • 800-633-6101 x3314 • www.mde.maryland.gov



Serena McIlwain
Secretary

Scrap Tire Hauler License Number: 2024-RTH-11817

ISSUE DATE: September 19, 2024

EXPIRATION DATE: September 18, 2029

IDENTIFICATION NUMBER: 24H11817

Issued to: Complete Recycling Group, LLC

At: 929 West Pulaski Highway, Elkton, Cecil County, MD 21921

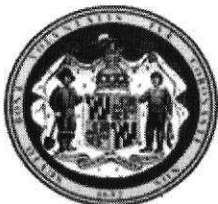
Authorizing: The transportation of scrap tires in the State of Maryland to or from scrap tire facilities licensed or approved by the Maryland Department of the Environment, and as specified in your application of March 18, 2024.

This license is issued pursuant to the provisions of Title 9 of the Environment Article, Annotated Code of Maryland, and regulations promulgated thereunder, and are subject to the attached terms and conditions, and compliance with all applicable laws and regulations.

A handwritten signature in cursive script that reads "Bradley Baker".

Bradley Baker, Administrator
Resource Management Program

MARYLAND DEPARTMENT OF THE ENVIRONMENT



Wes Moore
Governor

Land and Materials Administration • Resource Management Program
1800 Washington Boulevard • Suite 610 • Baltimore, Maryland 21230-1719
410-537-3314 • 800-633-6101 x3314 • www.mde.maryland.gov



Serena Mellwain
Secretary

Scrap Tire Hauler License Number: 2024-RTH-11823

ISSUE DATE: October 5, 2024

EXPIRATION DATE: October 4, 2029

IDENTIFICATION NUMBER: 24H11823

Issued to: Complete Recycling Group, LLC

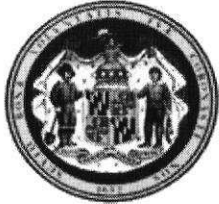
At: 1500 West Pulaski Highway, Elkton, Cecil County, MD 21921

Authorizing: The transportation of scrap tires in the State of Maryland to or from scrap tire facilities licensed or approved by the Maryland Department of the Environment, and as specified in your application of September 23, 2024.

This license is issued pursuant to the provisions of Title 9 of the Environment Article, Annotated Code of Maryland, and regulations promulgated thereunder, and are subject to the attached terms and conditions, and compliance with all applicable laws and regulations.

Bradley Baker, Administrator
Resource Management Program

MARYLAND DEPARTMENT OF THE ENVIRONMENT



Wes Moore
Governor

Land and Materials Administration • Resource Management Program
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410-537-3314 • 800-633-6101 x3314 • www.mde.maryland.gov



Serena McIlwain
Secretary

Scrap Tire Hauler License Number: 2024-RTH-11822

ISSUE DATE: October 5, 2024

EXPIRATION DATE: October 4, 2029

IDENTIFICATION NUMBER: 24H11822

Issued to: Complete Recycling Group, LLC

At: 3040 West Pulaski Highway, Elkton, Cecil County, MD 21921

Authorizing: The transportation of scrap tires in the State of Maryland to or from scrap tire facilities licensed or approved by the Maryland Department of the Environment, and as specified in your application of September 23, 2024.

This license is issued pursuant to the provisions of Title 9 of the Environment Article, Annotated Code of Maryland, and regulations promulgated thereunder, and are subject to the attached terms and conditions, and compliance with all applicable laws and regulations.

Bradley Baker, Administrator
Resource Management Program



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/2/2025

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

Ford & Associates Insurance LLC
3527 E Joppa Road
Baltimore Md 21234

CONTACT

NAME: Terri Hammer

PHONE

(A/C, No. Ext): 410-882-0077

E-MAIL

ADDRESS: terrihammer@comcast.net

FAX

(A/C, No): 410-668-3470

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Northfield Insurance

INSURER B: Progressive Insurance Co

INSURER C: Indemnity Insurance Co of North America

INSURER D: Liberty Mutual Insurance

INSURER E:

INSURER F:

