

RECEIPT

DATE

6/18/86

No.

735814

RECEIVED FROM

Spayd's Environmental LLC

\$

350.00

Three hundred fifty and $\frac{22}{100}$ DOLLARS FOR RENT FOR

New DE-SW-2220

ACCOUNT	
PAYMENT	
BAL. DUE	

 CASH CHECK MONEY ORDER CREDIT CARD

FROM

10083

TO

BY

M.M.



RECEIVED

MAY 18 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- _____ Expiration Date _____

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

SCRAP TIRES ONLY

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

ALL OTHERS

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

2. Release to Public

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

3. Company Information

Company Name Spayd's Environmental LLC

Location Address:	Mailing Address:
2246 S. Market St. Elizabethtown, PA 17022	2246 S. Market St. Elizabethtown, PA 17022

Contact: Chad Mendenhall Title: Dispatcher

Business Phone: 717-304-5376 Fax: n/a

E-mail: cmendenhall@spaydsenvironmental.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: _____ 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 _____
- No transporter permits in other states

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

DOT# 4507287 MC# 1783921

- 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 (For Hire & Private)	\$1,000,000.00 + MCS-90 <input type="checkbox"/>	\$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.

- (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 ✓

**Spayd's Environmental
Driver Training and Safety Compliance Sheet**

This Driver Training and Safety Compliance Sheet establishes the procedures and requirements implemented by Spayd's Environmental to ensure that all company drivers are qualified, safe, and competent to transport solid waste in compliance with applicable federal, state, and local regulations.

1. Driver Qualification Requirements

- All drivers must possess a valid driver's license appropriate for the type of vehicle operated.
- Drivers operating commercial motor vehicles requiring a Commercial Driver's License (CDL) must maintain a valid CDL at all times.
- Drivers must possess all required endorsements applicable to the transported waste, vehicle type, or operating conditions.
- Drivers must successfully complete a pre-employment review including motor vehicle record review, employment verification, and background screening as permitted by law.
- Drivers must be medically qualified in accordance with applicable DOT and state requirements.

2. Required Special Licenses and Endorsements

License / Endorsement	Required (Yes/No)	Expiration Date
-----------------------	-------------------	-----------------

Commercial Driver's License (CDL)		
-----------------------------------	--	--

Air Brake Endorsement		
-----------------------	--	--

Hazardous Materials Endorsement (if applicable)		
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Other Special Endorsements		
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3. Driver Training Program

All drivers receive initial and ongoing training related to vehicle operation, waste handling, safety procedures, spill response, and regulatory compliance. Training records shall be maintained by the company and include the date of training, subject matter, and instructor name.

Training Topic	Date Completed	Instructor	Refresher Due
----------------	----------------	------------	---------------

Defensive Driving

DOT / CDL
Compliance

Solid Waste Handling
Procedures

Spill Control and
Emergency Response

Vehicle Inspection
Procedures

PPE and Workplace
Safety

Accident Reporting
Procedures

Weekly Safety
Meetings Attendance

4. Weekly Safety Meetings and Ongoing Programs

- Weekly safety meetings are conducted to review operational safety concerns, incidents, near misses, seasonal hazards, and regulatory updates.
- Attendance at weekly safety meetings is documented and maintained in employee training files.
- Drivers participate in ongoing defensive driving and safety awareness programs.
- Safety topics may include distracted driving prevention, vehicle inspections, backing procedures, spill response, and accident prevention.

5. Motor Vehicle Record (MVR) Checks

Spayd's Environmental conducts periodic reviews of driver motor vehicle records (MVRs) to ensure continued compliance with company standards and applicable regulations. Driver records are reviewed at least annually and may be reviewed more frequently following accidents, citations, or complaints.

- Any driver receiving moving violations, suspensions, or revocations must immediately report such actions to management.
- Repeated violations may result in progressive counseling, suspension of driving privileges, retraining, or termination.

