

Project Medicine Drop Quarterly Collection Form

Date: 3/31/15

Department: BERNARDS

County: SOMERSET

Quarter: 1st

Weight (please round to the nearest lb.): 300 lbs.

(Handwritten initials)

Submitted by: LT Tal Reese
(Sign)

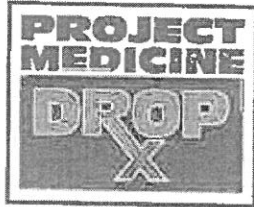
Print Name: LT. TAY REESE

Thank You

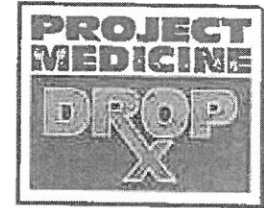
Any questions please call Amina Williams at (973) 504-6263.
Please email to williamsa@dca.lps.state.nj.us

PMD CUSTODY LOG

Name of Police Department: BERNARDSTWP



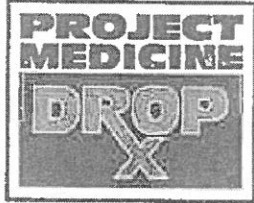
1st QUARTER



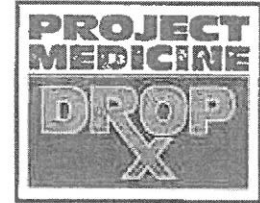
Date/Time	Drop Box Contents Removed? Yes/No	Drop Box Contents Sealed into Evidence Bag / Other Container? Yes/No	Drop Box Contents Weighed? (If yes, enter the total weight in pounds)	Drop Box Contents Secured in Department's Evidence Locker? Yes/No	Names and Signatures of Officers Who Conducted These Activities
1/29/15	YES	YES	34 LBS	YES	LT. Ted Reun
2/10/15	YES	YES	24 LBS	YES	LT. Ted Reun
2/25/15	YES	YES	22 LBS	YES	LT. Ted
3/6/15	YES	YES	21 LBS	YES	LT. Ted Reun
3/28/15	YES	YES	24 LBS	YES	LT. Ted Reun
3/28/15	YES	YES	22 LBS	YES	LT. Ted Reun
3/28/15	YES	YES	22 LBS	YES	LT. Ted Reun
3/28/15	YES	YES	32 LBS	YES	LT. Ted Reun

PMD CUSTODY LOG

Name of Police Department: BERNARDS TWP



1st QUARTER



Date/Time	Drop Box Contents Removed? Yes/No	Drop Box Contents Sealed into Evidence Bag / Other Container? Yes/No	Drop Box Contents Weighed? (If yes, enter the total weight in pounds)	Drop Box Contents Secured in Department's Evidence Locker? Yes/No	Names and Signatures of Officers Who Conducted These Activities
<u>3/28/15</u>	<u>YES</u>	<u>YES</u>	<u>20 LBS</u>	<u>YES</u>	<u>Lt. Ted Keen</u>
<u>5/28/15</u>	<u>YES</u>	<u>YES</u>	<u>34 LBS</u>	<u>YES</u>	<u>Lt. Ted Keen</u>
3/28/15 <u>3/30/15</u>	<u>YES</u>	<u>YES</u>	<u>44 LBS</u>	<u>YES</u>	<u>Lt. Ted Keen</u>



Municipal Rx Take-back Program General Information

Generator: BENNAARDS TWP Approval Number: 9912

Waste Description: (Generator to describe the source of the waste and physical description.)
MUNICIPAL RX TAKE BACK PROGRAM
300 LBS

Non Hazardous Certification:

I certify, as an authorized representative of the above mentioned generator, that this document including all completed forms, and all pertinent addenda accurately represents and describes the waste stream outlined and that it is true, accurate, complete and that no available information has been omitted or falsified. I further certify that the waste has never been used, is uncontaminated per the conditions of this protocol and is nonhazardous based on Federal, State and Local Regulations or is exempt from such regulations.

