RECEIPT

DATE 6-24-26 No. 735819

RECEIVED FROM Bell Garage - B&G Glass Inc $ 350.00

three hundred and fifty and 00/ DOLLARS

○ FOR RENT
○ FOR New SW

ACCOUNT	
PAYMENT	
BAL. DUE	

○ CASH
☒ CHECK
○ MONEY ORDER
○ CREDIT CARD

FROM 48547 TO

BY JWS

3-11

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- _____ 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	ALL OTHERS
☐ One Year - $75.00	☐ One Year - $350.00
☐ Two Years - $125.00	☒ Two Years - $650.00
☐ Three Years - $175.00	☐ Three Years - $950.00
☐ Four Years - $225.00	☐ Four Years - $1250.00
☐ Five Years - $275.00	☐ 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 Betts Texaco & B & G Glass INC

Location Address:	Mailing Address:
2806 Pulaski Hwy	
Newark, DE 19702	

Contact: Mike Zeccola Title: Operations Manager

Business Phone: 302-934-2284 Fax:

E-mail: mikez@bettsgarage.com

24 hr Emergency Contact Phone: 302-934-2284 24/7

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: Newark State: Delaware Date: [redacted]
- ☐ 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

David Betts, Jr., President

100% ownership

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) Cherry Island
☐ 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# 339550 MC# 492850

☐ 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 ☐	$350,000.00 ☐
Commercial Waste	$750,000.00 + MCS-90 ☐	$350,000.00 ☐
Industrial Waste	$750,000.00 + MCS-90 ☐	$350,000.00 ☐
Dry Waste	$750,000.00 + MCS-90 ☐	$350,000.00 ☐
Ash	$750,000.00 + MCS-90 ☐	$350,000.00 ☐
Infectious Waste	$1,000,000.00 + MCS-90 ☐	$750,000.00 + MCS-90 ☐
Non-Hazardous Petroleum Contaminated Soils	$750,000.00 + MCS-90 ☐	$350,000.00 ☐
Asbestos	$1,000,000.00 + MCS-90 ☐ (For Hire & Private)	$350,000.00 ☐
Scrap Tires Only	$350,000.00 ☐	$350,000.00 ☐

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 _____

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* D. Betts Date 6-13-2026

Print Name David Betts Jr Title President

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

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

MAKE - MODEL - YEAR	TYPE	VIN # (Serial Number)	LICENSE PLATE # and STATE of REGISTRATION	mfgr's GVWR	OWNERSHIP
Kenworth T880 2025	RollOFF	1NKZX4EXX5S165162	CL124968 Delaware	79,200	Betts Texaco & B&G Glass Inc

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). Absorbent 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). Systematic walk-around
   2). mechanical check

(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: Mike Zecca 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:
   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.

USDOT Number: _____ Date Received: _____

Please note, the expiration date as stated on this form relates to the process for renewing the Information Collection Request for this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not expire. For questions, please contact the Office of Registration, Registration Division.

United States Department of Transportation
Federal Motor Carrier Safety Administration

Endorsement for Motor Carrier Policies of Insurance for Public Liability

under Sections 29 and 30 of the Motor Carrier Act of 1980

FORM MCS-90

Issued to BETTS TEXACO & B&G GLASS INC. DBA BETTS of 2806 PULASKI HIGHWAY NEWARK, DE 19702

(Motor Carrier name) *(Motor Carrier state or province)*

Dated at 04:14 PM on this 18TH

day of FEBRUARY , 2026 Amending Policy Number: 542-56-67 Effective Date 2026-03-01

Name of Insurance Company NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Countersigned by: _____

(authorized company representative)

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

[X] *This insurance is primary and the company shall not be liable for amounts in excess of* $ 2,000,000 *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: 877-802-5246, 9 then 2.

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

Filings must be transmitted online via the Internet at https://portal.fmcsa.dot.gov/UrsRegistrationWizard/.