INSURED

Complete Recycling Group LLC
et al
1500 W. Pulaski Hwy
Elkton, MD 21921

MD 21921

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WYO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		WS642272	2/4/2025	2/4/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$
B	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		03234018	2/4/2025	2/4/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$		XS 0001176 25	2/4/2025	2/4/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	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				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
D	Equipment (property coverage including theft)		BMW 5832 4673	2/11/2025	2/11/2026	Equip Limit 3,226,382 Leased/rented Limit 250,000

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

CERTIFICATE HOLDER

CANCELLATION

Proof of coverage

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

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

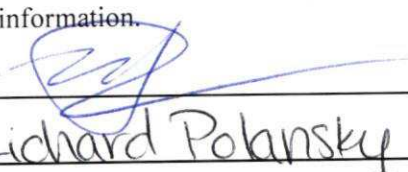
15. Environmental Record

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 12/04/25
Print Name Richard Polansky Title Principal

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

VEHICLE INFORMATION

MAKE	MODEL	YEAR	TYPE	VIN#	LICENSE PLATE	STATE OF REGISTRATION	MFGR'S GVWR	OWNERSHIP
PTRB		2019	DUMP TRUCK	2NP3LJ0X9KM262993	339ED83	MD	55,000	COMPLETE RECYCLING GROUP
PTRB		2022	DUMP TRUCK	1NPCXPEX6ND784846	345ED91	MD	70,000	COMPLETE RECYCLING GROUP
PTRB		2022	DUMP TRUCK	1NPCXPEX8ND784847	373ED63	MD	70,000	COMPLETE RECYCLING GROUP
FRHT		2006	WRECKER	1FUJC5DE06HW19022	008TE84	MD	69,000	COMPLETE RECYCLING GROUP

Davis, DaQuan (DNREC)

From: Rose Benjamin <RoseB@crgx.com>
Sent: Monday, December 15, 2025 11:11 AM
To: Davis, DaQuan (DNREC)
Subject: RE: Response to Notice of Violation dated November 24, 2025
Attachments: Complete Recycling Group cert Dept of Nat Resources DE Dec 2025.pdf; Spill Control Plan.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Good morning,

Currently, Complete Recycling Group, LLC transports scrap tires in Delaware exclusively to Scrap Tire Solutions. Attached is an updated Certificate of Insurance that includes the Department of Natural Resources and Environmental Control as the Certificate Holder at the requested address.

Also attached is the completed spill control plan and an emergency contact list.

The following individuals may operate vehicles transporting scrap tires:

- Bill McDougal
- William Mpiani
- Dereck Davis

Please let me know if any additional information is needed or if anything requires further clarification.

Thank you,

Rose Benjamin
Staff Accountant
Complete Recycling Group LLC
1500 W. Pulaski Hwy, Elkton MD 21921
RoseB@crgx.com
Office 410.398.6727 EXT. 116
Fax 866.670.8702



From: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov>
Sent: Friday, December 12, 2025 10:50 AM
To: Rose Benjamin <RoseB@crgx.com>
Subject: RE: Response to Notice of Violation dated November 24, 2025

Hello Ms. Benjamin,

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 8(b)**- Does Complete Recycling Group LLC only use Scrap Tire Solutions for their tire disposal? If not, please provide all disposal facilities.
- **Section 10**- Provide an updated Certificate of Insurance and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section. The address is 89 Kings Highway SW, Dover, DE 19901.
- **Section 11**- Please provide the spill control plan. I have attached one. Please provide an emergency coordinator and pre-trip inspection when hauling.
- **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
✉️ WHStransporters@delaware.gov
📍 89 Kings Hwy SW, Dover, DE 19901
🌐 dnrec.delaware.gov



From: Rose Benjamin <RoseB@crgx.com>
Sent: Friday, December 5, 2025 10:16 AM
To: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov>
Cc: Richard Polansky <Rick@crgx.com>
Subject: Response to Notice of Violation dated November 24, 2025

Dear Mr. Davis,

Complete Recycling Group, LLC acknowledges receipt of the Notice of Violation dated November 24, 2025, regarding operating without a valid Delaware solid waste transporter permit. Please accept the following response and statements of compliance:

1. Description of Events

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2. Confirmation of Immediate Compliance

Upon receipt of the Notice of Violation, Complete Recycling Group, LLC immediately ceased all transportation of scrap tires within the State of Delaware.

