

RECEIPT

DATE 3/16/26No. 635897RECEIVED FROM B.S. Environmental Inc.\$ 350.00Three hundred fifty and $\frac{00}{100}$ DOLLARS FOR RENT DE-SW-1780
 FOR _____

ACCOUNT	
PAYMENT	
BAL. DUE	

- CASH
- CHECK
- MONEY ORDER
- CREDIT CARD

FROM 004044 TO _____BY M.M.



RECEIVED

MAR 16 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: English

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

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

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

1. Type of Permit

- New - SCRAP TIRES ONLY Submit a check or money order, payable to the "State of Delaware," in the amount of \$75.00.
New - ALL OTHERS Submit a check or money order, payable to the "State of Delaware" in the amount of \$350.00.
Renewal: Permit # DE-SW- 1780 Expiration Date 6-30-2026

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.

SCRAP TIRES ONLY

ALL OTHERS

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

- 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 B.S. Environmental Inc.

Location Address:	Mailing Address:
5937 Keysville Rd, Keymar, MD 21757	5406 Crows Nest Ct, Sykesville, MD 21784

Contact: Juan Bosrton Title: President

Business Phone: 410-549-5409 Fax: same

E-mail: juan@bsenvironmental.com

24 hr Emergency Contact Phone: [REDACTED]

4. Company Ownership Information

(a). Please indicate the company type:

- Proprietorship
- Partnership
- Corporation - If company is a corporation, indicate city, state, and date of incorporation.

City: Westminster State: Maryland Date: 6-27-1997

- Municipality
- Public institution
- Limited Liability Corporation (LLC) State: _____
- 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 1

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

- Attachment _____
- No parent company

5. Company locations in Delaware

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

- Attachment _____
 No Delaware locations

6. Company Affiliates

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

- Attachment _____
 No affiliates

7. Type of Waste to be Transported

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

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

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

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

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

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

8. Treatment, Storage, and Disposal Facilities

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

9. Other Transporter Permits

- (a). Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)
- Attachment _____
 - Not applicable-No transporter permit required for these solid waste types in our home state.
- (b). List solid waste transporter permits held in other states.
- Attachment _____
 - No transporter permits in other states
- (c). Indicate your Federal DOT number and Motor Carrier number:
- DOT# 2421892 MC# 24792
- 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 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 2

12. Driver Training

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

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

✓ Driver Training, attachment 3

13. Vehicle Identification

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

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

Vehicle List Attached

14. Vehicle Operator Information

Is a list of all vehicle operators attached? Yes

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

- Form W-2
- Form 1099-Misc
- Other

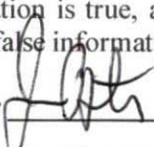
15. Environmental Record

List all criminal citations, arrests, convictions, civil or administrative violations, and civil or administrative enforcement actions, and the disposition(s) thereof for the violation or alleged violation of any environmental statute, regulation, permit, license, approval, or order, regardless of the state in which it occurred. Indicate whether it was a local, state, or federal violation or alleged violation. List all such items for the applicant, and if the applicant is other than an individual, for any employee while employed by the applicant, or any partner, officer, or director of the applicant as an individual or for any former business of such partner, officer, or director. For civil or administrative violations or alleged violations, list all such items for the last five (5) years from the date of the application. Information submitted under this section is subject to verification. **Failure to submit complete and accurate information may lead to permit denial or revocation.**

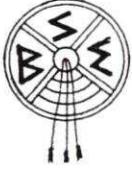
- Attachment _____
- No violations within the specified time period

16. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, upon personal knowledge and information, the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information.

**Signature  Date 3-7-26
Print Name Juan Boston Title President

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



B.S. Environmental Inc.

