

# RECEIPT

DATE

12/22/25

No.

635828

RECEIVED FROM

Loco of Maryland

\$950.00

Nine hundred fifty and  $\frac{00}{100}$ 

DOLLARS

☐ FOR RENT☒ FOR

DE-HW-0592

ACCOUNT	
PAYMENT	
BAL. DUE	

☐ CASH☒ CHECK☐ MONEY  
ORDER☐ CREDIT  
CARD

FROM

153304

TO

BY

M.M.



RECEIVED  
DEC 22 2025  
DNREC - WHB

450 South Front Street · Elizabeth, New Jersey 07202  
908.820.8800 · 800.734.0910 · FAX 908.820.8412  
[www.lorcopetroleum.com](http://www.lorcopetroleum.com)

December 12, 2025

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

**RE: Permit Renewal DE-HW-0592**

Dear Sir/Madam

Enclosed is a completed renewal application for the above reference permit and a check in the amount of \$950.00 for a three year renewal term.

I can be reached at 908-820-8800 and via email at [pmarino@lorcopetroleum.com](mailto:pmarino@lorcopetroleum.com) if anything further is required.

Sincerely,

A handwritten signature in black ink, appearing to read "Paul Marino", written in a cursive style.

Paul Marino  
Compliance Manager

Enc.

VIA CERTIFIED MAIL: 9589 0710 5270 1481 7754 08



RECEIVED

DEC 22 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) 739-6060

Language Preference: English

**HAZARDOUS WASTE TRANSPORTER PERMIT APPLICATION**

**Instructions:** You must complete this application in its entirety and attach all applicable documentation.

(**Note:** For applicants renewing an existing permit, this application requires the submission of updated information and documentation.)

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

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

**1. Type of Permit**

- ☐ New – Submit a check or money order, payable to the "State of Delaware," in the amount of \$350.00.
- ☒ Renewal: Permit # DE-HW- 0592 Expiration Date 3/31/2026

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.

- ☐ 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 hazardous waste transporters? ☒ Yes ☐ No

**3. Company Information:**

Company Name: Lorco of Maryland, LLC

Location Address:	Mailing Address:
171 Childs Road	450 South Front Street
Elkton, MD 21921	
	Elizabeth, NJ 07202

Contact Person: Paul Marino

Title: Compliance Manager

Business Phone: 9088208800

Fax: \_\_\_\_\_

E-mail: pmarino@lorcopetroleum.com

24 hr. Emergency Phone: 9088208800

EPA Identification Number: MDR000020420

Employer's Federal Tax ID Number: 37-1435720

**4. Type of Company: (Check One)**

☐ Proprietorship

☒ Partnership

☐ Corporation – City, State and Date of Incorporation: \_\_\_\_\_

☐ Municipality

☐ Public Institution

☐ Other – Explanation: \_\_\_\_\_

**5. Parent Company Information:**

Parent Company Name: NA

Parent Company Address: \_\_\_\_\_

**6. Ownership/Stockholder Information:**

For each owner, partner, or corporate officer, list the name, title, home address, and date of birth.

☒ List of owners, partners, or corporate officers: Attachment 1

List the name and address of all stockholders owning greater than 5% outstanding shares.

☐ List of stockholders: Attachment \_\_\_\_\_

☒ Not Applicable

**7. Company Affiliations:**

List all other companies owned by the same owners, corporate officers, or parent company that are engaged in the business of solid or hazardous waste transportation, treatment, storage, disposal, recovery, or reclamation.

- ☒ List of company affiliates: Attachment 2  
☐ No company affiliates

**8. Type of Hazardous Waste to be Transported:**

Indicate the waste types to be transported. (Note: Characteristic and listed hazardous wastes identified in Delaware's *Regulations Governing Hazardous Waste* (DRGHW) Part 261 are equivalent to RCRA 40 CFR Part 261 wastes.) Check all that apply.

- ☐ Part 261 characteristic or listed hazardous wastes  
☒ Used or waste oils (as defined by Part 279, Used Oil Management Standards)  
☒ Spent antifreeze exhibiting a characteristic of hazardous waste  
☐ PCB-contaminated hazardous waste  
☐ Spent fluorescent lighting tubes and ballasts when managed as non-universal waste

**9. Treatment, Storage, and Disposal Facilities:**

List all treatment, storage, and disposal facilities that have agreed to accept the hazardous wastes identified above.

- ☒ List of treatment, storage, and disposal facilities: Attachment 3

**10. Other Transporter Permits:**

List all hazardous waste transporter permits held in other states.

- ☒ List of transporter permits: Attachment 4  
☐ No hazardous waste transporter permits held in other states

**11. Federal DOT and Motor Carrier Numbers:**

Indicate your Federal DOT number and Motor Carrier number:

DOT# 1978287 MC# \_\_\_\_\_

**12. Proof of Insurance:**

The transporter identified in this application must meet or exceed minimum insurance requirements as set forth in DOT Title 49 CFR Part 387. The DNREC Compliance and Permitting Section must be identified as the certificate holder. Also include a current MCS-90 endorsement or affirmation that the endorsement is still in effect.

- ☒ Certificate of insurance and MCS-90: Attachment 5

**13. Spill Control and Safety Equipment:**

List all spill control and safety equipment that will be carried on each vehicle.

☒ List of spill control and safety equipment: Attachment 6

**14. Spill Control Plan:**

Attach a copy of the Spill Control Plan that describes prevention, containment, and clean up procedures during transportation. The plan must demonstrate compliance with the requirements outlined in DRGHW Sections 263.30, 263.31, and 263.105. **Spill Control Plans must contain the following Delaware Emergency Reporting Telephone Numbers: 1-800-662-8802 and 302-739-9401.**

☒ Spill Control Plan: Attachment 7

**15. Driver Training:**

Attach a copy of your driver training program. All drivers must be trained in current DOT Motor Carrier Safety Regulations and have knowledge of the proper handling procedures for the type of waste transported, the hazardous waste manifest system, and safe vehicle operation as provided in 49 CFR Parts 383, 390 – 399, and DRGHW Section 263.104. All drivers must be familiar with the approved Spill Control Plan.