(continued on next page)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/11/2026

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	CONTACT NAME: Courtney Wettlaufer	
Patriot Growth Insurance Services, LLC The Safegard Group 100 Granite Drive, Suite 205 Media PA 19063	PHONE (A/C, No, Ext): (610) 892-7688	FAX (A/C, No): (610) 892-7695
	E-MAIL ADDRESS: cwettlaufer@safegardgroup.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Betts Texaco and B&G Glass, Inc.; B&G Auto Body Inc. B&G Truck & Trailer Repair, LLC 2806 Pulaski Hwy Newark DE 19702	INSURER A : National Union Fire Ins. Co. of Pgh.	19445
	INSURER B : Summit Specialty Insurance Company	16889R
	INSURER C : AIU Insurance Company	19399
	INSURER D : Markel American Insurance Company	28932
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 2026 Master **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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			4693535	03/01/2026	03/01/2027	EACH OCCURRENCE	$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 25,000
							PERSONAL & ADV INJURY	$ 2,000,000
							GENERAL AGGREGATE	$ 4,000,000
							PRODUCTS - COMP/OP AGG	$ 4,000,000
								$
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY [X] MCS90			5425667	03/01/2026	03/01/2027	COMBINED SINGLE LIMIT (Ea accident)	$ 2,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
							GKLL-On Hook	$ 1,000,000
B	[ ] UMBRELLA LIAB [X] OCCUR [X] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 0			SXSL001000093700	03/01/2026	03/01/2027	EACH OCCURRENCE	$ 2,000,000
							AGGREGATE	$ 2,000,000
								$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [N] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		014195953	03/01/2026	03/01/2027	[X] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$ 2,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 2,000,000
							E.L. DISEASE - POLICY LIMIT	$ 2,000,000
D	Motor Truck Cargo			MKLM1IM0002513	03/01/2026	03/01/2027	Limit	$500,000
							Deductible	$5,000

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

Certificate issued as Evidence of Insurance.

CERTIFICATE HOLDER

Department of Natural Resources and Environmental Control,
and Permitting Section
89 Kings Hwy
Dover DE 19901

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Brenda Ciccarelli

BETTS GARAGE SOLID WASTE HAULING

1. Waste Classification Before Transport

Before anything is moved, waste must be identified and classified:

- **Municipal solid waste (MSW):** household-type trash
- **Industrial waste:** manufacturing byproducts
- **Construction and demolition debris**
- **Special wastes:** bulky items, electronics, tires
- **Hazardous waste (if applicable):** regulated separately under stricter rules

Proper classification determines the container type, labeling, and transport requirements.

---

2. Proper Packaging and Containment

Waste must be securely contained to prevent spills, odors, or exposure:

- Use **sealed containers, dumpsters, or compactor units**
- Liquids must be in **leak-proof containers**
- Sharp or hazardous materials require **puncture-resistant packaging**
- Containers must be **clearly closed and not overfilled**

---

3. Labeling Requirements

Depending on the waste type:

- General solid waste: usually minimal labeling required
- Industrial or regulated waste:
    - Generator information
    - Waste type description
    - Accumulation date
    - Warning labels if applicable

Hazardous waste (if included) requires strict DOT/EPA labeling and placards.

---

4. Loading Procedures

Safe loading is critical:

- Use mechanical equipment (forklifts, loaders) when possible
- Avoid manual lifting of heavy or unstable waste piles
- Distribute weight evenly in the transport vehicle
- Secure all loads with covers, straps, or enclosures to prevent shifting or blowing debris

---

5. Transport Vehicle Requirements

Vehicles must be appropriate for waste type:

- **Enclosed or covered trucks** for general MSW
- **Compactor trucks** for municipal routes
- **Tanker trucks** for liquid waste
- Vehicles must be:
  - Leak-resistant
  - Regularly cleaned and maintained
  - Equipped with spill kits (for industrial/hazardous loads)

---

6. Driver and Operator Requirements

- Drivers may need a valid commercial driver's license (CDL)
- Training in:
  - Waste handling safety
  - Spill response procedures
  - DOT transport regulations (if applicable)
- Use of PPE (gloves, reflective clothing, safety boots)

---

7. Transport Documentation

Most commercial or regulated waste transport requires records such as:

- Waste manifest or shipping papers
- Generator and receiver information
- Weight/volume records
- Disposal facility approval

Hazardous waste requires a formal "cradle-to-grave" manifest system.