6. Progressive Counseling and Discipline Policy

Point / Violation Level	Corrective Action	Additional Requirements
Minor Violation / 1–2 Points	Verbal Counseling	Review of Safe Driving Procedures

Repeated Violations / 3-4 Points	Written Warning	Mandatory Retraining
Serious Violations / 5-6 Points	Suspension	Management Review
Excessive Violations / 7+ Points	Termination Consideration	Final Safety Evaluation

7. Driver Instruction and Operational Procedures

- Drivers are trained in the proper handling and transportation procedures for all types of solid waste transported by the company.
- Drivers are instructed on waste loading, securement, covering, and unloading procedures to prevent accidental discharge.
- Drivers are trained and familiarized with the approved accidental discharge containment plan (spill control plan), including spill response equipment and notification procedures.
- Drivers are instructed on the conditions and operational requirements of the company's solid waste transporter permit.
- Drivers are trained to immediately report spills, accidents, vehicle defects, unsafe conditions, and regulatory violations.

8. Driver Acknowledgment

I acknowledge that I have received training and instruction regarding company safety procedures, solid waste handling procedures, spill response procedures, and applicable permit requirements.

Driver Name:

Driver Signature:

Date: _____

Supervisor Signature:

Date: _____

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 5/14/26
Print Name Derek S. Spayd Title OWNER

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

4.

(b.)

Name: Derek Spayd (Owner)



% Ownership: 50

Name: Olivia Spayd (Co-Owner)



% Ownership: 50

(c.)

Parent Company: Spayd's Industrial

Address: 2246 S. Market St. Elizabethtown, PA 17022

% Ownership: 100

8.

(b.)

All Facilities Waste will be transported to:

JG Environmental

776 Flory Mill Rd.

Lancaster, PA 17601

VLS

1076 Old Manheim Pike

Lancaster, PA 17601

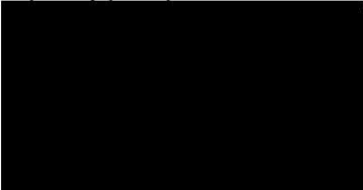
Reworld Myerstown
343 King St.
Myerstown, PA 17067

Derek Spayd
Account

Spayd's Environmental Trucks

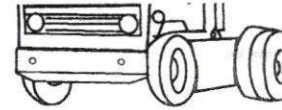
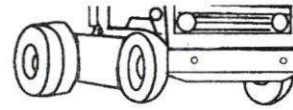
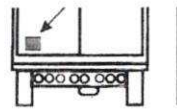
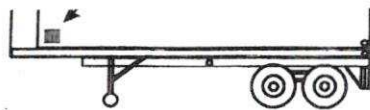
Spayd's Account

Unit Number	VIN	Lic Plate State	License Plate Number	Year	Make	Model		Color	EZ Pass	Manufact. GVRW
1	1M2P337C04M034635	PA	801712	2004	Mack	R	Roll off	white		73,280
2	1NKZX4TX8LJ308601	PA	801713	2020	Kenworth	T880	Roll off	white		73,280
3	2TVLBEIN4RT005104	PA	VCF7554	2024	Toyota	Tacoma	Pick up	White		
4	1NPCX4EXXTD801689	PA	801716	2026	Peterbilt	567	Roll off	white		73,280
5										
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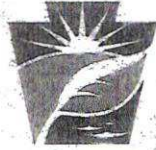
Sold

they are applied.



Each qualified waste vehicle is issued two (2) stickers. Place the stickers on the vehicle as shown in the diagram.

16



COMMONWEALTH OF PENNSYLVANIA Waste Transportation Safety Program Written Authorization

