

RECEIPT

DATE

1/21/26

No.

635851

RECEIVED FROM

Eco Services, LLC

\$

650.00

Six hundred fifty and ⁰⁰/₁₀₀

DOLLARS

☐ FOR RENT☒ FOR

DE-SW-1442

ACCOUNT		
PAYMENT		
BAL. DUE		

☐ CASH☒ CHECK☐ MONEY
ORDER☐ CREDIT
CARD

FROM

11060

TO

BY

M.M.



RECEIVED

JAN 21 2026

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- 1442 Expiration Date 3/31/26

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 ECOSERVICES LLC

Location Address:	Mailing Address:
303 B National Rd	303 B National Rd.
Exton, PA 19341	Exton, PA 19341

Contact: Linda DeNenno Title: President

Business Phone: 484-872-8884 Fax: _____

E-mail: Ldenenno@eco-pa.com

24 hr Emergency Contact Phone: 

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: PA
☐ Other: (must specify) _____

(b). For each Owner, Partner, or Corporate Officer, attach a list with name, title, mailing address, date of birth, and % ownership. Include all stockholders owning greater than 5% outstanding shares.

☒ Attachment _____

(c). If company is owned by or affiliated with a parent company, attach parent company name, address & mailing address, and % ownership.

☒ Attachment _____
☐ No parent company

5. Company locations in Delaware

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

- ☐ Attachment _____
☒ No Delaware locations

6. Company Affiliates

List name, location and mailing addresses, nature of business relationship of all company Affiliates, which affiliates are engaged in the business of waste transport, treatment, storage, disposal, recovery or reclamation. (Affiliated companies are defined as those companies owned by the same owners, corporate officers, or parent company.)

- ☒ Attachment _____
☐ No affiliates

7. Type of Waste to be Transported

(a). Check all that apply. Refer to Delaware's *Regulations Governing Solid Waste* for definitions of waste categories.

- ☐ Residential waste
☐ Commercial waste (from **non-manufacturing, non-processing** businesses and offices)
☐ Industrial waste (from a manufacturing or industrial process)
☐ Dry waste: ☐ construction/demolition debris
☐ trees/stumps
☐ other (must specify) _____
☐ Ash: ☐ municipal incinerator
☐ coal ash
☐ other (must specify) _____
☐ Infectious waste
☐ Non-hazardous petroleum-hydrocarbon contaminated soils
☒ Asbestos-containing waste
☐ Scrap Tires

(b). Does your company collect and transport residential (household) waste from single family homes, condominiums and apartment complexes in Delaware? ☐ Yes ☒ No

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

(d). If you offer recycling services, does your company collect and transport the recyclables separately from the waste generated by your customers? ☐ Yes ☐ No

(e). If you offer recycling services, are the recyclables ultimately taken to an incinerator (waste-to-energy) or landfill? ☐ Yes ☐ No

8. Treatment, Storage, and Disposal Facilities

- (a). Do you cross state lines with the waste? ☒ Yes ☐ No
- (b). Identify in an attachment **all** solid waste Treatment, Storage, Disposal Facilities, Reclamation Facilities and Transfer Stations to which the waste will be transported.
- ☒ Delaware Solid Waste Authority locations: (attachment) _____
 - ☐ Clean Earth of New Castle, Inc. (thermal treatment facility for PHC-soils)
 - ☐ Delaware Recyclable Products, Inc. (dry waste, commercial, industrial, and PHC-soils)
 - ☐ Other in-state solid waste facilities, including private facilities: (attachment) _____
 - ☒ Out of state solid waste TSD facilities: (attachment) _____

9. Other Transporter Permits

- (a). Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)
- ☐ Attachment _____
- ☒ 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 New Jersey

☐ No transporter permits in other states

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

DOT# 2261548 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 Contaminated Soils	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input checked="" type="checkbox"/>
Asbestos	\$1,000,000.00 + MCS-90 <input type="checkbox"/> (For Hire & Private)	\$350,000.00 <input type="checkbox"/>
Scrap Tires Only	\$350,000.00 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>

11. Spill Control and Safety

List all spill control and safety equipment which will be carried on each vehicle. (**Note:** Separate lists by type of vehicle and type of waste may be required.) Attach a copy of the Spill Control Plan. The Spill Control Plan **must** contain the following elements: (1) List of safety and spill control equipment carried in the vehicle, (2) Driver preventive measures, (3) Driver immediate corrective actions, (4) Company internal communications, (5) Company external communications including the **Delaware Emergency Reporting Numbers: 1-800-662-8802 and 302-739-9401**, and (6) Cleanup and decontamination measures.