☒ Driver Training Program: Attachment 8

**16. Controlled Substance Testing:**

Do you maintain a controlled substance testing program for drivers in your employment (including contract drivers) in compliance with Federal DOT 49 CFR Part 391?

☒ Yes

☐ No, Explain:

**17. Vehicle Identification Information:**

List all vehicles to be used for the transportation of hazardous waste into, out of, or through Delaware. You may use the form provided or another printout that contains all required information.

☒ Vehicle Identification Information: Attachment 9

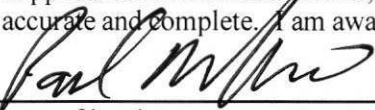
**18. Environmental Record:**

List all criminal citations, arrests or 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 other 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 application.

- ☐ Environmental Record: Attachment \_\_\_\_\_  
☒ Not Applicable – No violations within the specified time period

**19. Signature:**

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 of legal owner or corporate officer

Paul Marino  
\_\_\_\_\_  
Printed Name

12/10/2025  
\_\_\_\_\_  
Date

Compliance Manager  
\_\_\_\_\_  
Title



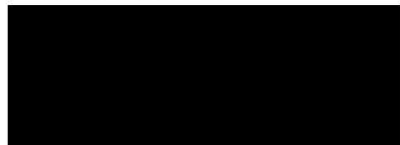
## ATTACHMENT 1

John Lionetti



50% Partner

Frank LoBello



50 % Partner



## **ATTACHMENT 2**

Lorco Petroleum Services  
450 South Front Street  
Elizabeth, NJ 07202

Lorco Petroleum Services  
1800 Carman Street  
Camden, NJ 08105

## **ATTACHMENT 3**

Republic Services  
260 W Dickman Street  
Baltimore, MD 21230

Republic Services  
217 S First Street  
Elizabeth, NJ 07202

***HAZARDOUS WASTE TRANSPORTATION PERMITTED STATES***

Pennsylvania

New Jersey

New York

Connecticut

**ATTACHMENT 4**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/27/2025

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> Brown & Brown Insurance Services, Inc. PO Box 2412  Daytona Beach FL 32115		<b>CONTACT NAME:</b> Julie Kuhlman <b>PHONE (A/C, No, Ext):</b> (386) 239-5742 <b>E-MAIL ADDRESS:</b> Julie.Kuhlman@bbrown.com <b>FAX (A/C, No):</b>																						
<b>INSURED</b>  Lorco of Maryland, LLC 171 Childs Road  Elkton MD 21921		<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Greenwich Insurance Company</td><td>22322</td></tr><tr><td>INSURER B:</td><td>XL Specialty Insurance Company</td><td>37885</td></tr><tr><td>INSURER C:</td><td>Indian Harbor Insurance Company</td><td>36940</td></tr><tr><td>INSURER D:</td><td>XL Insurance America, Inc.</td><td>24554</td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Greenwich Insurance Company	22322	INSURER B:	XL Specialty Insurance Company	37885	INSURER C:	Indian Harbor Insurance Company	36940	INSURER D:	XL Insurance America, Inc.	24554	INSURER E:			INSURER F:		
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INSURER E:																								
INSURER F:																								

**COVERAGES**      **CERTIFICATE NUMBER:** 25-26      **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  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			GEC003291015	09/01/2025	09/01/2026	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	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	\$ 2,000,000		\$
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GENERAL AGGREGATE	\$ 2,000,000																				
PRODUCTS - COMP/OP AGG	\$ 2,000,000																				
	\$																				
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BODILY INJURY (Per accident)	\$																				
PROPERTY DAMAGE (Per accident)	\$																				
	\$																				
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ 10,000			UEC001258923	09/01/2025	09/01/2026	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 11,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 11,000,000</td></tr><tr><td>Products/Comp Ops</td><td>\$ 11,000,000</td></tr></table>	EACH OCCURRENCE	\$ 11,000,000	AGGREGATE	\$ 11,000,000	Products/Comp Ops	\$ 11,000,000								
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AGGREGATE	\$ 11,000,000																				
Products/Comp Ops	\$ 11,000,000																				
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WEC002984516	09/01/2025	09/01/2026	<table border="1"><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER		E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000						
<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER																					
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E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000																				
E.L. DISEASE - POLICY LIMIT	\$ 1,000,000																				
C	Pollution Legal Liability Claims-made			PEC001620722	09/01/2025	09/01/2026	<table border="1"><tr><td>Aggregate</td><td>\$5,000,000</td></tr><tr><td>Each Condition</td><td>\$5,000,000</td></tr></table>	Aggregate	\$5,000,000	Each Condition	\$5,000,000										
Aggregate	\$5,000,000																				
Each Condition	\$5,000,000																				

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

SEE NOTES FOR POLICY COVERAGE FORMS

<b>CERTIFICATE HOLDER</b>  STATE OF DELAWARE-DNREC-SHWMMS 89 KINGS HIGHWAY  DOVER DE 19901	<b>CANCELLATION</b>  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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USDOT Number: \_\_\_\_\_ 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, Registration 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 Lionetti Associates, ETAL of New Jersey  
(Motor Carrier name) (Motor Carrier state or province)

Dated at 12:00 midnight on this 1st day of September, 2024

Amending Policy Number: UEC001258922 Effective Date: September 01, 2024

Name of Insurance Company: XL Specialty Insurance Company

Countersigned by:   
(authorized company representative)

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

- ☐ This insurance is primary and the company shall not be liable for amounts in excess of \$ \_\_\_\_\_ for each accident.
- ☒ This insurance is excess and the company shall not be liable for amounts in excess of \$ 4,000,000 for each accident in excess of the underlying limit of \$ 1,000,000 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: 610-968-9500.