5415266891

Phone No. (717)-304-5376

VIN# 1NPCX4EXXTD801689
WH25415
Expires Dec 2026

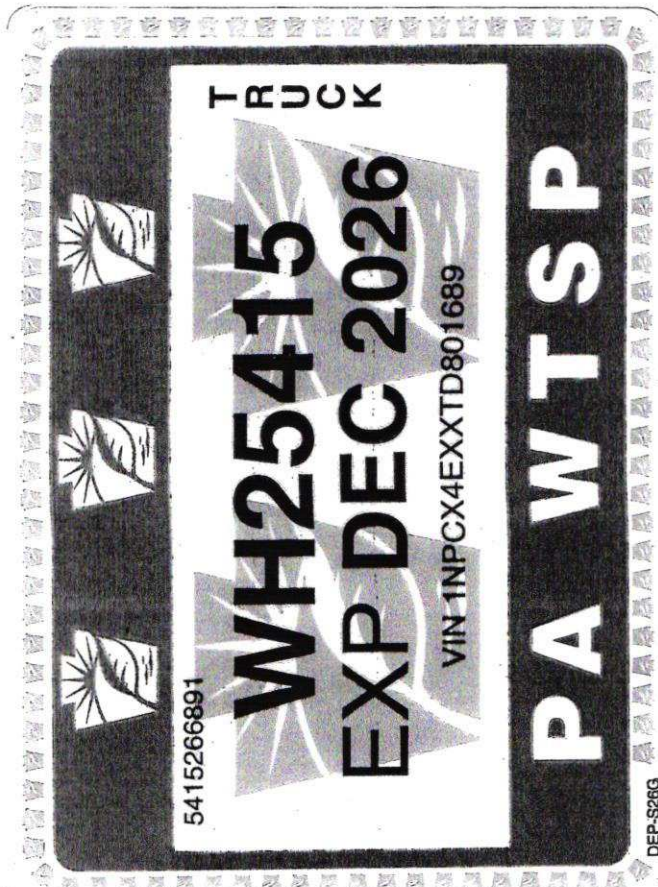
SPAYD'S ENVIRONMENTAL, LLC
KATLYN ECKMAN
2246 S MARKET ST
ELIZABETHTOWN, PA 17022-9696

THIS WRITTEN AUTHORIZATION MUST BE KEPT WITH THE WASTE TRANSPORTATION VEHICLE AT ALL TIMES.
If lost or damaged contact DEP immediately at 717-783-9258.
A replacement fee is required.
Duplication or Photocopies of this original documentation are not valid.

DOCUMENT SECURITY BACKGROUND IS PRINTED IN BLUE INK ON WHITE PAPER & INCLUDES PINK THERMO-INK KEYSTONE AT RIGHT

CAUTION! REMOVE STICKERS CAREFULLY.

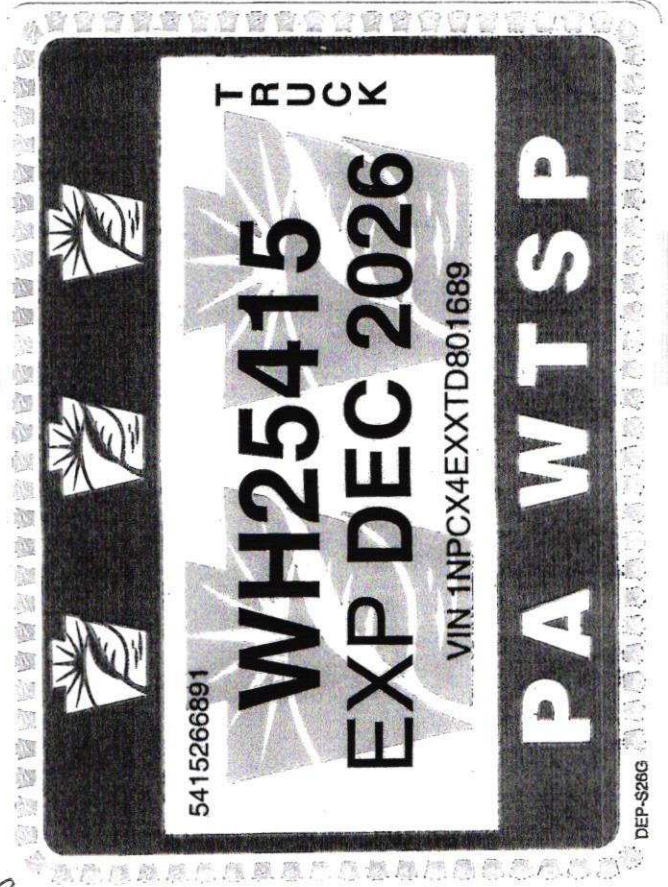
Applied stickers take 24 hours to reach full tack



DEP-S26G

APPLICATION INSTRUCTIONS

1. Clean Surface To Which Sticker Will be Applied of Dirt, Grease or Oily Substances.
2. Remove Sticker From Carrier Sheet.
3. Position Sticker, Then Press Firmly Until Tightly Affixed To Surface.