---

8. En Route Safety Procedures

- Follow approved routes (especially for regulated or hazardous waste)
- Avoid overloading or speeding
- Monitor for leaks, odors, or shifting loads
- In case of spills:
    - Stop safely
    - Contain spill if possible
    - Notify authorities and cleanup teams

---

9. Delivery and Disposal

At the destination (landfill, transfer station, recycling facility):

- Verify receipt of waste
- Weigh and record loads
- Unload in designated areas only
- Clean and inspect vehicle before next load

---

10. Environmental and Compliance Considerations

- Avoid illegal dumping (strictly enforced)
- Follow state-specific transport permits
- Maintain records for inspections
- Comply with local landfill and transfer station rules

BETTS GARAGE SPILL CONTROL PLAN

For Roll-Off Truck Operations

1. Purpose

To prevent, control, and properly respond to spills of fuels, oils, hydraulic fluids, and transported materials during roll-off truck operations to protect employees, the public, and the environment.

---

2. Scope

This plan applies to all company-operated roll-off trucks and drivers during:

- Transport of containers
- Loading/unloading dumpsters
- Refueling operations
- Vehicle maintenance
- On-road operations

---

3. Potential Spill Sources

A. Vehicle-Related

- Diesel fuel tank rupture or leak
- Hydraulic hose failure
- Engine oil leak
- Transmission fluid leak
- DEF (Diesel Exhaust Fluid) spill
- Coolant leak

B. Load-Related

- Leaking dumpsters
- Liquid waste in debris containers
- Rainwater contaminated with oils/chemicals
- Improperly loaded hazardous materials

---

4. Spill Prevention Measures

Driver Responsibilities

- Perform daily pre-trip inspection:
  - Check fuel tanks
  - Inspect hydraulic hoses and fittings
  - Inspect container condition
  - Check for leaks under vehicle
- Ensure containers are covered and secured.
- Do not transport prohibited materials.
- Avoid overfilling fuel tanks.
- Report equipment damage immediately.

Maintenance

- Scheduled preventive maintenance.
- Immediate repair of leaking hoses, tanks, or seals.
- Replace worn hydraulic lines proactively.

---

5. Spill Response Procedures

STEP 1 – Ensure Safety

- Stop vehicle safely.
- Turn off engine.
- Activate hazard lights.
- Use cones or triangles if needed.
- Keep public away.

STEP 2 – Identify the Spill

- Determine:
  - What substance spilled?
  - Estimated quantity?
  - Is it still leaking?
  - Is it entering storm drains or water?

STEP 3 – Stop the Source (If Safe)

- Shut off engine.
- Close valves.
- Upright container.

- Plug or contain leak if trained and safe.

---

6. Spill Containment

Each roll-off truck must carry a **spill kit** containing:

- Absorbent pads
- Absorbent socks/booms
- Granular absorbent
- Drain covers
- Nitrile gloves
- Safety goggles
- Disposal bags
- Shovel

Containment Actions:

- Place absorbent socks around spill perimeter.
- Protect storm drains immediately.
- Apply absorbent material to liquid.
- Prevent spread to soil or water.

---

7. Reporting Requirements

Immediately Notify:

- Company supervisor Mike Zeccol[redacted]
- Safety officer – James Perdue[redacted]

Notify Authorities If:

- Spill exceeds 5 gallons (or state threshold)
- Spill enters waterway or storm drain
- Public roadway contamination
- Hazardous material involved

Possible agencies:

- Local Fire Department
- State Environmental Agency
- EPA (if federally reportable)

8. Cleanup & Disposal

- Collect saturated absorbent material.
- Place in labeled disposal bags or drums.
- Dispose of waste per local environmental regulations.
- Document cleanup activities.