3. Acknowledgment of Future Compliance & Application Status

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Upon issuance of the permit, CRG will promptly provide the permit number to your office.

Please let us know if any additional documentation or information is required. We appreciate your guidance and the opportunity to come into compliance.

Thank you,

Rose Benjamin

Staff Accountant

Complete Recycling Group LLC

1500 W. Pulaski Hwy, Elkton MD 21921

RoseB@crgx.com

Office 410.398.6727 EXT. 116

Fax 866.670.8702





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/12/2025

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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 Ford & Associates Insurance LLC 3527 E Joppa Road Baltimore Md 21234		CONTACT NAME: Terri Hammer PHONE (A/C, No, Ext): 410-882-0077 E-MAIL ADDRESS: terrihammer@comcast.net FAX (A/C, No): 410-668-3470		
INSURED Complete Recycling Group LLC et al 1500 W. Pulaski Hwy Elkton, MD 21921 MD 21921		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : Northfield Insurance		
		INSURER B : Progressive Insurance Co		
		INSURER C : Indemnity Insurance Co of North America		
		INSURER D : Liberty Mutual Insurance		
		INSURER E :		
INSURER F :				

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			WS642272	2/4/2025	2/4/2026	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			03234018	2/4/2025	2/4/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
			BODILY INJURY (Per person) \$				
			BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$			XS 0001176 25	2/4/2025	2/4/2026	EACH OCCURRENCE \$ 1,000,000
			AGGREGATE \$ 1,000,000				
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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 \$
D	Equipment (property coverage including theft)			BMW 5832 4673	2/11/2025	2/11/2026	Equip Limit 3,226,382
			Leased/rented Limit 250,000				

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

CERTIFICATE HOLDER**CANCELLATION**

Department of Natural Resources and
Environmental Control
89 Kings Highway SW
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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SPILL CONTROL PLAN FOR NON-HAZARDOUS SOLID WASTE TRANSPORTERS

ALL PERMITTED TRANSPORTERS MUST PREPARE AND CARRY A SPILL CONTROL PLAN IN EACH VEHICLE

At a minimum, the following information is required. You may attach additional pages or submit your company's prepared spill control plan.

1. A list all safety equipment carried in each vehicle, including spill containment and control materials.

✓	Safety Equipment in the Vehicle	✓	Safety Equipment in the Vehicle, continued
✓	Emergency reflective triangles and/or flares		
✓	Fire extinguisher		
✓	First aid kit		
✓	Wheel Chocks		
✓	Gloves		
✓	Reflective Vest		
	Hard hat		
✓	Flashlight		

2. The transporter acknowledges that all loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the treatment, storage, disposal or recycling facility.
3. The transporter acknowledges that in the event of an accident, the driver, if able, will contact the company's designated coordinator(s) listed under "EMERGENCY CONTACTS, COMPANY COORDINATOR(S)".
4. The transporter acknowledges that if a company coordinator cannot be reached, or there is none, the driver is responsible for contacting state and municipal authorities where the accident occurred.
5. In the event an incident causes any portion of a load to be spilled, or if there is a release of vehicle fluids, the transporter acknowledges that they are responsible for containing the release, proper management of all resulting waste, and any required remediation.
6. Explain the measures to be taken to contain any spilled waste. In the case of vehicle fluids, explain how the spill will be prevented from entering sewers or storm drains, or spreading from the spill location into adjoining soils or waterways.

In the event of a spill involving non-hazardous solid waste tires, the driver will immediately secure the area and stop any further release if safe to do so. Spilled tires will be repositioned, collected, and secured using equipment carried on the vehicle. All loads are either enclosed, covered, or tarped, or within the confines of the trailer and not stacked above the sides, to prevent discharge during transport. Since the material transported consists of tires only, there is no liquid waste involved.