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://portal.fmcsa.dot.gov/UrsRegistrationWizard/>.

(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 <a href="#">49 CFR 171.8</a> , 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 <a href="#">49 CFR 173.403</a> .	\$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 <a href="#">49 CFR 172.101</a> ; hazardous waste, hazardous materials, and hazardous substances defined in <a href="#">49 CFR 171.8</a> and listed in <a href="#">49 CFR 172.101</a> , 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 <a href="#">49 CFR 173.403</a> .	\$5,000,000

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



### LIST OF SPILL CONTROL AND SAFETY EQUIPMENT

Fire Extinguisher

Sausage Boom

Rags

Pads

Gloves

Safety Glasses

Triangles

Traffic Cones

## **ATTACHMENT 6**

# Attachment 7

## ACCIDENT REGULATIONS

### EMERGENCY PROCEDURES AND RESPONSE TO SPILL CONTROL

NJDEP	1-800-WARN-DEP
EPA	1-800-424-8802
PLANT	1-908-820-8800

ADDRESS:	450 South Front Street Elizabeth, NJ 07202
----------	---

TOLL FREE #	1-800-734-0910
24-HOUR	1-908-820-8800
FAX	1-908-820-8412

### LIST OF EMERGENCY COORDINATORS

#### PRIMARY COORDINATOR:

DENNIS T O'LEARY	1-908-820-8800 X-236 OFFICE
	1-908-296-235 MOBILE

#### SECONDARY COORDINATOR:

THOMAS WYCKOFF	1-908-820-8800 X-206 OFFICE
	1-973-390-1050 MOBILE

**EMERGENCY RESPONSE NUMBERS**

EPA EMERGENCY RESPONSE NUMBER.....1-800-424-8802

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION.....1-800-927-6337

NATIONAL RESPONSE CENTER.....1-800-424-8802

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION.....1-800-457-7362

PENNSYLVANIA EMERGENCY MANAGEMENT AGENCY.....1-800-541-2050

CONNECTICUT DEPARTMENT OF ENVIRONMENTAL PROTECTION.....1-800-424-3338

CONNECTICUT STATE POLICE.....1-860-685-8190

DELAWARE DEPARTMENT OF NATURAL RESOURCES  
AND ENVIRONMENTAL CONTROL.....1-800-622-8802/302-739-9401

MARYLAND DEPARTMENT OF THE ENVIRONMENT.....1-866-633-4686

US COAST GUARD/NRC.....1-800-424-8802

LORCO.....908-820-8800

LORCO (AFTER HOURS).....732-633-7994

## ACCIDENTS

### THE REGULATIONS

THE LAWS AND REGULATIONS GOVERNING REPORTING OF AN ACCIDENT BY MOTOR CARRIERS AND THEIR EMPLOYEES ARE DUAL DIMENSIONED, REQUIRING REPORTS TO AGENCIES AT THE FEDERAL, STATE AND/OR LOCAL LEVELS.

THE ACCIDENT REPORTING REQUIREMENTS AT THE FEDERAL LEVEL ARE CONTAINED WITHIN TITLE 49, CODE OF FEDERAL REGULATIONS, WITH THE PRIMARY REQUIREMENTS IN PART 394 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS, AND THE SECONDARY SET OF REQUIREMENTS DIRECTED SPECIFICALLY AT HAZARDOUS MATERIALS INCIDENT REPORTING IN THE HAZARDOUS MATERIAL REGULATIONS. IN ADDITION, PART 392 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS ALSO SPELLS OUT REQUIREMENTS FOR DRIVERS TO FOLLOW WHEN INVOLVED IN AN ACCIDENT.

### APPLICABILITY

THE RULES ARE APPLICABLE TO ALL EMPLOYERS, EMPLOYEES, AND COMMERCIAL MOTOR VEHICLES WHICH TRANSPORT PROPERTY OR PASSENGERS IN INTERSTATE COMMERCE. A COMMERCIAL MOTOR VEHICLE IS DEFINED AS HAVING A GROSS VEHICLE WEIGHT RATING OF 10,001 POUNDS OR MORE, OR TRANSPORTING A QUANTITY OF HAZARDOUS MATERIALS REQUIRING THE VEHICLE TO BE PLACARDED.

### REPORTABLE ACCIDENTS

DO ALL ACCIDENTS HAVE TO BE REPORTED? THE ANSWER IS SIMPLE-MAYBE? THE REGULATIONS ISSUED UNDER PART 394, PART 171, AND INDIVIDUAL STATE LAWS ARE SPECIFIC IN DEFINING WHICH ACCIDENTS ARE REPORTABLE.

UNDER THE PROVISIONS OF PART 394 A REPORTABLE ACCIDENT IS ONE WHICH RESULTS IN ONE OR MORE OF THE FOLLOWING CONDITIONS:

1. DEATH OF AN INDIVIDUAL
2. INJURY TO A PERSON REQUIRING IMMEDIATE TREATMENT AWAY FROM THE SCENE OF THE ACCIDENT
3. ESTIMATED OR ACTUAL TOTAL PROPERTY DAMAGE OF \$4,400 OR MORE

LORCO PETROLEUM SERVICES.  
PAGE 2

PART 394 DOES NOT REQUIRE YOU TO REPORT AN ACCIDENT WHICH INVOLVES ONLY BOARDING OR ALIGHTING FROM A STATIONARY VEHICLE, OR WHICH INVOLVES ONLY THE LOADING OR UNLOADING OF A VEHICLE'S CARGO. ALSO FALLING INTO THE NON REPORTABLE CATEGORY IS AN OCCURRENCE INVOLVING THE OPERATION OF A PASSENGER CAR BY A MOTOR CARRIER WHICH IS NOT TRANSPORTING PASSENGERS FOR-HIRE OR HAZARDOUS MATERIALS OF A TYPE OR QUANTITY WHICH REQUIRES THAT THE VEHICLE BE MARKED OR PLACARDED.