---

9. Documentation

Complete Spill Report Form including:

- Date/time
- Location
- Material spilled
- Estimated quantity
- Cause
- Corrective actions taken
- Photos (if possible)

Maintain records for minimum 3 years (or per company policy).

---

10. Training Requirements

All roll-off drivers must receive annual training on:

- Spill prevention
- Use of spill kits
- Emergency response
- Hazard communication
- Reporting procedures

---

11. Emergency Contacts (Customize)

- Supervisor: _Mike Zeccola [redacted]
- Safety Manager: James Pe[redacted]
- Emergency (Fire/Police): 911

- State Environmental Hotline: ___800-662-8802 & 302-739-9401

Recommended Best Practices

- Keep a spill kit mounted outside the cab for quick access.
- Install drip pans during container loading.
- Avoid parking near storm drains.
- Photograph container condition before transport.
- Reject containers containing liquids or hazardous waste.

BETTS GARAGE DRIVER VERIFICATION

1. Driver Hiring & Verification

Before anyone drives for the company:

- **License validation**: Verify the driver holds a valid, appropriate license class for the vehicle.
- **Motor Vehicle Record (MVR) check**: Review driving history (accidents, speeding, DUI, suspensions).
- **Work history checks**: Confirm prior driving or relevant experience.
- **Background checks**: Criminal record screening where legally permitted.
- **Medical fitness (if required)**: Ensure the driver meets physical requirements for driving duties.

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2. Induction & Safety Training

Before independent driving:

- Company safety policies (speeding, seatbelts, fatigue rules)
- Defensive driving training
- Vehicle-specific training (vans, trucks, specialized equipment)
- Load securing and cargo safety (if applicable)
- Emergency procedures (breakdowns, accidents, reporting)

Many companies require a **driving assessment test** before approval.

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3. Competency Assessment

To confirm capability in real conditions:

- Road test with supervisor or qualified assessor
- Maneuvering skills (parking, reversing, tight spaces)
- Route navigation and compliance with road rules
- Hazard perception and reaction behavior

Drivers are only cleared after passing competency standards.

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4. Vehicle Safety Procedures

To ensure safe operation daily:

- **Pre-trip inspections (walkaround checks)**: brakes, tires, lights, fluids
- **Defect reporting system**: drivers must report faults immediately
- **Defect repair tracking**: vehicles removed from service if unsafe
- **Daily Vehicle Inspection Reports (DVIRs)**

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5. Ongoing Monitoring & Telematics

Continuous safety oversight:

- GPS tracking for speeding, harsh braking, rapid acceleration
- Driver scorecards (safety performance metrics)
- Route compliance monitoring
- Idling and fatigue detection systems (where used)

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6. Fatigue & Work Hour Controls

To reduce crash risk:

- Maximum driving hours policies
- Mandatory rest breaks
- Shift scheduling limits
- Fatigue reporting system (drivers self-report tiredness without penalty)

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7. Drug & Alcohol Policy

Common safety controls include:

- Pre-employment testing
- Random testing program
- Post-incident testing
- Zero-tolerance rules while operating vehicles

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8. Incident Reporting & Investigation

If something goes wrong:

- Immediate reporting requirement (accidents, near misses)
- Structured investigation process
- Root cause analysis (driver behavior, vehicle issue, environment)
- Corrective actions (training, retraining, disciplinary action)

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9. Refresher Training & Reassessment

Ongoing competence is maintained by:

- Annual or periodic defensive driving refreshers
- Retraining after incidents or violations
- Periodic reassessment of driving skills

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10. Documentation & Compliance

To ensure accountability:

- Signed driver safety agreements
- Training records
- Inspection logs
- Audit trails for compliance inspections

Betts Garage Vehicle Operator Information

Driver Name [redacted]

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.