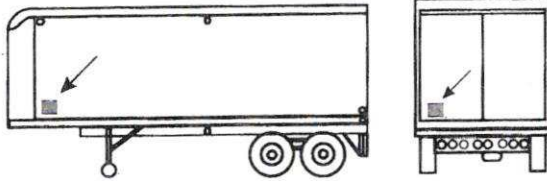
DEP-S26G

PEEL HERE

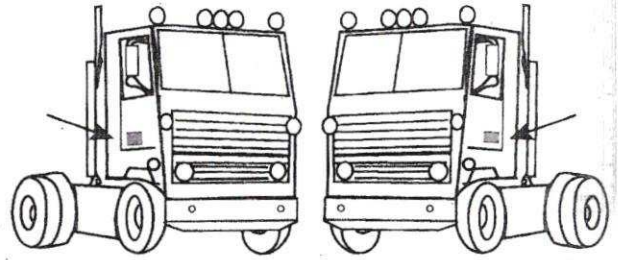
PEEL HERE

Waste Trailers

Apply stickers to a clean, dry surface. It may take 24 hours for adhesive to reach full tack. Do not remove stickers once they are applied.



Trucks and Truck Tractors



Each qualified waste vehicle is issued two (2) stickers. Place the stickers on the vehicle as shown in the diagram.

THIS DOCUMENT INCLUDES PRINTED WATERMARK ON REVERSE. HOLD AT ANGLE TO VIEW.

43



COMMONWEALTH OF PENNSYLVANIA
Waste Transportation Safety Program
Written Authorization

5415266011

Phone No. (717)-304-5376

VIN# 1NKZX4TX8LJ308601
WH25415
Expires Dec 2026

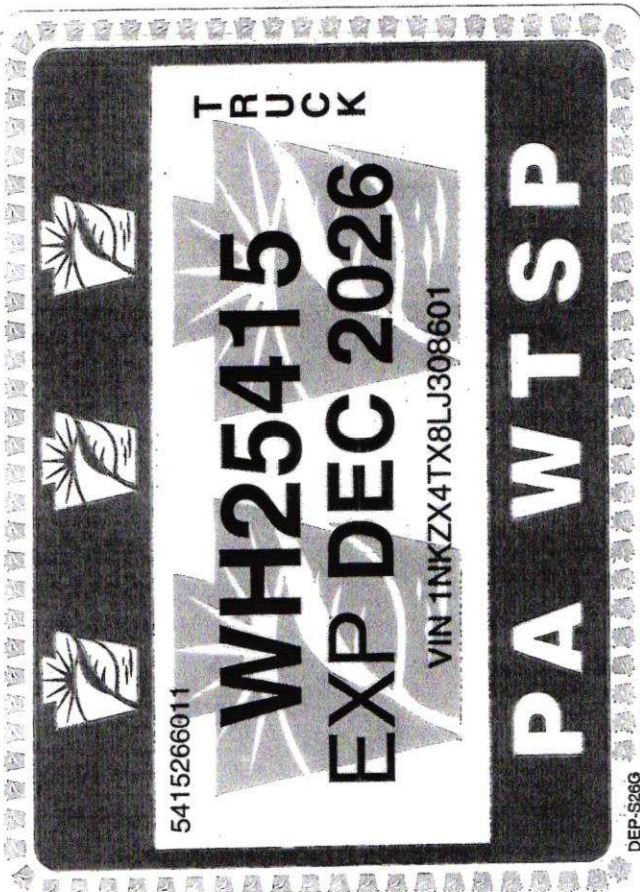
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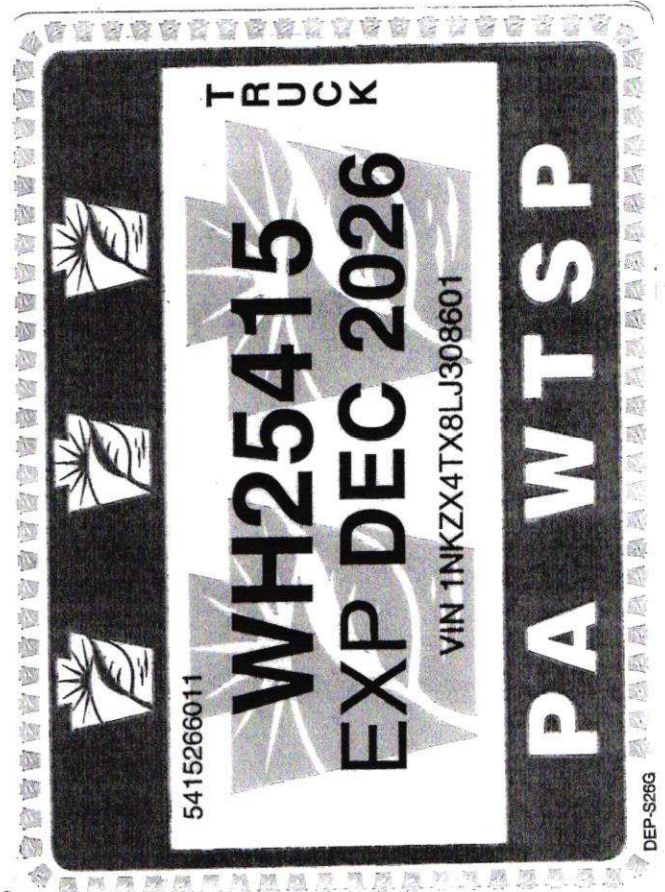
CAUTION! REMOVE STICKERS CAREFULLY.