IN ADDITION, UNDER PART 392 OF THE MOTOR CARRIER SAFETY REGULATIONS, A DRIVER OF A VEHICLE OWNED BY A MOTOR CARRIER WHO IS INVOLVED IN AN ACCIDENT WHICH RESULTS IN DEATH, INJURY TO ANY PERSON, OR PROPERTY DAMAGE OF ANY KIND, REGARDLESS OF THE AMOUNT, MUST REPORT TO THE MOTOR CARRIER AS SOON AS POSSIBLE FOLLOWING THE MISHAP.

ALSO, UNDER THE PROVISIONS OF PART 171, ANY UNINTENTIONAL RELEASE OF HAZARDOUS MATERIALS MUST BE REPORTED INCLUDING INCIDENTS THAT OCCUR DURING LOADING, UNLOADING OR TEMPORARY STORAGE. FOR EXAMPLE, IF A DRIVER IS LOADING OR UNLOADING A DRUM OF HAZARDOUS MATERIAL INTO A STATIONARY VEHICLE AND THE DRUM FALLS AND BEGINS TO LEAK, THE INCIDENT IS REPORTABLE.

FINALLY, THE REGULATIONS OF EACH STATE AND SOME LOCAL GOVERNMENTS CONTAIN SPECIFIC ACCIDENT REPORTING REQUIREMENTS. GENERALLY AN ACCIDENT INVOLVING DEATH OR INJURY TO ANY PERSON WILL BE A REPORTABLE ACCIDENT. TOTAL PROPERTY DAMAGE IS ALSO A FACTOR, HOWEVER, THE MINIMUM AMOUNT VARIES FROM STATE TO STATE.

LORCO PETROLEUM SERVICES  
PAGE 3

REPORT

WHEN PREPARING TO CALL THE OFFICE, BE READY TO SUPPLY THE FOLLOWING INFORMATION.

1. DATE AND TIME OF THE ACCIDENT
2. LOCATION OF THE ACCIDENT
3. NAME OF THE CARRIERS INVOLVED
4. NUMBER OF PERSONS KILLED OR INJURED
5. TOTAL ESTIMATED PROPERTY DAMAGE
6. NUMBER AND TYPE OF VEHICLES INVOLVED
7. BRIEF DESCRIPTION OF THE ACCIDENT
8. NAME OF PERSON MAKING THE REPORT
9. TELEPHONE NUMBER AT WHICH THE PERSON MAKING THE REPORT CAN BE REACHED.

DRIVER'S ACCIDENT KIT

1. A REPORTING ENVELOPE
2. A DRIVER'S REPORT FORM FOR RECORDING INFORMATION AT THE SCENE
3. ACCIDENT NOTIFICATION CARD
4. WITNESS CARDS
5. EXONERATION CARDS

LORCO PETROLEUM SERVICES  
PAGE 4

DRUG TESTING REGULATION

COMPANIES WITH 50 OR MORE DRIVERS SUBJECT TO TESTING ARE REQUIRED TO HAVE DRUG TESTING REQUIREMENTS IN PLACE BY DECEMBER 21, 1989. COMPANIES WITH LESS THAN 50, MUST COMPLY BY DECEMBER 21, 1990.

A PRELIMINARY INJUNCTION HAS BEEN ISSUED BY THE U.S. DISTRICT COURT IN NORTHERN CALIFORNIA WHICH PROHIBITS FHWA'S ENFORCEMENT OF POST-ACCIDENT DRUG TESTING REGULATIONS EXCEPT IN CASES OF REASONABLE CAUSE.

POST-ACCIDENT DRUG TESTING

THE DRUG TESTING REQUIREMENTS PLACE THE BURDEN OF POST-ACCIDENT DRUG TESTING COMPLIANCE ON THE DRIVERS. DRIVERS ARE REQUIRED TO PROVIDE A URINE SPECIMEN TO BE TESTED FOR THE USE OF CONTROLLED SUBSTANCES "AS SOON AS POSSIBLE" AFTER A REPORTABLE ACCIDENT, BUT IN NO CASE, LATER THAN 32 HOURS AFTER AN ACCIDENT. IF THE DRIVER IS SERIOUSLY INJURED AND CANNOT PROVIDE A SPECIMEN AT THE TIME OF THE ACCIDENT, HE/SHE SHALL PROVIDE THE NECESSARY AUTHORIZATION FOR OBTAINING HOSPITAL REPORTS AND OTHER DOCUMENTS THAT WOULD INDICATE THERE WERE ANY CONTROLLED SUBSTANCES IN HIS/HER SYSTEM.

A DRIVER WILL BE DISQUALIFIED FOR 1 YEAR IF THE DRIVER WAS INVOLVED IN A FATAL ACCIDENT AND WITH TESTS POSITIVE FOR CONTROLLED SUBSTANCE USE OR REFUSES TO GIVE A URINE SAMPLE.