Date: 4/16/15

Company: BENNAARDS TWP

Name: JOE REESE

Title: LIEUTENANT (Please print)

Signature: [Handwritten Signature]

Certificate of Disposal/Destruction

The listed material has been received and delivered to the feed chute for combustion in the unit(s) in accordance with the conditions of the approval to accept said wastes. The listed material(s) has/have been processed for energy recover in accordance with all applicable local, state, and federal regulations. The placement of these materials into the feed chute was witnessed by:

x [Handwritten Signature]
Witness Signature

Date: 4.16.15



PRESHIPMENT NOTIFICATION

Ship From/Scheduling Information

Delivery Date: <i>4.16.15</i>	Time: <i>11:00</i>	Estimated Tons
Company: <i>Barnards Twp PD</i>	Address: <i>1 Collyer Lane</i>	
Contact: <i>H+ Ted Reese</i>	City, State: <i>Basking Ridge NJ</i>	
Transport:		

Waste Information

Approval	Add	Waste Description	Quantity		Packaging
		<i>Re Take Back Program</i>	<i>300 lb</i>		<i>100 "</i>
Additional Approval #'s					

Billing Information

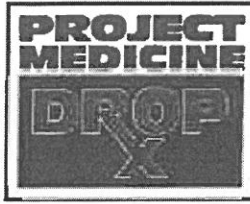
Company: <i>Sepco</i>	
Contact:	Telephone:
Address:	Fax:
City, State Zip:	Purchase Order #:
Transportation Bill to:	

Certificate of Disposal

<p>To the exclusion of the following comments, the listed material has been received and delivered to the refuse pit or feed chute for combustion in the unit(s) in accordance with the conditions of the approval to accept said wastes as provided for in the Supplemental Waste Disposal Agreement. The listed material has been processed for energy recovery at Covanta Essex Company, Inc. in accordance with all applicable local, state, and federal regulations. The placement of these materials into the pit or feed chute was witnessed by:</p>	Company: <i>Covanta Essex Company</i>
	Address: <i>183 Raymond Blvd.</i>
	City, State Zip: <i>Newark, NJ 07105</i>
	Contact Name: <i>Tony Guard</i>
	Telephone: <i>973-344-0900</i>
Signature: <i>[Signature]</i>	Date: <i>4.16.15</i>
COMMENTS:	

Note: Some or all of the information contained in this document constitutes trade secret information of the generator, broker or distributor named herein or confidential, proprietary customer subsidiaries or affiliates. Disclosure of this information to any third parties without prior notice to all parties named on this form, and an opportunity of those parties to request a hearing regarding said disclosure may be prohibited under applicable federal and state laws.

Visit Our Online Customer Center, created with you in mind
www.CovantaSecureServices.com/CustomerCenter



Project Medicine Drop Quarterly Collection Form

Date: 7/3/15

Department: BERNARDS

County: Somerset

Quarter: 2015 2ND

Stationary Drop Box Weight (please round to the nearest lb.): 2^{CBS} lbs.

Mobile Drop Box Weight (please round to the nearest lb.): 223 lbs.

> 224
TOTAL

Submitted by: LT. Ted Reese
(Sign)

Print Name: LT. Ted Reese

Thank You

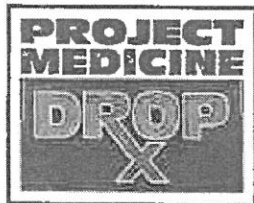
Any questions please call Amina Williams at (973) 504-6263.
Please email to williamsa@dea.lps.state.nj.us