Applied stickers take 24 hours to reach full tack

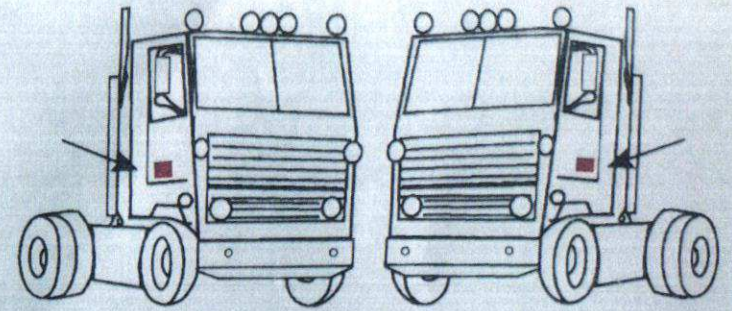
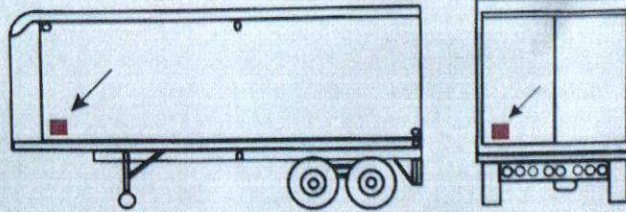


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Apply stickers to a clean, dry surface. It may take 24 hours for adhesive to reach full tack. Do not remove stickers once they are applied.



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Waste Transportation Safety Program
Written Authorization

5415266891

Phone No. (717)-304-5376

VIN# 1NPCX4EXXTD801689

WH25415

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CAUTION! REMOVE STICKERS CAREFULLY.

ach full tack

, Grease or Oily Substances.

d To Surface.

TAPLES

Spill Control Plan

Speeds Environmental – Solid Waste Hauling Operations

1. Purpose

The purpose of this Spill Control Plan is to establish procedures for preventing, responding to, and reporting spills or accidental discharges of solid waste during transport operations conducted by Speeds Environmental. This plan is intended to protect public health, employee safety, and the environment while ensuring compliance with applicable state and local regulations.