Spill Control Plan: Attachment ✓

12. Driver Training

IN SUMMARY OR OUTLINE FORM, describe the procedures that your company takes to ensure that all company drivers are safe and competent drivers. Small owner-operators may describe their years of experience and driving record in lieu of a formal program.

- Include requirements for special licenses (e.g. CDL, including any special endorsements), any special training received, including dates training was received (e.g. asbestos training), and any ongoing company programs. (e.g. weekly safety meetings or annual refresher courses);
- Include your company procedure for periodic checks of the driver's records for moving violations, and your company policy on progressive counseling/discipline based on points;
- Describe how drivers are instructed in the following:
 - Knowledge of proper handling procedures for the type of solid waste being transported.
 - Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)
 - Familiarity with the conditions of the solid waste transporter's permit.

Driver Training, attachment ✓

13. Vehicle Identification

On the form provided with this application, list **MAKE, MODEL, YEAR, SERIAL NUMBER, LICENSE PLATE NUMBER, STATE OF REGISTRATION, MANUFACTURER'S GVWR and OWNERSHIP** of all vehicles used for the transportation of solid waste. You must list both motorized and container units. (If you maintain a list of company vehicles in a computer database you may submit a print out of the vehicles provided it contains the information requested herein.)

NOTE: You must notify CAPS in writing of any changes to information contained within this application, such as additions or deletions of vehicles, in accordance with conditions of the issued permit.

☒ Vehicle List Attached

14. Vehicle Operator Information

Is a list of all vehicle operators attached? ☒ Yes

What tax form do you submit to the IRS for your vehicle operators?

- ☒ Form W-2 *All employees - No independent*
☐ 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 Linda P. DeNunno Date 1/16/2026
Print Name Linda P. DeNunno Title President

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

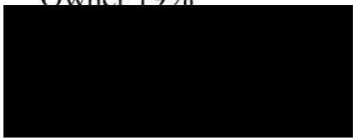
ecoservices, LLC

4b.

For each Owner, Partner, or Corporate Officer, attach a list with name, title, mailing address, date of birth and % ownership.


Lou Castelli

Owner 19%



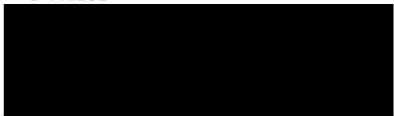
John Hartman 18%

Owner/Office



Aaron C. Jackson, Esq., Trustee of the Louis Castelli MG Irrevocable Trust dated February 15, 2024 – 56%

Owner



ecoservices, LLC

4c.

If company is owned or affiliated with a parent company, attach parent company name, address and mailing address and % ownership.

PSC EHC Acquisition, LLC, PSC EHC Holdings LLC
2502 Horseshoe Road
Lancaster, PA 17601
100%

ecoservices, LLC

6.

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.

PSC EHC Acquisition, LLC, PSC EHC Holding, LLC (Parent Company)
2502 Horseshoe Road
Lancaster, PA 17601

Engaged in the business of transport, however, does not do waste transport in Delaware.

ecoservices, LLC

#8 – Treatment, Storage, and Disposal Facilities

TSD Facilities:

GROWS / Fairless Hills
1000 Bordentown Road
Morrisville, PA 19067

Cherry Island Landfill
1706 E 12th Street
Wilmington, DE 19809

Lanchester Landfill
7224 Division Highway
Narvon, PA 17555

Spill Control Plan for Asbestos Waste Hauling Operations

Updated: February 2025
Responsible Person: Supervisor / Driver

1. Spill control and safety equipment carried in the vehicle;

Safety Equipment:

Flares, fire extinguisher, first aid kit, reflector triangles, flashlight, gloves and safety glasses

Spill Control:

Water and water sprayer, dust pan and scoop, polyethylene sheeting, tape, glue, polyethylene bags, asbestos danger signs and asbestos danger ribbon, protective suits, respirator, filters, and absorbent.