LORCO PETROLEUM SERVICES  
PAGE 5

SPILL CONTROL EMERGENCY PROCEDURES

INSTRUCTIONS TO EMPLOYEES

STATE OF NEW JERSEY REGULATIONS REQUIRE THAT WE TAKE EVERY RESPONSIBLE AND REASONABLE ACTION TO PREVENT OIL SPILLS AND MORE PARTICULARLY THAT WE PREVENT THE SPILL OF OIL FROM ENTERING A WATERWAY.

IN THE EVENT OF A SPILL, SPECIFIC ACTION MUST BE TAKEN IN ORDER TO CONTAIN THE PETROLEUM PRODUCT AND EVENTUALLY TO EFFECT A CLEANUP AND REPAIR OF THE AFFECTED AREA.

IN ACCORDANCE WITH THE REGULATIONS, LORCO PETROLEUM SERVICES HAS PREPARED A PLAN DESIGNED TO MINIMIZE THE LIKELIHOOD OF SPILLS AND TO PROPERLY CONTAIN A SPILL IF ONE SHOULD OCCUR. IT IS OUR RESPONSIBILITY TO BECOME FAMILIAR WITH THE PLAN, PARTICULARLY PREVENTION AND EMERGENCY PROCEDURES.

A COPY OF THIS PLAN WILL BE AVAILABLE IN EACH VEHICLE OPERATED ON THE HIGHWAYS BY AN EMPLOYEE OF LORCO PETROLEUM SERVICES. THE PLAN IS TO BE A PART OF THE DOCUMENT PACKAGE CARRIED ON EACH VEHICLE.

THE PLAN AND ALL ADDITIONS TO IT IS TO BE REVIEWED BY THE "OPERATIONS FOREMAN" ON A QUARTERLY BASIS. THE PLAN SHALL BECOME A TOPIC FOR DISCUSSION AND DEMONSTRATION DURING REGULAR DRIVER TRAINING SESSIONS. ALL EMPLOYEES ARE ENCOURAGED TO ADVISE THE "OPERATION FOREMAN" OF ANY IMPROVEMENTS OR ADDITIONS THAT COULD PROVE MORE EFFICIENT, SAFER, OR BENEFICIAL TO THE COMPANY IN ANY WAY. SUGGESTIONS WILL BE WELCOME AND IMPROVEMENTS WORTH WILL BE INCORPORATED INTO THE PLAN.

IT IS IMPORTANT THAT EACH EMPLOYEE MAKE A CONCERTED EFFORT TO REDUCE THE POSSIBILITY OF A SPILL OR OCCURENCE THAT COULD ENDANGER THE ENVIRONMENT AND TO BECOME FULLY QUALIFIED IN REMEDIAL ACTIONS SHOULD AN INCIDENT OCCUR.

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GENERAL PROCEDURES AND INSTRUCTIONS

1. KNOW THE PROPER PROCEDURES TO STOPPING THE FLOW OF A SPILL, CONTAINING A SPILL, NOTIFICATION OF SPILL, AND CLEANUP OF A SPILL.
2. CHECK YOUR TRUCK EACH MORNING BEFORE LEAVING THE GARAGE. YOU ARE RESPONSIBLE FOR THE SAFETY ITEMS ON THE DAILY CHECKLIST. YOU MUST HAVE FULL AND COMPLETE DOCUMENTATION SUCH AS DRIVERS LICENSE, VEHICLE REGISTRATION, HAZARDOUS WASTE TRANSPORTER LICENSE, EMERGENCY RESPONSE GUIDE, MANIFEST DOCUMENTS, SAFETY LIST AND KIT, ETC.
3. IN ADDITION TO THE DOCUMENTATION, YOU MUST BE SURE THE SPILL CLEANUP KIT ON YOUR TRUCK IS FULL AND COMPLETE WITH EMERGENCY MATERIALS REQUIRED.
4. YOU ARE REQUIRED TO MAINTAIN THE TOOL KIT IN THE TRUCK YOU ARE ASSIGNED. REPLACEMENT ITEMS MAY BE OBTAINED FROM THE FOREMAN IF NEEDED.
5. PROTECTION SUIT, BOOTS, GLOVES, HARD HAT, AND OTHER PERSONAL ITEMS ARE TO BE CARRIED IN A CONVENIENT PLACE ON YOUR TRUCK.
6. FIRE EXTINGUISHERS ARE TO BE CHECKED DAILY FOR PROPER PRESSURE AND WEIGHT.
7. ROAD EMERGENCY REFLECTORS ARE TO BE CARRIED IN ALL TRUCKS AND ARE TO BE MAINTAINED IN GOOD REPAIR. DO NOT USE FLARES IN EVENT OF AN EMERGENCY INVOLVING A TRUCK CARRYING FLAMMABLE OR COMBUSTIBLE MATERIALS.
8. WHEEL CHOCKS ARE TO BE CARRIED ON EACH TRUCK AND MUST BE USED WHENEVER YOU ARE WORKING WITH A TRUCK OR PARKED.
9. TIRE CONDITION AND PRESSURE MUST BE CHECKED DAILY.
10. DISCREPANCIES, NEEDED REPAIRS, AND ANY NOTEWORTHY INFORMATION OR PROBLEM WITH YOUR TRUCK IS TO BE REPORTED TO THE FOREMAN VERBALLY AND WRITTEN UPON YOUR DAILY SAFETY CHECKLIST.

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PAGE 7

PREVENTION AND EMERGENCY PROCEDURES

A. PREVENTION OF SPILLS

1. INSPECTIONS: VISUALLY INSPECT THE TRUCK YOU ARE OPERATING BEFORE YOU LEAVE THE GARAGE AND ALSO THROUGHOUT THE WORK DAY. YOU SHOULD ALSO INSPECT CUSTOMER TANKS BEFORE BEGINNING WORK. LOOK FOR BROKEN VENT LINES, FILL BOX DAMAGE, LOOSE PIPING AND VALVE LEAKS. REPORT ANY LEAK IMMEDIATELY AND ADVISE THE CUSTOMER OF THE POTENTIAL PROBLEM.