2. Spill Control and Safety Equipment

Each vehicle operated by Speeds Environmental shall carry the following spill control and safety equipment at all times:

1. Reflectors and/or flares
2. Fire extinguisher
3. First aid kit
4. Heavy-duty gloves and hard hat
5. Flashlight
6. Spill control kit

Drivers are responsible for ensuring all required equipment is present and in usable condition prior to departure.

3. Load Security Requirements

All loads transported by Speeds Environmental shall be enclosed, covered, or tarped to prevent accidental discharge, littering, or release of waste materials during transport to the disposal or processing facility. Drivers shall inspect coverings and securing devices before leaving the loading site and periodically during transport as necessary.

4. Pre-Trip Inspections

Drivers shall perform and document pre-trip inspections before operating any vehicle. Inspections shall include, at a minimum:

- Tires and wheels
- Brakes and lights
- Hydraulic systems
- Tailgates and doors
- Tarping and load securement systems
- Spill response and safety equipment
- Fluid leaks or mechanical deficiencies

Any unsafe condition identified during inspection shall be corrected before the vehicle is placed into service.

5. Spill or Emergency Response Procedures

In the event of an accident, emergency, or other incident that causes a portion of the load to be spilled, the driver shall take the following actions if uninjured and it is safe to do so:

1. Secure the scene and activate emergency warning devices.
 2. Assess the situation for hazards to human health, traffic, or the environment.
 3. Contact the designated company coordinator immediately.
 4. Contain the spill using the spill control kit when safe and practical.
 5. Prevent additional releases whenever possible.
 6. Cooperate with emergency responders and regulatory authorities.
-

6. Designated Company Coordinator

Name: Chad Mendenhall

Phone: 717-808-2830

7. Notification Procedures

The designated company coordinator shall contact the appropriate state and municipal authorities in the jurisdiction where the accident or spill occurred.

If the accident or spill has the potential to cause environmental damage, the person contacted shall notify the State Emergency Response Team using one of the following numbers:

Delaware Emergency Response Contacts

- 911
 - 302-739-9401
 - 1-800-662-8802
-

8. Spill Cleanup and Disposal

Spilled materials shall be recovered and properly disposed of as soon as practicable. Cleanup activities shall be conducted in a manner that minimizes additional environmental impacts and protects worker safety. Contaminated absorbents, debris, and recovered waste materials shall be transported and disposed of at an approved disposal facility.

9. Training

All drivers and applicable personnel shall be trained on spill prevention procedures, proper use of spill control equipment, emergency response procedures, notification requirements, and safe waste handling practices. Training records shall be maintained by Speeds Environmental.

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Spilled materials shall be recovered and properly disposed of as soon as practicable. Cleanup activities shall be conducted in a manner that minimizes additional environmental impacts and protects worker safety. Contaminated absorbents, debris, and recovered waste materials shall be transported and disposed of at an approved disposal facility.

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All drivers and applicable personnel shall be trained on spill prevention procedures, proper use of spill control equipment, emergency response procedures, notification requirements, and safe waste handling practices. Training records shall be maintained by Speeds Environmental.

10. Plan Review

This Spill Control Plan shall be reviewed periodically and updated as necessary to reflect operational changes, regulatory updates, or lessons learned from incidents or drills.



SPAYWEL-01

CFAUS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/14/2026

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 The Hess Agency 2990 Mount Joy Rd Manheim, PA 17545	CONTACT NAME: _____
	PHONE (A/C, No, Ext): (717) 665-2770 FAX (A/C, No): (717) 665-4493 E-MAIL ADDRESS: hess@hessagency.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : Erie Insurance Company	NAIC # 26263
INSURER B : Flagship City Insurance Co	35585
INSURER C : Erie Insurance Exchange	26271
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

 Spayd's Environmental LLC
 2246 S Market St
 Elizabethtown, PA 17022-9696

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: _____			Q61-0232525	11/1/2025	11/1/2026	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							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
								\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			Q80-0023519	9/26/2025	9/26/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			Q35-0172376	11/1/2025	11/1/2026	EACH OCCURRENCE	\$ 9,000,000
							AGGREGATE	\$ 9,000,000
								\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			Q95-0103448	11/1/2025	11/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

