

# RECEIPT

DATE

3/27/26

No.

932528

RECEIVED FROM

D &amp; J Recycling

\$

650.00

Six hundred fifty and <sup>00</sup>/<sub>100</sub>

DOLLARS

 FOR RENT FOR

PE-SW-0879D

ACCOUNT	
PAYMENT	
BAL. DUE	

 CASH CHECK MONEY  
ORDER CREDIT  
CARD

FROM

12605

TO

BY

M.M.



RECEIVED  
MAR 27 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- 0879-D 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 D + J Recycling

Location Address:	Mailing Address:
<u>609 NE. Front st</u>	<u>PO Box 411</u>
<u>Milford, De. 19963</u>	<u>Milford, De. 19963</u>

Contact: Randall D Kenton Title: Vice President

Business Phone: 302-242-3663 Fax: —

E-mail: randall.kenton@gmail.com

24 hr Emergency Contact Phone: 302-242-3663

**4. Company Ownership Information**

- (a). Please indicate the company type: Sub S
- Proprietorship
  - Partnership
  - Corporation - If company is a corporation, indicate city, state, and date of incorporation.  
City: Milford State: De Date: 1982
  - 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 \_\_\_\_\_

(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

ATTACHMENT ~~2-1~~ 2-B

50% - Randall D Kenton

[REDACTED]

Vice President

[REDACTED]

50% Frederick J Kenton

[REDACTED]

President

[REDACTED]

ATTACHMENT ~~4~~ 4-B

D S W A - Sandtown

D S W A - Jones Crossroad: Millbrook

Farmington - Transfer - Republic

Blessings Blends - Midford - Horse Manure only

**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

609 NE Front St  
Mifflin, De. 19963

**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# \_\_\_\_\_ 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

# Attachment 8-B

DSWA Sanctuaries

DSWA Gonestoun Crossroads - Millsboro

Republics Farmington transfer

Blessing Blends - Milford

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

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

### 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   X



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/23/2026

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).

<b>PRODUCER</b>		<b>CONTACT NAME:</b> Cory Fetterman	
Fetterman Agency Inc. 200 N Rehoboth Blvd		<b>PHONE (A/C, No, Ext):</b> (302) 422-3079	<b>FAX (A/C, No):</b>
Milford DE 19963		<b>E-MAIL ADDRESS:</b> cory@fettermanins.com	
<b>INSURED</b>		<b>INSURER(S) AFFORDING COVERAGE</b>	
D & J Recycling Inc. PO BOX 411		<b>INSURER A:</b> NEXT	
MILFORD DE 19963-0411		<b>INSURER B:</b> PROGRESSIVE	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>	Y	Y	NXT533FFA8-02-GL	06/07/2025	06/07/2026	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						MED EXP (Any one person) \$ 15,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
B	<b>AUTOMOBILE LIABILITY</b>			974534808	11/02/2025	11/02/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						PROPERTY DAMAGE (Per accident) \$
	DED RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

**CERTIFICATE HOLDER****CANCELLATION**

DNRC 89 KINGS HWY 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 Cory A Fetterman

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**Medical Examination Certificate**

First Name: Purdell In accordance with (please check only one):

I certify that I have examined Last Name: Kenton in accordance with (please check only one):

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR

the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

Wearing corrective lenses  Accompanied by a \_\_\_\_\_  Driving within an exempt intracity zone (49 CFR 391.62) (Federal)

Wearing hearing aid  Accompanied by a Skill Performance Evaluation (SPE) Certificate  Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date: 11/17/27

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Telephone Number: 3026981100 Date Certificate Signed: 11/17/26

Physician Assistant  Advanced Practice Nurse

Chiropractor  Other Practitioner (Specify): \_\_\_\_\_

Issuing State: Delaware National Registry Number: 5597071407

Medical Examiner's Signature: [Signature]

Medical Examiner's Name (please print or type): Ronnie Diem, PA-C

Medical Examiner's State License, Certificate, or Registration Number: CS-0000437

Driver's License Number: 145085 Issuing State/Province: De.

State/Province: De. Zip Code: 19803 CLP/CDL Applicant/Holder:  Yes  No

Driver's Signature: Ronald D. Kenton

Driver's Address: 16140 Fitzgibbon Rd City: Middletown

Street Address: \_\_\_\_\_

\*\*This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

Rev. 3/31/25

#12

RANDALL KENTON HAS 35 YEARS  
EXPERIENCE DRIVING THE TRUCK- HE  
WAS TRAINED BY MYSELF FROM  
THE START.

DURANE KENTON

### 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 Randall D Kenton Date 3-23-26  
Print Name Randall D Kenton Title Vice President

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



# Your ID Cards

Keep these cards handy in your wallet or glove compartment and contact us anytime you have a question or need to report a claim.

If you have a claim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehicle, when you use a shop in our preapproved network, we'll guarantee the repairs for as long as you own or lease your vehicle.

Thank you for choosing Progressive.

FOLD PAGE ALONG PERFORATION AND TEAR

### INSURANCE IDENTIFICATION CARD - Delaware

**Policy Number:** 974534808    **NAIC Number:** 11770  
**Effective Date:** 11/02/2025    **Expiration Date:** 11/02/2026  
**Policy Type:** Commercial  
**Insurer:** United Financial Casualty Company 1-800-444-4487  
PO Box 94739 Cleveland, OH 44101

**Named Insured(s):**  
D&J RECYCLING, INC

**Your Agent:**  
FETTERMAN AGENCY INC 1-302-422-3079  
200 N REHOBOTH BLVD  
MILFORD, DE 19963

Year	Make	Model	VIN
2015	MACK	700	1M2AX04C6FM024840

THIS CARD LEFT BLANK INTENTIONALLY

Delaware law requires an ID card to register a vehicle or obtain new tags, and to serve as evidence of insurance when requested by law enforcement authorities.