2. LOADING TRUCK: DO NOT OVERFILL TANK TRUCK COMPARTMENTS. BE SURE SAFETY CHECK VALVES AND GATE VALVES ARE FREE OF DIRT AND WORKING PROPERLY. DO NOT OVERFILL THE FUEL TANK OF YOUR TRUCK, LEAVE ROOM FOR AN EXPANSION. ALWAYS MEASURE TANKS TO BE SURE IT WILL ACCEPT THE GALLONS YOU ARE TRANSFERRING. NEVER LEAVE AN OPEN NOZZLE UNATTENDED. CHECK YOUR HOSE AND COUPLING CONNECTIONS FREQUENTLY.

3. AVOID ACCIDENTS: OBEY TRAFFIC REGULATIONS, SPEED LIMITS, AND DRIVE DEFENSIVELY. AN ACCIDENT WITH YOUR TANK TRUCK COULD RESULT IN A SERIOUS SPILL INCIDENT. ALWAYS REMEMBER YOU ARE DRIVING "HAZARDOUS WASTE" AND NOT JUST A TRUCK.

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PAGE 8

D. CONTAINMENT OF SPILLS

IN SPITE OF ALL PRECAUTIONS IT IS POSSIBLE A SPILL COULD OCCUR. IF THAT HAPPENS, WE MUST RESPOND QUICKLY AND CAREFULLY. OUR FIRST RESPONSIBILITY IS TO PROTECT PEOPLE, PROPERTY AND THE ENVIRONMENT.

1. STOP THE FLOW: THE FIRST REACTION IS TO STOP THE FLOW OF THE CARGO. DIFFERENT CIRCUMSTANCES WILL REQUIRE VARIOUS REMEDIES.

2. CONTAIN THE SPILL: CONTAINMENT CAN BE ACCOMPLISHED IN MANY WAYS. BUILD A DAM OF EARTH, SAND, SNOW OR ANY MATERIAL AVAILABLE. DIG A DITCH IN LINE OR AROUND THE SPILL. DIG A SUMP FOR THE PRODUCT TO FLOW INTO. YOU CAN USE YOUR DELIVERY HOSE OR SPARE HOSE FROM THE TRUCK TO ENCIRCLE THE SPILL. PACK DIRT, SNOW, OR ABSORBENT MATERIALS AROUND THE BOTTOM OF THE HOSE. DO WHATEVER YOU CAN TO PREVENT THE FLOW OF OIL. IF YOU ARE OPERATING A VACUUM TRUCK DON'T BE CONCERNED THAT WATER, SILT, DIRT, ETC. IS ENTERING THE COMPARTMENT, PICK UP AS MUCH FREE FLOW AS YOU CAN AS RAPIDLY AS YOU CAN. ENCIRCLE THE SPILL AREA WITH THE ABSORBENT MATERIALS PROVIDED ON EACH VEHICLE.

3. NOTIFICATION: NOTIFY THE COMPANY OFFICE AS SOON AS YOU CAN AFTER CONTAINING THE SPILL. YOU SHOULD REPORT THE LOCATION, APPROXIMATE AMOUNT OF SPILL, CONTAINMENT AREA, AND POTENTIAL CONTAMINATION. TRY TO OBTAIN A TELEPHONE NUMBER AT WHICH YOU CAN BE REACHED. PROVIDE ALL INFORMATION YOU FEEL IS IMPORTANT. SPEAK CLEARLY, SLOWLY AND CONFIRM YOUR MESSAGE WITH PERSON RECEIVING CALL. THE PERSON IN OUR OFFICE RECEIVING YOUR CALL SHALL BE RESPONSIBLE TO NOTIFY THE PROPER AUTHORITIES. HE SHALL ALSO COORDINATE RESPONSE BY OTHER EQUIPMENT IN THIS COMPANY. IF THE LOCAL FIRE DEPARTMENT RESPONDS, DO NOT ALLOW FUEL TO BE WASHED INTO STORM DRAINS.

4. CLEANUP: CLEANUP IS THE FINAL STEP. IF THE SPILL IS SMALL AND CAN BE COMPLETELY CLEARED AWAY WITH THE USE OF ABSORBENT RAGS, ETC., IN THE SPILL CONTROL COMPARTMENT OF EACH TRUCK, YOU SHOULD COMPLETE THE CLEANUP YOURSELF. IF DAMAGE HAS OCCURRED OR A LARGE SPILL HAS TAKEN PLACE, YOU SHOULD REQUEST RESPONSE BY OUR CLEANUP CREW AND EQUIPMENT.

REMEMBER:

1. STOP THE FLOW
2. CONTAIN THE SPILL
3. NOTIFY



4. CLEANUP

RESPONSE TO SPILL SITUATION AND/OR EMERGENCY

THE PERSON WHO RECEIVES THE INITIAL COMMUNICATION OF A SPILL OR EMERGENCY OCCURRENCE WILL REMAIN ON DUTY UNTIL RELIEVED BY THE FOREMAN OR ACTING FOREMAN AT EMERGENCY SITE. ALL EMPLOYEES ARE TO COOPERATE IN ANY REASONABLE MANNER REQUESTED BY THE FOREMAN. ALL OTHER ROUTINE WORK SCHEDULES ARE TO BE POSTPONED OR DELAYED UNTIL AFTER THE SITUATION HAS BEEN RESOLVED.