Department of Natural Resources and Environmental Control
 89 Kings Highway
 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

IMPORTANT NOTICE

The Delaware Department of Natural Resources and Environmental Control (DNREC) Compliance and Permitting Section (CAPS) is dedicated to overseeing the waste transportation permit process. We carefully receive, review, and provide comments regarding submitted permit applications, requiring a complete application prior to public notice. It is important for transporters submitting applications to DNREC-CAPS to understand that all permit applications will now be publicly accessible during the required 15-day public notice period and are also subject to release under DNREC's Freedom of Information Act (FOIA) afterward.

To improve transparency, DNREC now publishes legal notices on its website that include the names of transporters applying for permits, along with convenient links to the original permit applications. This approach is designed to promote open communication and build public trust.

Before releasing each permit application, DNREC-CAPS ensures that all personally identifiable information (PII)—such as driver names, birthdates, and Social Security numbers—is properly redacted.

Transporters who wish to keep other certain information in their permit applications confidential—excluding personally identifiable information (PII) which is being redacted—must explicitly request confidentiality when they submit their original application. This request must comply with DNREC's Freedom of Information Act (FOIA) regulations. For detailed policies and procedures regarding confidentiality requests, refer to [8 DE Admin. Code § 900, titled *Policies and Procedures Regarding FOIA Requests*](#).

Please note that any request to hold specific information as confidential must be made in writing at the time you submit your original waste transporter application to DNREC-CAPS. Your request must include a justification for why the information should be kept confidential, as required by Subsections 6.2.1 through 6.2.4 of the *Policies and Procedures Regarding FOIA Requests*.

Additionally, if you are making a confidentiality claim, you are required to submit two applications: the original waste transporter permit application and a second version of the original application that redacts the information you wish to keep confidential.

We appreciate your cooperation in this matter.

Davis, DaQuan (DNREC)

From: Katlyn Eckman <keckman@spaydsindustrial.com>
Sent: Thursday, May 21, 2026 7:37 AM
To: WHStranporters
Cc: Chad Mendenhall
Subject: RE: DE Solid Waste Transporter Permit Application
Attachments: Spayd's Environmental LLC updated cert for DNREC.pdf; Delaware Document.pdf

Section 1: Sorry about that! I didn't realize new transporters could only choose 1 year. Please shred that check and we will mail another. Could you confirm the mailing address for me again please?

Section 9b: No, we don't.

Section 10: See attached.

Section 13: All vehicles on the application are owned by Spayd's Environmental LLC.

Thanks!
Katlyn Eckman



Cell-717-926-8277
Office-717-304-5376
2246 South Market Street
Elizabethtown, Pa 17022
keckman@spaydsindustrial.com
keckman@spaydsenvironmental.com



From: Chad Mendenhall <cmendenhall@spaydsenvironmental.com>
Sent: Tuesday, May 19, 2026 12:05 PM
To: Katlyn Eckman <keckman@spaydsindustrial.com>
Subject: FW: DE Solid Waste Transporter Permit Application

From: WHStranporters <WHStranporters@delaware.gov>
Sent: Tuesday, May 19, 2026 12:03 PM
To: Chad Mendenhall <cmendenhall@spaydsenvironmental.com>
Subject: DE 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 1**-New transporters must select one year for \$350.00, and you sent us a check for **\$650.00**. Please mail a check for \$350.00. Would you like me to shred the other check? Please provide an answer.
- **Section 9(b)**- Do you have any other state solid waste transporter permits besides PA? If so, please provide each permit's number.
- **Section 10**- Please provide an MCS-90 endorsement form with your company's auto liability insurance policy number.
- **Section 13**- Please state who owns the vehicles submitted on this application.