5406 Crows Nest Court
Sykesville, MD 21784-8929
Fairfield, NJ * Pickerington, OH * Port Orange, FL *
Keymar, MD
Phone\Fax (410) 549-5409
Email: inquiries@bsenvironmental.com
Web: www.bsenvironmental.com

DE-SW-1790 Renewal:

Owner:

Juan Boston
President
5406 Crows Nest Court
Sykesville, MD 21784-8929

100% Owner

BS Environmental Inc.
5406 Crows Nest Ct
Sykesville, MD 21784

SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

- (1) Spill control and safety equipment carried in each vehicle:
 - 1). Reflectors and/or flares
 - 2). Fire extinguisher
 - 3). First aid kit
 - 4). Heavy-duty gloves, hard hat
 - 5). Flashlight
 - 6). Shovel and sorbent pads
- (2) All loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the disposal facility.
- (3) The driver will perform the following pre-trip inspections:
 - 1). Vehicle safety and operational inspection
 - 2). Mechanical inspection
- (4) If there is an accident or other emergency which causes a portion of the load to be spilled, the driver, if uninjured, will contact the following designated company coordinator:
Name: Juan Boston Phone: [REDACTED]
- (5) The designated coordinator will contact the state and municipal authorities where the accident occurred. If the accident or spill has the potential to cause environmental damage, (either due to the nature of the waste, location of the accident, or additional factors such as leaking oil, gasoline, or hydraulic fluid) the person contacted will notify the state emergency response team, by calling one of the following numbers:
Delaware: 911, (302) 739-9401 or 1-800-662-8802 (Other numbers may be listed as follows, however, the listed Delaware numbers **must** be included in the spill control plan.)
Maryland: 911, 866-633-4686
New Jersey: N/A
- (6) The designated coordinator will contract for clean-up services with another company. (This is optional, however, if another company is to be contracted, please append a list of cleanup companies by either region or state.)
- (7) This plan will be carried in all vehicles, along with the permit.

ATTACHMENT 3

**BS Environmental Inc.
5406 Crows Nest Ct
Sykesville, MD 21784**

B.S. Environmental Inc., Driver Training

All BSE commercial drivers must possess a valid Commercial Driver's License. The license is verified by BSE and kept on file for the duration of employment.

BSE performs at a minimum, annual checks of all employed drivers driving records, DUI, at fault highway accidents or reckless driving convictions result in termination.

All BSE employees are 40 hour HAZWOPER-certified, all take annual 8 hour refresher courses.

All BSE drivers are thoroughly trained and understand that BSE only transports non-hazardous materials.



MOTOR VEHICLE ADMINISTRATION

State of Maryland Apportioned Registration Cab Card

Attachment 4

Date Registered: 01-Aug-2025

Expiration: 31-Jul-2026

Registrant Information

Account: 0025751-0001 Fleet: 0025751-0001
Name & Address: Supp #: 0
B S ENVIRONMENTAL INC
5406 CROWS NEST COURT
SYKESVILLE MD 21784

Carrier Safety Information

USDOT: 2421892
Name & Address:
BS ENVIRONMENTAL INC
5406 CROWS NEST CT
SYKESVILLE MD 21784

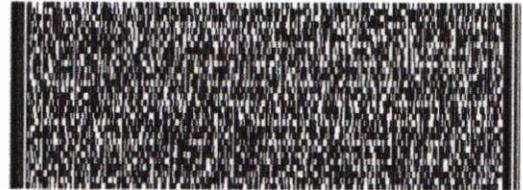
Vehicle Information

Unit: 003 Year: 2019 Fuel: D
Plate: 326ED51 Make: PTRB Unladen Weight: 28,500
VIN: 2NPTL40X0GM324127 Type: Dump Truck Gross Weight: 70,000
Owner: B S ENVIRONMENTAL INC CGV Weight: 80,000
Axle Count: 4