INFORMATION TO BE OBTAINED FROM THE DRIVER OR PERSON AT SITE:

1. NAME OF REPORTER.
2. NAME, ADDRESS AND EPA ID NUMBER OF THE TRANSPORTER.
3. PHONE NUMBER WHERE THE REPORTER CAN BE REACHED.
4. DATE, TIME AND LOCATION OF THE INCIDENT.
5. MODE OF TRANSPORTATION AND TYPE OF TRANSPORT VEHICLE.
6. A BRIEF DESCRIPTION OF THE INCIDENT, INCLUDING THE TYPE OF INCIDENT AND WHETHER A CONTINUING DANGER TO LIFE EXISTS AT THE SCENE.
7. EXTENT OF INJURIES, IF ANY.
8. FOR EACH WASTE INVOLVED IN THE SPILL;
  - A. THE NAME AND EPA ID NUMBER OF ANY GENERATORS.
  - B. SHIPPING HAZARD CLASS, UN/NA NUMBER OF WASTE.
  - C. ESTIMATED QUANTITY OF THE WASTE SPILLED.
  - D. THE EXTENT OF THE CONTAMINATION OF LAND, WATER OR AIR.
  - E. THE EXTENT OF INJURIES, IF ANY.
9. SHIPPING NAME, HAZARD CLASS AND THE UN/NA NUMBER OF ANY OTHER MATERIALS CARRIED.

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PAGE 10

NOTIFICATION OF THE INFORMATION

ONCE A REPORT OF A SPILL OR EMERGENCY HAS BEEN RECEIVED, YOU SHOULD NOTIFY THE FOLLOWING:

1. COMPANY PRESIDENT, MANAGER, EMERGENCY RESPONSE TEAM FOREMAN
2. STATE AND FEDERAL AGENCIES

USE LIST OF TELEPHONE NUMBERS FOR EMERGENCY RESPONSE AND NOTIFICATION.

NOTE: ALL VEHICLES, OFFICES, AND PERSONNEL ARE TO MAINTAIN A LEGIBLE AND CURRENT LIST OF EMERGENCY NUMBERS FOR NOTIFICATION. ANY EMPLOYEE CHANGING HIS HOME PHONE NUMBER IS TO PROVIDE THE NEW NUMBER AS SOON AS POSSIBLE. EMERGENCY TELEPHONE NUMBER LISTS ARE TO BE REVIEWED AND MADE CURRENT ONCE EACH MONTH OR UPON NOTIFICATION OF A CHANGE.

## **DRIVER TRAINING PROGRAM MATRIX**

### **PRE EMPLOYMENT**

#### Driver License Review

- Verify type and violation record
- Test drive with LORCO employee

### **NEW EMPLOYEE ORIENTATION**

- Review of Section 19 of the LORCO Employee Manual
- Forms Review-Accident Report, Incident/Injury Report, DOT Inspection & Traffic Enforcement Stop and Safety Watch

### **ANNUAL TRAINING**

- Vehicle Pre-Trip Inspection
- Defensive Driving
- Simulated Accident
- DOT Emergency Response Guidebook
- Manifesting/Paperwork

### **MONTHLY TRAINING**

- Motor Vehicle accident review
- Driving distractions
- Other training as requested

## **ATTACHMENT 8**



**ATTACHMENT 9**

<b>NO.</b>	<b>MAKE</b>	<b>TYPE</b>	<b>YEAR</b>	<b>VIN NUMBER</b>	<b>STATE</b>	<b>PLATE</b>	<b>GVW</b>	<b>OWNERSHIP</b>
1022	KENWORTH	T370	2012	2NKHHN7X3CM328692	MD	346E71	33000	Lorco of Maryland, LLC
1023	KENWORTH	T370	2012	2NKHHN7X5CM328693	MD	346E72	33000	Lorco of Maryland, LLC
1024	KENWORTH	T370	2016	2NKHHJ8X8GM491237	MD	377E40	40000	Lorco of Maryland, LLC
1025	KENWORTH	T370	2016	2NKHHJ7X4GM117046	MD	386E21	33000	Lorco of Maryland, LLC
1026	KENWORTH	T370	2016	2NKHHJ8X1GM117035	MD	384E83	40000	Lorco of Maryland, LLC
1029	KENWORTH	T370	2020	2NKHHJ8X0LM390705	MD	420E12	40000	Lorco of Maryland, LLC
1030	KENWORTH	T370	2020	2NKHHJ8X2LM390706	MD	420E13	40000	Lorco of Maryland, LLC
1027	KENWORTH	T370	2017	2NKHHJ8X9HM171765	MD	391E35	40000	Lorco of Maryland, LLC
1028	KENWORTH	T370	2017	2NKHHJ8X9HM171829	MD	391E36	40000	Lorco of Maryland, LLC

## Davis, DaQuan (DNREC)

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**From:** Paul Marino <PMarino@lorcopetroleum.com>  
**Sent:** Tuesday, December 30, 2025 2:08 PM  
**To:** WHStranporters  
**Subject:** RE: Delaware Hazardous Waste Transporter Permit  
**Attachments:** MCS-90.PDF

see attached.

Regards,

**PAUL MARINO**  
**COMPLIANCE MANAGER**

**LORCO PETROLEUM SERVICES**

OFFICE: 908-820-8800 EX. 237

CELL: 732-609-1344

PMARINO@LORCOPETROLEUM.COM



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**From:** Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> **On Behalf Of** WHStranporters  
**Sent:** Tuesday, December 30, 2025 1:47 PM  
**To:** Paul Marino <PMarino@lorcopetroleum.com>  
**Subject:** RE: Delaware Hazardous Waste Transporter Permit

I need an MCS-90 endorsement form that includes the auto liability policy number AEC003291115, not AEC001258823.



**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



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.