The ID card must be carried in the vehicle at all times

FOLD PAGE ALONG PERFORATION AND TEAR



STATE OF DELAWARE  
Motor Vehicle Registration Card



Good Only When Signed On Back

VEHICLE MAY BE INSPECTED AND REGISTRATION RENEWED ANY TIME WITHIN 90 DAYS BEFORE EXPIRATION  
A \$25.00 LATE FEE IS CHARGED FOR LATE REGISTRATION RENEWALS

TITLE TAG AND REGISTRATION NO. CL52887		SPECIAL TAG IF ANY		ODOMETER MILEAGE 382,007	
MANUFACTURER AND YEAR MACK 2015		VEHICLE NO. 713		BODY STYLE CC	
YEARLY FEE 1120.00		VEHICLE IDENTIFICATION NO. 1M2AX04C6FM024840		EXPIRATION DATE 05/03/2026	
TITLE DATE 04/27/2016		NET WEIGHT 65,000		COLOR WHI/	
REGISTRATION FEE 66,000		USE NEW			

202405038787000001 127 RSH \$2260.00 RR CL052887

D&J RECYCLING INC  
612 NE FRONT STREET  
EXT  
MILFORD DE 19963

# STATE OF DELAWARE

## Department of Finance Division of Revenue

ACTIVE BUSINESS LICENSE  
1989021940

**EFFECTIVE**

01/01/2024 - 12/31/2026

**ISSUED TO**

D & J RECYCLING INC  
DUANE & JOYCE KENTON  
PO BOX 411  
MILFORD DE 19963-0411

**LOCATION**

D & J RECYCLING INC  
609 NE FRONT STREET EXT  
MILFORD, DE 19963-1396

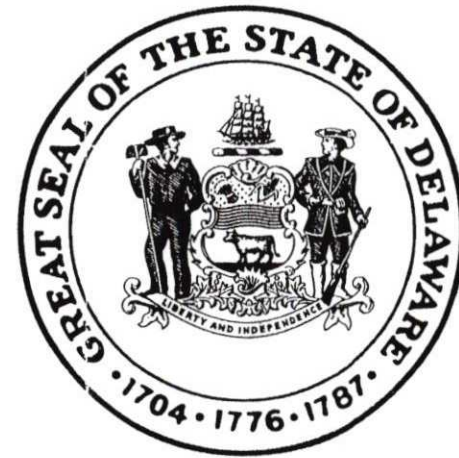
**TRADE, BUSINESS, OR  
PROFESSIONAL ACTIVITY**

GENERAL SERVICES

**ISSUED:** 11/25/2023

**FEE PAID:** \$225.00

Is hereby licensed to practice, conduct, or engage in the occupation or business activity indicated above in accordance with the license application duly filed pursuant to Title 30, Delaware Code.



2026

POST CONSPICUOUSLY - NOT TRANSFERABLE



## 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).
- (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).
  - 2).
- (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: \_\_\_\_\_ Phone: \_\_\_\_\_
- (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:  
New Jersey:
- (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.

#21

RAM-TRUCK

ATT 11

D & J RECYCLING, INC  
609 N. E. FRONT STREET  
M.I. FORD, DE 19963  
302-422-0163  
FAX: 302-424-2411

**DAILY SAFETY & CONTROL SPILL PLAN  
"NOTICE"**

**TO ALL DRIVERS THIS IS A MUST!  
THIS PLAN MUST REMAIN IN ALL VEHICLES ALONG WITH PERMIT!**

**THESE STEPS WILL BE FOLLOWED EVERYDAY!**

- 1. COMPLETE YOUR 11 MINUTE PRE-TRIP INSPECTION;
- 2. COMPLETE DAILY TRIP SHEETS & LOG BOOKS.
- 3. CHECK OFF SPILL CONTROL & SAFETY EQUIPMENT CHECKLIST.

- 1. CELL PHONE
- 2. REFLECTORS AND/OR FLARES
- 3. FIRE EXTINGUISHER
- 4. FIRST-AID KIT
- 5. HEAVY-DUTY RUBBER GLOVES
- 6. HARD HAT
- 7. SAFETY GOGGLES
- 8. FLASHLIGHT
- 9. OIL ABSORBANT
- 10. PUSH BROOM
- 11. SHOVEL
- 12. TARP
- 13. RUBBER STRAPS

**4. TARPING PROCEDURES:**

**ALL LOADS WILL BE TARPED TIGHTLY & SECURELY TO PREVENT ANY ACCIDENTAL DISCHARGE OF WASTE DURING TRANSPORT TO THE DISPOSAL FACILITY.**

**5. IN CASE OF EMERGENCY SPILL OR ACCIDENT:**

- 1. CALL 911 DE 302-739-6072, OR 1-800-662-8802 ~~302-739-6072~~ 302-739-9401
- 2. CALL D&J RECYCLING, INC. OFFICE: 302-422-0163 302-242-3663

**6. EMERGENCY SPILL PLAN OF ACTION:**

- 1. CONTROL SPILL COORDINATOR  
RANDALL D. KENTON 302-242-3663
- 2. MINOR SITUATIONS WILL BE HANDLED FROM INHOUSE CREW  
ADDITIONAL OIL ABSORBENT, BROOMS, SHOVELS, AND LABORERS  
ARE ON STANDBY AT HOMEBASE SHOP.
- 3. MAJOR SITUATIONS WILL BE HANDLED BY CONTACTING PROFESSIONAL  
HELP: LOCAL FIRE DEPT., AND/OR DNREC

RESPECTFULLY,  
*Duane A. Kenton, Sr.*  
DUANE A. KENTON SR. — PRES.  
D & J RECYCLING, INC.