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

✉ WHSttransporters@delaware.gov

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 dnrec.delaware.gov



Davis, DaQuan (DNREC)

From: WHStranporters
Sent: Thursday, May 21, 2026 8:43 AM
To: 'Katlyn Eckman'
Subject: RE: DE Solid Waste Transporter Permit Application

Categories: Egress Switch: Unprotected

Hello,

Our address is 89 Kings Hwy SW, Dover, DE 19901.



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



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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





SPAYWEL-01

CFAUS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/20/2026

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PRODUCER The Hess Agency 2990 Mount Joy Rd Manheim, PA 17545	CONTACT NAME: PHONE (A/C, No, Ext): (717) 665-2770 FAX (A/C, No): (717) 665-4493 E-MAIL ADDRESS: hess@hessagency.com														
INSURED Spayd's Environmental LLC 2246 S Market St Elizabethtown, PA 17022-9696	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : Erie Insurance Company</td> <td style="text-align: center;">26263</td> </tr> <tr> <td>INSURER B : Flagship City Insurance Co</td> <td style="text-align: center;">35585</td> </tr> <tr> <td>INSURER C : Erie Insurance Exchange</td> <td style="text-align: center;">26271</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Erie Insurance Company	26263	INSURER B : Flagship City Insurance Co	35585	INSURER C : Erie Insurance Exchange	26271	INSURER D :		INSURER E :		INSURER F :	
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COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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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 CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER			Q61-0232525	11/1/2025	11/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			Q80-0023519	9/26/2025	9/26/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			Q35-0172376	11/1/2025	11/1/2026	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	Q95-0103448	11/1/2025	11/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 MCS-90 endorsement applies

CERTIFICATE HOLDER**CANCELLATION**

Department of Natural Resources and Environmental Control
 89 Kings Highway
 Dover, DE 19901

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

AUTHORIZED REPRESENTATIVE

For FMCSA Use Date Received: _____

Please note, the expiration date as stated on this form relates to the process for renewing the Information Collection Request for this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not expire. For questions, please contact the Office of Registration, 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 SPAYD'S ENVIRONMENTAL LLC of Pennsylvania 4507287
(Motor Carrier name) (Motor Carrier state or province) (USDOT Number)

Dated at 4:30 am on this 20th day of May, 2026

Amending Policy Number: Q80 0023519 Effective Date: 05/20/2026

Name of Insurance Company: FLAGSHIP CITY INSURANCE COMPANY

Countersigned by: Marc Cipriani
(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 \$ 750,000 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: (800)458-0811.

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>.

(continued on next page)

DEFINITIONS AS USED IN THIS ENDORSEMENT

Accident includes continuous or repeated exposure to conditions or which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

Motor Vehicle means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

Bodily Injury means injury to the body, sickness, or disease to any person, including death resulting from any of these.

Property Damage means damage to or loss of use of tangible property.

Environmental Restoration means restitution for the loss, damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.

Public Liability means liability for bodily injury, property damage, and environmental restoration.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Motor Carrier Safety Administration (FMCSA).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon,

or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately to each accident and any payment under the policy because of anyone accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

(continued on next page)

SCHEDULE OF LIMITS — PUBLIC LIABILITY
--

Type of carriage	Commodity transported	January 1, 1985
(1) For-hire (in interstate or foreign commerce, with a gross vehicle weight rating of 10,001 or more pounds).	Property (nonhazardous)	\$750,000
(2) For-hire and Private (in interstate, foreign, or intrastate commerce, with a gross vehicle weight rating of 10,001 or more pounds).	Hazardous substances, as defined in 49 CFR 171.8 , transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Division 1.1, 1.2, and 1.3 materials, Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material, as defined in 49 CFR 173.403 .	\$5,000,000
(3) For-hire and Private (in interstate or foreign commerce, in any quantity; or in intrastate commerce, in bulk only; with a gross vehicle weight rating of 10,001 or more pounds).	Oil listed in 49 CFR 172.101 ; hazardous waste, hazardous materials, and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101 , but not mentioned in (2) above or (4) below.	\$1,000,000
(4) For-hire and Private (In interstate or foreign commerce, with a gross vehicle weight rating of less than 10,001 pounds).	Any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403 .	\$5,000,000

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