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 LORCO OF MARYLAND, LLC T/A  
LORCO AND/OR LORCO PETROLEUM  
SERVICES of New Jersey (USDOT Number)  
(Motor Carrier name) (Motor Carrier state or province)

Dated at 12:00 Midnight on this 1st day of September 2025

Amending Policy Number: AEC003291115 Effective Date: September 1, 2025

Name of Insurance Company: XL Insurance America, Inc.

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 CSL 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: 610-968-9500.

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, DC).

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**From:** Paul Marino <[PMarino@lorcopetroleum.com](mailto:PMarino@lorcopetroleum.com)>  
**Sent:** Tuesday, December 30, 2025 8:54 AM  
**To:** Julie Kuhlman <[julie.kuhlman@bbrown.com](mailto:julie.kuhlman@bbrown.com)>  
**Cc:** WHStranporters <[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)>  
**Subject:** RE: Delaware Hazardous Waste Transporter Permit

Julie:

Please see below regarding MCS-90. This is for Lorco of Maryland.

Regards,

**PAUL MARINO**  
**COMPLIANCE MANAGER**  
**LORCO PETROLEUM SERVICES**  
OFFICE: 908-820-8800 EX. 237  
CELL: 732-609-1344  
[PMARINO@LORCOPETROLEUM.COM](mailto:PMARINO@LORCOPETROLEUM.COM)



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**From:** Davis, DaQuan (DNREC) <[daquan.davis@delaware.gov](mailto:daquan.davis@delaware.gov)> **On Behalf Of** WHStranporters  
**Sent:** Tuesday, December 30, 2025 8:20 AM  
**To:** Paul Marino <[PMarino@lorcopetroleum.com](mailto:PMarino@lorcopetroleum.com)>  
**Subject:** RE: Delaware Hazardous Waste Transporter Permit

Please provide an MCS-90 endorsement form that matches policy # AEC003291115.



## 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)



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**From:** Paul Marino <[PMarino@lorcopetroleum.com](mailto:PMarino@lorcopetroleum.com)>

**Sent:** Tuesday, December 30, 2025 7:27 AM

**To:** WHStranporters <[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)>

**Subject:** RE: Delaware Hazardous Waste Transporter Permit

See attached current MCS-90.

Regards,

**PAUL MARINO**

**COMPLIANCE MANAGER**

**LORCO PETROLEUM SERVICES**

OFFICE: 908-820-8800 EX. 237

CELL: 732-609-1344

[PMARINO@LORCOPETROLEUM.COM](mailto:PMARINO@LORCOPETROLEUM.COM)



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**From:** Davis, DaQuan (DNREC) <[daquan.davis@delaware.gov](mailto:daquan.davis@delaware.gov)> **On Behalf Of** WHStranporters

**Sent:** Tuesday, December 23, 2025 10:10 AM



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.

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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 LIONETTI ASSOCIATES, ETAL of NEW JERSEY  
(Motor Carrier name) (Motor Carrier state or province) (USDOT Number)

Dated at 12:00 Midnight on this 1st day of September 2025

Amending Policy Number: AEC001258823 Effective Date: September 1, 2025

Name of Insurance Company: XL Insurance America, Inc.

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 CSL 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: 610-968-9500.

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, DC).



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/27/2025

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> Brown & Brown Insurance Services, Inc. PO Box 2412  Daytona Beach FL 32115		<b>CONTACT NAME:</b> Julie Kuhlman <b>PHONE (A/C, No, Ext):</b> (386) 239-5742 <b>E-MAIL ADDRESS:</b> Julie.Kuhlman@bbrown.com <b>FAX (A/C, No):</b>	
<b>INSURED</b>  Lorco of Maryland, LLC 171 Childs Road  Elkton MD 21921		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Greenwich Insurance Company <b>INSURER B:</b> XL Specialty Insurance Company <b>INSURER C:</b> Indian Harbor Insurance Company <b>INSURER D:</b> XL Insurance America, Inc. <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 22322 37885 36940 24554	

**COVERAGES****CERTIFICATE NUMBER:** 25-26**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  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GEC003291015	09/01/2025	09/01/2026	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 \$ 2,000,000
D	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			AEC003291115	09/01/2025	09/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ 10,000			UEC001258923	09/01/2025	09/01/2026	EACH OCCURRENCE \$ 11,000,000 AGGREGATE \$ 11,000,000 Products/Comp Ops \$ 11,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WEC002984516	09/01/2025	09/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Pollution Legal Liability Claims-made			PEC001620722	09/01/2025	09/01/2026	Aggregate \$5,000,000 Each Condition \$5,000,000

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

SEE NOTES FOR POLICY COVERAGE FORMS

**CERTIFICATE HOLDER****CANCELLATION**STATE OF DELAWARE-DNREC-SHWMS  
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



To: Paul Marino <[PMarino@lorcopetroleum.com](mailto:PMarino@lorcopetroleum.com)>  
Subject: Delaware Hazardous Waste Transporter Permit

Hello,

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

- **Section 12-** The MCS-90 endorsement form policy does not match your automotive liability insurance on your certificate of insurance. Please provide an MCS-90 endorsement form that matches policy AEC003291115.

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)



Links contained in this email have been replaced. If you click on a link in the email above, the link will be analyzed for known threats. If a known threat is found, you will not be able to proceed to the destination. If suspicious content is detected, you will see a warning.

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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.



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 LORCO OF MARYLAND, LLC T/A  
LORCO AND/OR LORCO PETROLEUM  
SERVICES of New Jersey  
(Motor Carrier name) (Motor Carrier state or province) (USDOT Number)

Dated at 12:00 Midnight on this 1st day of September 2025

Amending Policy Number: AEC003291115 Effective Date: September 1, 2025

Name of Insurance Company: XL Insurance America, Inc.

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 CSL 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: 610-968-9500.

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, DC).