2. The following pre-trip inspection and preventative measures to be followed:

Perform a vehicle walk around and confirm that the turn signals, break lights, headlights, and wipers are all in working order. Confirm that there are no flat tires or tires low on air. Confirm that all doors are securely closed. Confirm that the rear door is closed and locked. Confirm that the load is properly secured so that no shifting that will cause the bags or drums to be punctured or broken causing a spill.

Prior to leaving the site the Driver will have a properly completed waste manifest in the truck.

3. Driver immediate corrective actions and internal communications;

If there is an accident or other emergency which causes a portion of the load to be spilled, the driver, if uninjured, will contact the following designated company coordinator.

Ed Deitz 610-308-7739
Jeremy Warke 610-621-8463

The driver will assess the spill. The driver will have asbestos training. If able to be cleaned up, the driver will use the emergency equipment and clean up the waste and properly containerize for further transport. If the spill is too large to be cleaned up the driver will post the area with danger tape and ribbon and cover the spill with polyethylene sheeting until further help can arrive.

4. Company external communications;

The designated coordinator will contact the state and municipal authorities where the accident occurred.

5. Cleanup and decontamination measures;

The designated coordinator will arrange for other ecoservices personnel to go to the site to assist in the cleanup. If additional vehicles are needed, we will contact the ecoservices office at 484-872-8884.

If needed, ecoservices will contact the following offices:

DNREC – Colin Gomes – 302-323-4542
US EPA Region III – 215-814-5122

THIS PLAN WILL REMAIN IN THE VEHICLE.

ecoservices,LLC

Solid Waste Transporter Permit Application

Attachments;

12. Driver Training in Summary Format

ecoservices, LLC bought a vehicle in October 2011. This vehicle does not require a CDL licensed driver.

The drivers of the vehicle will all be permitted by the State of Delaware to remove asbestos.

I have attached the resumes of the individuals who will drive the vehicle.

These employees have extensive driving experience as well as extensive asbestos abatement experience. They are trained in the Spill Control Plan and are experienced in using the equipment and materials provided for any spill containment or cleanup if it should be required.

Road and Driving Safety Rules:

In order to address the appropriate use and operation of ecoservices vehicles and to ensure road and driving safety, Employer hereby promulgates the following measures aimed at improving awareness of and compliance with requirements and provisions for road and driving safety.

Section 1: Purpose

Road and vehicle-related accidents are a common cause of injury and death. ecoservices strives to promote and to assist drivers to enhance the safe operation of ecoservices vehicles in order to reduce risks of road incidents to themselves, their colleagues and families and third parties. It is recommended that Employer personnel apply the same rules when they drive private vehicles.

Section 2: Scope

The present instruction applies to all staff. These measures are promulgated to govern the use of ecoservices vehicles and to ensure road and driving safety.

Section 3: Road safety

For the purpose of mitigating accidents involving the operation of ecoservices vehicles, on the road or elsewhere, the following measures shall be complied with immediately:

Mandatory inspection before beginning a journey

Before beginning a journey, drivers of ecoservices vehicles must conduct a "visual inspection" and walk around the vehicle to ensure that the tires are properly inflated and that the brakes, signal lights and headlights are working properly.

Prohibition of the use of mobile phones or any other electronic devices while driving vehicles

At all times, drivers of ecoservices vehicles must exercise proper control of the vehicle. Talking, messaging and using electronic devices while driving a vehicle are sources of distraction that necessarily prevent proper control and significantly increase the likelihood of an accident.

from driving under the influence of substances that negatively affect their driving ability, including alcohol, drugs, narcotics, psychotropics, chemical substances and medicines.

Prohibition of inappropriate and excessive speed

At all times, drivers of ecoservices vehicles must comply with local traffic laws and road signs in respect of vehicle operations, specifically posted speed limits. In cases where speed limit signs are not posted, drivers of ecoservices vehicles must exercise proper caution while driving.