PMD CUSTODY LOG

Name of Police Department: BERNARDOS

2015

2ND QUARTER



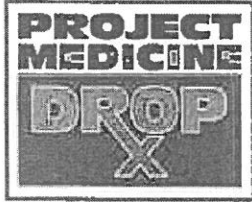
Date/Time	Drop Box Contents Removed? Yes/No	Drop Box Contents Sealed into Evidence Bag / Other Container? Yes/No	Drop Box Contents Weighed? (If yes, enter the total weight in pounds)	Drop Box Contents Secured in Department's Evidence Locker? Yes/No	Names and Signatures of Officers Who Conducted These Activities
4/9/15	YES	YES	21 LBS	YES	LT. Ted Reese
4/27/15	YES	YES	26 LBS	YES	LT. Ted Reese / OS #43
4/28/15	YES	YES	37 LBS	YES	LT. Ted Reese
5/8/15	YES	YES	23 LBS	YES	LT. Ted Reese
6/16/15	MOBILE/YES	YES	1 LB	YES	LT. Ted Reese
5/22/15	YES	YES	17 LBS	YES	LT. Ted Reese
5/22/15	YES	YES			
6/1/15	YES	YES	26 LBS	YES	LT. Ted Reese
6/15/15	YES	YES	37 LBS	YES	LT. Ted Reese

→ MOVED / RECORDED ON SEPARATE MOBILE LOG

PMD CUSTODY LOG

Name of Police Department: _____

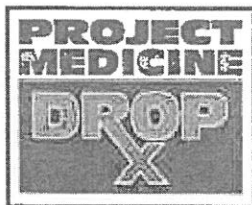
*BERNARDS
2ND 2015
QUARTER*



Date/Time	Drop Box Contents Removed? Yes/No	Drop Box Contents Sealed into Evidence Bag / Other Container? Yes/No	Drop Box Contents Weighed? (If yes, enter the total weight in pounds)	Drop Box Contents Secured in Department's Evidence Locker? Yes/No	Names and Signatures of Officers Who Conducted These Activities
<i>4/30/15</i>	<i>YES</i>	<i>YES</i>	<i>26 LBS</i>	<i>YES</i>	<i>LT. Ted Kere 203</i>

PMD CUSTODY LOG

Name of Police Department: _____



JPD
QUARTER MOBILE



Date/Time	Drop Box Contents Removed? Yes/No	Drop Box Contents Sealed into Evidence Bag / Other Container? Yes/No	Drop Box Contents Weighed? (If yes, enter the total weight in pounds)	Drop Box Contents Secured in Department's Evidence Locker? Yes/No	Names and Signatures of Officers Who Conducted These Activities
<i>5/14/15</i>	<i>YES</i>	<i>YES</i>	<i>1 lb.</i>	<i>YES</i>	<i>LT. Ted R...</i>



PRESHIPMENT NOTIFICATION

Ship From/Scheduling Information

Delivery Date: <i>7/15/15</i>	Time: <i>10:15 am</i>	Estimated Tons
Company: <i>Bernards Twp. PD</i>	Address: <i>1 Collyer Lane</i>	
Contact: <i>Lt. Ted Reese</i>	City, State: <i>Basking Ridge, NJ</i>	
Transport: <i>Van</i>		

Waste Information

Approval	Add	Waste Description	Quantity	Packaging
		<i>Rx Take Back Program</i>	<i>224 lbs.</i>	<i>Paper bags</i>
Additional Approval #'s				

Billing Information

Company: <i>Sone</i>	Telephone:
Contact:	Fax:
Address:	Purchase Order #:
City, State Zip:	
Transportation Bill to:	

Certificate of Disposal

<p>To the exclusion of the following comments, the listed material has been received and delivered to the refuse pit or feed chute for combustion in the unit(s) in accordance with the conditions of the approval to accept said wastes as provided for in the Supplemental Waste Disposal Agreement. The listed material has been processed for energy recovery at Covanta Essex Company, Inc. in accordance with all applicable local, state, and federal regulations. The placement of these materials into the pit or feed chute was witnessed by:</p>	Company: <i>Covanta Essex Company</i>
	Address: <i>183 Raymond Blvd.</i>
	City, State Zip: <i>Newark, NJ 07105</i>
	Contact Name: <i>Patricia Eads</i>
	Telephone: <i>973-344-0900</i>
Signature: <i>[Signature]</i>	Date: <i>7/15/15</i>
COMMENTS:	