- AB 036287 AL 080000 AR 080000 AZ 080000
- BC 036287 CA 080000 CO 080000 CT 080000
- DC 080000 DE 080000 FL 080000 GA 080000
- IA 080000 ID 080000 IL 080000 IN 080000
- KS 080000 KY 080000 LA 080000 MA 080000
- MB 036287 MD 080000 ME 080000 MI 080000
- MN 080000 MO 080000 MS 080000 MT 080000
- NB 036287 NC 080000 ND 080000 NE 080000
- NH 080000 NJ 080000 NL 036287 NM 080000
- NS 036287 NV 080000 NY 080000 OH 080000
- OK 080000 ON 036287 OR 080000 PA 080000
- PE 036287 QC 000006 RI 080000 SC 080000
- SD 080000 SK 036287 TN 080000 TX 080000
- UT 080000 VA 080000 VT 080000 WA 080000
- WI 080000 WV 080000 WY 080000

2
6

JUL
State of Maryland
IRP
326ED51



IMPORTANT NOTICE: This Cab Card is issued pursuant to the International Registration Plan.

Cab Cards that are copied, or altered are invalid. Maryland Law requires the vehicle to be insured at all times. Tags must be returned PRIOR to any cancellation of insurance on this vehicle. Failure to comply will result in suspension of the registration and penalty of up to \$2,500.00 per vehicle, per year.

The Maryland Vehicle Law requires that you provide your insurance information when involved in an accident. The Cab Card must be carried in this vehicle or on the person operating the vehicle.

Maryland Vehicle Law requires you to display both a front and rear license plate on the vehicles they are issued for. For Tractors, Truck Tractors and Road Tractors; validation stickers must be put on the Front License Plate.

State of Maryland
 Apportioned Registration Cab Card

Attachment A

Date Registered: 01-Aug-2025

Expiration: 31-Jul-2026

Registrant Information

Account: 0025751-0001 Fleet: 0025751-0001
 Name & Address: Supp #: 0
 B S ENVIRONMENTAL INC
 5406 CROWS NEST COURT
 SYKESVILLE MD 21784

Carrier Safety Information

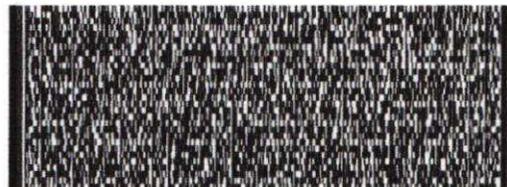
USDOT: 2421892
 Name & Address:
 BS ENVIRONMENTAL INC
 5406 CROWS NEST CT
 SYKESVILLE MD 21784

Vehicle Information

Unit: 02	Year: 2007	Fuel: D
Plate: 265ED72	Make: STER	Unladen Weight: 28,500
VIN: 2FZMAZCV87AY16613	Type: Dump Truck	Gross Weight: 70,000
Owner: B S ENVIRONMENTAL INC		CGV Weight: 80,000
		Axle Count: 4

AB 036287	AL 080000	AR 080000	AZ 080000
BC 036287	CA 080000	CO 080000	CT 080000
DC 080000	DE 080000	FL 080000	GA 080000
IA 080000	ID 080000	IL 080000	IN 080000
KS 080000	KY 080000	LA 080000	MA 080000
MB 036287	MD 080000	ME 080000	MI 080000
MN 080000	MO 080000	MS 080000	MT 080000
NB 036287	NC 080000	ND 080000	NE 080000
NH 080000	NJ 080000	NL 036287	NM 080000
NS 036287	NV 080000	NY 080000	OH 080000
OK 080000	ON 036287	OR 080000	PA 080000
PE 036287	QC 000006	RI 080000	SC 080000
SD 080000	SK 036287	TN 080000	TX 080000
UT 080000	VA 080000	VT 080000	WA 080000
WI 080000	WV 080000	WY 080000	

2 **JUL**
 State of Maryland
 IRP
6 **265ED72**



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**DE-SW-1780 Renewal, B.S. Environmental Inc.
Attachment BSE Vehicle Operators**

**BS Environmental Inc.
5406 Crows Nest Ct
Sykesville, MD 21784**

Juan Boston – Lic. # B-235-454-777-643, CDL-MD

James Crowley – Lic. #C-642-367-676-313, CDL-MD

BSE Disposal Facilities Utilized in Delaware

All commercial and industrial wastes are transported to:

- Clean Earth Disposal Facility

94 J Caldwell Ln, New Castle, DE 19720



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/12/2026

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 Blue Ridge Risk Partners, LLC 1120 C Professional Court Hagerstown MD 21740	CONTACT NAME: Certificates PHONE (A/C, No, Ext): 301-733-2530 E-MAIL ADDRESS: certificates@blueridgeriskpartners.com	FAX (A/C, No): 301-791-1478
	INSURER(S) AFFORDING COVERAGE	
INSURED BS Environmental Inc 5406 Crows Nest Ct Sykesville MD 21784	INSURER A: Selective Insurance Company of South Carolina NAIC #: 19259	
	INSURER B: Chesapeake Employers' Insurance Company NAIC #: 11039	
	INSURER C: Westchester Surplus Lines Insurance Company NAIC #: 10172	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** 1975025229 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD 1 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		G49604105001	2/6/2026	2/6/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
A	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		S 2562493	2/6/2026	2/6/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		G49604361001	2/6/2026	2/6/2027	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
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 <input checked="" type="checkbox"/> N N/A	4464729	1/20/2026	1/20/2027	<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	Contractor's Pollution Liability E&O		G49604105001	2/6/2026	2/6/2027	Limit 1,000,000 Limit 1,000,000 Deductible 10,000

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

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

Davis, DaQuan (DNREC)

From: Juan Boston <Juan@bsenvironmental.com>
Sent: Friday, March 20, 2026 8:02 AM
To: WHStransporters
Subject: FW: Delaware Solid Waste Transporter Permit Application
Attachments: MCS-90 bse.pdf

Importance: High

Mr. Davis, please add soils to our permit as we do send soils to Clean Earth in New Castle. Please find attached MCS-90. Thank you.

Juan Boston
President\CEO, B.S. Environmental Inc.
SDBE, MBE, Native American Owned
5406 Crows Nest Court
Sykesville, MD 21784
410-549-5409 ph\fax
www.bsenvironmental.com

PLEASE NOTE: The information being transmitted by this email message is being sent by B.S. Environmental Inc. it is intended for the exclusive use of the addressee named above and may constitute information that is privileged or confidential or otherwise legally exempt from disclosure. If you are not the named addressee or an employee or agent responsible for delivering this message to the named addressee, you are not authorized to retain, read, copy or disseminate this message or any part of it. If you received this email message in error, please notify us immediately by telephone and delete the email. Thank you.

From: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> **On Behalf Of** WHStransporters
Sent: Wednesday, March 18, 2026 1:21 PM
To: Juan Boston <Juan@bsenvironmental.com>
Subject: Delaware Solid Waste Transporter Permit Application

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 7(a)**- Where does commercial waste go? Clean Earth New Castle only takes soil. Do you want to add soils to your permit?
- **Section 10**- Please provide an MCS-90 endorsement form with the automobile liability policy number 52562493.

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

✉ WHStntransporters@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, Financial Responsibility Filings Division.

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



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 B.S. Environmental Inc. of Maryland 2421892
(Motor Carrier name) (Motor Carrier state or province) (USDOT Number)

Dated at 7:30 am on this 20th day of March, 2026

Amending Policy Number: S 2562493 Effective Date: 02/06/2026

Name of Insurance Company: Selective Ins.

Countersigned by: [Signature]
(authorized company representative)

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

- This insurance is primary and the company shall not be liable for amounts in excess of \$ 1,000,000 for each accident.
- This insurance is excess and the company shall not be liable for amounts in excess of \$ _____ for each accident in excess of the underlying limit of \$ _____ for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: _____

Cancellation of this endorsement may be effected by the company or the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the FMCSA's registration requirements under 49 U.S.C. 13901, by providing thirty (30) days notice to the FMCSA (said 30 days notice to commence from the date the notice is received by the FMCSA at its office in Washington, DC).

Filings must be transmitted online via the Internet at <https://www.fmcsa.dot.gov/registration>.

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