Excessive speed reduces the time required to avoid an accident and increases the likelihood of an accident, as well as the severity of any accident. Traveling at excessive speed must be avoided. Inappropriate speed (for example, within the allowed speed limit but in conditions of very low visibility, heavy snow or rain or similar

Driver Orientation Procedure

The purpose of this procedure is to prepare or retrain each employee for their driving responsibilities, identify and explain our safe driving procedures, identify driving-related hazards they may encounter and discuss the methods to manage them, and connect them with the people and resources available to help.

The following employees will participate in this orientation.

- *employees that have been recently hired by the company,*
- *current employees undertaking driving responsibilities*

The employee's supervisor is responsible to conduct this orientation but may include others.

Procedure

The supervisor will meet with the employees in-person and do the following.

Contact Information

- provide the employee with the supervisor's phone number and email address
- introduce the employee to the fleet manager and provide their contact information
- discuss / confirm the employee understands their responsibilities and rights as they apply to driving for work

Safe Driving Procedures

- provide the employee with printed copies of Road and Safety Rules.
- thoroughly review those procedures with the employee, and answer their questions.

Hazard Awareness

- identify the common driving hazards and hazardous conditions the employee is likely to encounter, and
- discuss specific measures the company and its drivers are to apply to manage the associated risks.

Personal Protective Equipment

- confirm the employee has a hi-vis vest and knows they are to carry it in their vehicle
- explain they are to wear appropriate footwear when driving, and what types of footwear are acceptable, and what types of footwear are not acceptable for driving
- point out the location of the personal first aid kit and vehicle emergency kit, discuss obligations to check and maintain both.

ecoservices, LLC

I, _____, received the Driver Orientation Training. I have
Received a copy of the Driver Orientation Procedure and Driving Safety Rules.

_____	_____
Name	Date

ecoservices, LLC

**Delaware
Authorized Drivers**

Name		

Name: Edward Deitz

Credentials

EPA/AHERA 40-Hour Asbestos Supervisor
Fall Protection Competent Person Training
Scaffolding Safety Competent Person Training
Lead Inspector / Risk Assessor, Housing and Public Buildings
Lead in Construction
Mold Training
Silica Training
CPR Training
Aerial Work Platform Operator
Forklift Training

Employment History

2018 – Present	ecoservices, LLC
1991 - 2018	H.J. Deitz, Inc.
1987 - 1991	Philadelphia Plasterers Union
1985 - 1987	Dee-tra Construction Company

Experience Summary

A highly dedicated and experienced service line manager with ecoservices. Mr. Deitz has been in the construction industry for over 30 years. He has worked as both a worker and a manager on both union and non union projects. Mr. Deitz oversees, manages, and inspects all aspects of his projects, which include lead paint and coatings removal on the interior of all types of buildings, inspects coatings removal projects prior to job start and at the conclusion of each. These projects include lead paint, plaster, fireproofing, stucco and EIFS.

Key Projects

Allentown School District, Allentown, PA

West Chester University, West Chester, PA

Cedar Crest High School, Lebanon, PA

Howard Dean Generating Station, Vineland, NJ

Norristown State Hospital, Norristown, PA

Embreeville State Hospital, Coatesville, PA

Lehigh Valley Hospital, Allentown, PA

Lockheed Martin, King of Prussia, PA

Philadelphia Naval Shipyard, Philadelphia, PA

Name: James Toy

Credentials

See attached Health and Safety Training Sheet

Employment History

2012 – Present	ecoservices, LLC
1990 - 2012	MARCOR Environmental, Supervisor
1987 - 1990	Asbestos Abatement Corp.

Experience Summary

With more than 25 years of experience, Mr. Toy has extensive, hands-on knowledge and management expertise for environmental, asbestos and lead abatement projects, microbial decontamination projects, and environmental compliance issues, including underground storage tanks and emergency spill response. He manages all operational functions, including warehouse activities, project estimating, scheduling, and regulatory compliance. He also prepares project designs, work plans, and site-specific health and safety plans. Mr. Toy demonstrates excellent coordination with project managers, general contractors, subcontractors, and regulatory agencies.

Key Projects

Cromby Generating Station (Phoenixville, PA): Performed asbestos abatement as part of the Cromby Generating Station decommissioning. Abatement including removal of 2,000 sf of boiler insulation, 3,200 sf of transite siding, and 500 lf of pipe insulation.