Note: Some or all of the information contained in this document constitutes trade secret information of the generator, broker or distributor named herein or confidential, proprietary customer subsidiaries or affiliates. Disclosure of this information to any third-parties without prior notice to all parties named on this form, and an opportunity of those parties to request a hearing regarding said disclosure may be prohibited under applicable federal and state laws.

Visit Our Online Customer Center, created with you in mind
www.CovantaSecureServices.com/CustomerCenter



Municipal Rx Take-back Program General Information

Generator: BERNARDS TWP Approval Number: 9912

Waste Description: (Generator to describe the source of the waste and physical description.)

MUNICIPAL RX TAKE BACK PROGRAM
724 LBS

Non Hazardous Certification:

I certify, as an authorized representative of the above mentioned generator, that this document including all completed forms, and all pertinent addenda accurately represents and describes the waste stream outlined and that it is true, accurate, complete and that no available information has been omitted or falsified. I further certify that the waste has never been used, is uncontaminated per the conditions of this protocol and is nonhazardous based on Federal, State and Local Regulations or is exempt from such regulations.

Date: 7/15/15

Company: BERNARDS TWP

Name: TED REESE

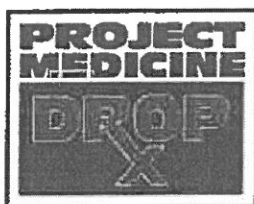
Title: LIEUTENANT
(Please print)

Signature: T. Reese

Certificate of Disposal/Destruction

The listed material has been received and delivered to the feed chute for combustion in the unit(s) in accordance with the conditions of the approval to accept said wastes. The listed material(s) has/have been processed for energy recover in accordance with all applicable local, state, and federal regulations. The placement of these materials into the feed chute was witnessed by:

x Pat Ehl Date: 7/15/15
Witness Signature



Project Medicine Drop Quarterly Collection Form

Date: 9/30/15

Department: BERNARDS

County: SOMERSET

Quarter: 2015 3rd QUARTER

Stationary Drop Box Weight (please round to the nearest lb.): 273 lbs.

Mobile Drop Box Weight (please round to the nearest lb.): — lbs.

Submitted by: LT. Ted Reese
(Sign)

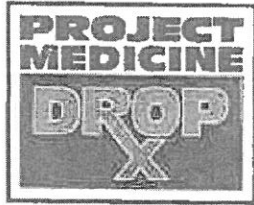
Print Name: LT. TED REESE

Thank You

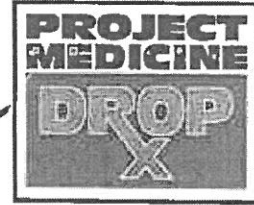
Any questions please call Amina Williams at (973) 504-6263.
Please email to williamsa@dca.lps.state.nj.us

PMD CUSTODY LOG

Name of Police Department: _____



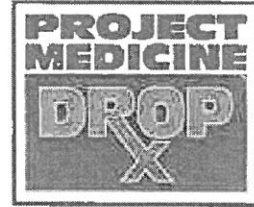
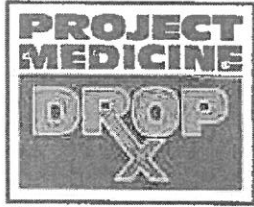
2015
3rd Quarter