Spill Control Plan for Non-Hazardous Solid Waste Transporters
Page 2 of 2

7. Measures to contain releases will be performed by:

- ☒ The driver, who is familiar with and appropriately trained to perform the activity.
- ☐ The transporter through company representatives appropriately trained to perform the activity and available to immediately respond.
- ☐ A regional third-party contractor identified under "EMERGENCY CONTACTS: CONTRACTORS IMMEDIATELY AVAILABLE TO RESPOND TO RELEASES/SPILLS."

8. The transporter acknowledges should additional clean-up services be required to address releases, including vehicle fluids, the contractor(s) under "EMERGENCY CONTACTS: CONTRACTORS IMMEDIATELY AVAILABLE TO RESPOND TO RELEASES/SPILLS" will be called.
9. If the accident results in a release/spill exceeding a Delaware Reportable Quantity as included in the regulations of 7 Del. Admin. Code 1203, *Reporting of a Discharge of a Pollutant or Air Contaminant* or has the potential to impact human health or 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 transporter acknowledges the company coordinator or driver will immediately notify Delaware's state emergency response team, by calling one of the numbers included under "EMERGENCY CONTACTS: REPORTING A RELEASE OR SPILL IN DELAWARE."

**SPILL CONTROL PLAN FOR
NON-HAZARDOUS SOLID WASTE TRANSPORTERS
EMERGENCY CONTACTS**

COMPANY COORDINATOR(S)

Name	
Tom Fromosky	
Name	
Bill McDougal	

**CONTRACTORS IMMEDIATELY AVAILABLE TO RESPOND TO
RELEASES/SPILLS**

Name	
Tim Ward	
Name	Telephone Number

REPORTING A RELEASE OR SPILL IN DELAWARE

911
(302) 739-9401
(800) 662-8802

ADDITIONAL COMPANY CONTACTS

Name	
Joseph Polansky	
Richard Polansky	

SPILL CONTROL PLAN FOR NON-HAZARDOUS SOLID WASTE TRANSPORTERS

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✓	Wheel Chocks		
✓	Gloves		
✓	Reflective Vest		
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✓	Flashlight		

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Spill Control Plan for Non-Hazardous Solid Waste Transporters
Page 2 of 2

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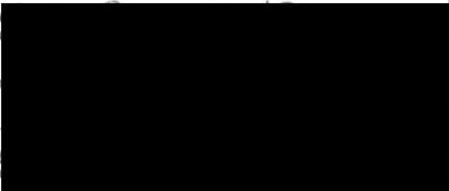
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SPILL CONTROL PLAN FOR NON-HAZARDOUS SOLID WASTE TRANSPORTERS

EMERGENCY CONTACTS

COMPANY COORDINATOR(S)

Name	Telephone Number
Tom Fromosky	
Bill McDougal	


CONTRACTORS IMMEDIATELY AVAILABLE TO RESPOND TO RELEASES/SPILLS

Name	Telephone Number
Tim Ward	

REPORTING A RELEASE OR SPILL IN DELAWARE

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(302) 739-9401
(800) 662-8802

ADDITIONAL COMPANY CONTACTS

Name	Telephone Number
Joseph Polansky	
Richard Polansky	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/12/2025

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INSURED Complete Recycling Group LLC et al 1500 W. Pulaski Hwy Elkton, MD 21921	INSURER(S) AFFORDING COVERAGE INSURER A: Northfield Insurance INSURER B: Progressive Insurance Co INSURER C: Indemnity Insurance Co of North America INSURER D: Liberty Mutual Insurance INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		WS642272	2/4/2025	2/4/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		03234018	2/4/2025	2/4/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	XS 0001176 25	2/4/2025	2/4/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / <input type="checkbox"/> N 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 \$
D	Equipment (property coverage including theft)		BMW 5832 4673	2/11/2025	2/11/2026	Equip Limit 3,226,382 Leased/rented Limit 250,000

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AUTHORIZED REPRESENTATIVE

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