Amtrak Parkesburg Train Station (Parkesburg, PA): Performed asbestos abatement including abatement and disassembly of 1 boiler, 2,100 sf of asbestos insulation debris and 20 lf of asbestos pipe insulation.

Harrisburg Farm Show Complex (Harrisburg, PA): Boiler house remediation, inclusive of glovebag, floor tile and mastic, breeching removal, windows and caulk.

Air Products R&D #1 West Spr. (Easton, PA): Supervisor for asbestos abatement of hoods, vinyl asbestos tile (VAT) and 25 pipe fittings, plus gutting out 3,330 sq. ft. of office/lab space.

Scully Co. Village of Oxford VAT/Mastic (Blue Bell, PA): Supervisor for removal of vinyl asbestos tile (VAT), mastic, and wood sub-flooring. The project included re-installing plywood. (\$1.33 million)

Toltest –Air National Guard: Decommissioning of 4 underground jet fuel tanks, excavating the tanks, line breaking, line cleaning and flushing, cleaning and disposal of tanks.

Armstrong Flooring Plant DD&R (Lancaster, PA): Supervisor for demolition of railroad crossing and concrete slab; Buildings 49, 57, and 90; asbestos abatement; and cleanup/sale of rack system.

AMETEK/ECOR Asbestos Abatement (Wilmington, DE): Supervised asbestos abatement prior to demolition. ACM included galbestos, asbestos resin pipe and tanks, vinyl asbestos floor tile, mastic, and thermal system pipe insulation. The work also included removal of 169 sq. ft. of exterior duct.

VEHICLE INFORMATION - See Item 13 of the application.
Use this form, or other format which provides the same information, to answer the VEHICLE IDENTIFICATION requirement of the application. List all vehicles, both motorized and container (if a license plate is required on the container) to be used to haul solid waste in the state of Delaware. In addition, list the vehicle owner, owner's address, and domicile address if different from the company address provided in the application.

VEHICLE INFORMATION - See Item 13 of the application.
Use this form, or other format which provides the same information, to answer the VEHICLE IDENTIFICATION requirement of the application. List all vehicles, both motorized and container (if a license plate is required on the container) to be used to haul solid waste in the state of Delaware. In addition, list the vehicle owner, owner's address, and domicile address if different from the company address provided in the application.

[illegible]



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/16/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Alera Group formally CBM 100 W. Commons Blvd, Ste 302 New Castle DE 19720	CONTACT NAME: Kathleen Coburn	
	PHONE (A/C, No, Ext): 302-322-2261 FAX (A/C, No): 302-322-8285	
	E-MAIL ADDRESS: kcoburn@cbmins.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : ARCH SPECIAITY INS CO	21199
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

INSURED
ecoservices llc
303 B National Road
Exton PA 19341

ECOSLLC-01

COVERAGES **CERTIFICATE NUMBER:** 2013757304 **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 <input type="checkbox"/> OTHER:			12EMP23004 04	2/23/2025	2/23/2026	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 Professional Limit \$ 1,000,000
	AUTOMOBILE LIABILITY <input 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						COMBINED SINGLE LIMIT (Ea accident) \$ 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 <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			12 EMX 23250 04	2/23/2025	2/23/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	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	N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Pollution & Professional Liability			12EMP23004 04	2/23/2025	2/23/2026	Per Pollution Event 1,000,000
A	Mold Liability			12EMP23004 04	2/23/2025	2/23/2026	Per Mold Event 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Umbrella policy 12EMX23250 04 extends coverage limits over the general liability, pollution and professional liability limits.

Department of Natural Resources & Environmental Control is an additional insured for ongoing and completed operations with respects to general liability when required by written contract with insured and is an additional insured with respects to auto liability when required by written contract with insured. Waiver of subrogation in favor of additional insureds applies with respects to general liability.

CERTIFICATE HOLDER

Department of Natural Resources & Environmental Control
Solid Hazardous Waste Mangement Branch
89 Kings Highway
Dover DE 19901

CANCELLATION

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

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/16/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER RCM&D Inc. 11403 Cronridge Drive, Suite 270 Owings Mills MD 21075	CONTACT NAME: Insurance Certificate Team	
	PHONE (A/C, No, Ext): 410-356-9500 FAX (A/C, No): 410-356-3520	
INSURED Ecoservices, LLC 303B National Rd Exton PA 19341-2647 ECOSLLC-01	E-MAIL ADDRESS: certificates.bv@rcmd.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Redwood Fire and Casualty Insurance Company	
	INSURER B: Hamilton Select Insurance Inc.	
	INSURER C: Selective Insurance Company of the Southeast	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 285817051

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		S2477142	2/23/2025	2/23/2026	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y		ENVXSHI800108-04	2/23/2025	2/23/2026	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
A	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		ECWC624008	2/23/2025	2/23/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$2,000,000 E.L. DISEASE - EA EMPLOYEE \$2,000,000 E.L. DISEASE - POLICY LIMIT \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Department of Natural Resources & Environmental Control Solid Hazardous Waste Management Branch is listed as additional insured when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Department of Natural Resources & Environmental Control Solid Hazardous Waste Management Branch 89 Kings Highway Dover DE	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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Davis, DaQuan (DNREC)

From: Andrea Kovatch <akovatch@eco-pa.com>
Sent: Friday, January 23, 2026 11:14 AM
To: Davis, DaQuan (DNREC)
Subject: RE: Delaware Solid Waste Transporter Permit (EcoServices, LLC)
Attachments: Asbestos Spill Control.docx

Good Morning,

See attached revised Spill Plan.

Please let me know if there is anything else you need.

Thanks.
Andrea Kovatch
ecoservices, LLC

From: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> **On Behalf Of** WHStranporters
Sent: Thursday, January 22, 2026 3:04 PM
To: Linda DeNenno <ldenanno@eco-pa.com>
Subject: Delaware Solid Waste Transporter Permit (EcoServices, LLC)

Hello,

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 11**-The spill control plan is missing the Delaware emergency reporting numbers (1-800-662-8802 and 302-739-9401). Please update your plan and add the numbers.

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

Thank you,

DaQuan Davis



DaQuan L. Davis

Environmental Scientist

**Division of Waste and Hazardous
Substances**

☎ 302-739-9403

✉ WHStranporters@delaware.gov

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 dnrec.delaware.gov



Spill Control Plan for Asbestos Waste Hauling Operations

Updated: February 2025
Responsible Person: Supervisor / Driver

1. Spill control and safety equipment carried in the vehicle;

Safety Equipment:

Flares, fire extinguisher, first aid kit, reflector triangles, flashlight, gloves and safety glasses

Spill Control:

Water and water sprayer, dust pan and scoop, polyethylene sheeting, tape, glue, polyethylene bags, asbestos danger signs and asbestos danger ribbon, protective suits, respirator, filters, and absorbent.

2. The following pre-trip inspection and preventative measures to be followed:

Perform a vehicle walk around and confirm that the turn signals, break lights, headlights, and wipers are all in working order. Confirm that there are no flat tires or tires low on air. Confirm that all doors are securely closed. Confirm that the rear door is closed and locked. Confirm that the load is properly secured so that no shifting that will cause the bags or drums to be punctured or broken causing a spill.

Prior to leaving the site the Driver will have a properly completed waste manifest in the truck.

3. Driver immediate corrective actions and internal communications;

If there is an accident or other emergency which causes a portion of the load to be spilled, the driver, if uninjured, will contact the following designated company coordinator.

Ed Deitz 610-308-7739
Jeremy Warke 610-621-8463

The driver will assess the spill. The driver will have asbestos training. If able to be cleaned up, the driver will use the emergency equipment and clean up the waste and properly containerize for further transport. If the spill is too large to be cleaned up the driver will post the area with danger tape and ribbon and cover the spill with polyethylene sheeting until further help can arrive.

4. Company external communications;

The designated coordinator will contact the state and municipal authorities where the accident occurred.

5. Cleanup and decontamination measures;

The designated coordinator will arrange for other ecoservices personnel to go to the site to assist in the cleanup. If additional vehicles are needed, we will contact the ecoservices office at 484-872-8884.

If needed, ecoservices will contact the following offices:

DNREC – Colin Gomes – 302-323-4542

US EPA Region III – 215-814-5122

DE Emergency Reporting Numbers – 800-662-8802 and 302-739-9401.

THIS PLAN WILL REMAIN IN THE VEHICLE.