Date/Time	Drop Box Contents Removed? Yes/No	Drop Box Contents Sealed into Evidence Bag / Other Container? Yes/No	Drop Box Contents Weighed? (If yes, enter the total weight in pounds)	Drop Box Contents Secured in Department's Evidence Locker? Yes/No	Names and Signatures of Officers Who Conducted These Activities
7/16/15	YES	YES	19 LBS	YES	LT. Ted Reem
7/10/15	YES	YES	15 LBS	YES	LT. Ted Reem
7/15/15	YES	YES	20 LBS	YES	LT. Ted Reem
7/23/15	YES	YES	30 LBS	YES	LT. Ted Reem
8/31/15	YES	YES	35 LBS	YES	LT. Ted Reem
8/10/15	YES	YES	30 LBS	YES	LT. Ted Reem
8/24/15	YES	YES	45 LBS	YES	LT. Ted Reem
9/4/15	YES	YES	13 LBS	YES	LT. Ted Reem
9/16/15	YES	YES	23 LBS	YES	LT. Ted Reem
9/24/15	YES	YES	8 LBS	YES	LT. Ted Reem

PMD CUSTODY LOG

Name of Police Department: _____



Date/Time	Drop Box Contents Removed? Yes/No	Drop Box Contents Sealed into Evidence Bag / Other Container? Yes/No	Drop Box Contents Weighed? (If yes, enter the total weight in pounds)	Drop Box Contents Secured in Department's Evidence Locker? Yes/No	Names and Signatures of Officers Who Conducted These Activities
9/26/15	YES	YES	YES 26 ^{lb}	YES	C.T. Ted Reen

SM 277



PRESHIPMENT NOTIFICATION

Ship From/Scheduling Information

Delivery Date: <i>10/7/15</i>	Time: <i>11:30 am</i>	Estimated Tons
Company: <i>Bernards Twp. PD</i>	Address:	
Contact: <i>Lt. Ted Reese</i>	City, State: <i>Bernards Twp., NJ</i>	
Transport: <i>SUV</i>		

Waste Information

Approval	Add	Waste Description	Quantity		Packaging
<i>9912</i>		<i>Rx Take Back</i>	<i>273</i>	<i>lbs</i>	<i>bags</i>
Additional Approval #'s					

Billing Information

Company: <i>Saul</i>	
Contact:	Telephone:
Address:	Fax:
City, State Zip:	Purchase Order #:
Transportation Bill to:	

Certificate of Disposal

<p>To the exclusion of the following comments, the listed material has been received and delivered to the refuse pit or feed chute for combustion in the unit(s) in accordance with the conditions of the approval to accept said wastes as provided for in the Supplemental Waste Disposal Agreement. The listed material has been processed for energy recovery at Covanta Essex Company, Inc. in accordance with all applicable local, state, and federal regulations. The placement of these materials into the pit or feed chute was witnessed by:</p>	Company: <i>Covanta Essex Company</i>
	Address: <i>183 Raymond Blvd.</i>
	City, State Zip: <i>Newark, NJ 07105</i>
	Contact Name: <i>Patricia Earls</i>
	Telephone: <i>973-344-0900</i>
Signature: <i>[Signature]</i>	Date: <i>10/7/15</i>
COMMENTS:	

Note: Some or all of the information contained in this document constitutes trade secret information of the generator, broker or distributor named herein or confidential, proprietary customer subsidiaries or affiliates. Disclosure of this information to any third parties without prior notice to all parties named on this form, and an opportunity of those parties to request a hearing regarding said disclosure may be prohibited under applicable federal and state laws.



Municipal Rx Take-back Program General Information

Generator: Bernanos TWA Approval Number: 9912

Waste Description: (Generator to describe the source of the waste and physical description.)

MUNICIPAL RX TAKE BACK PROGRAM

273 LBS

Non Hazardous Certification:

I certify, as an authorized representative of the above mentioned generator, that this document including all completed forms, and all pertinent addenda accurately represents and describes the waste stream outlined and that it is true, accurate, complete and that no available information has been omitted or falsified. I further certify that the waste has never been used, is uncontaminated per the conditions of this protocol and is nonhazardous based on Federal, State and Local Regulations or is exempt from such regulations.

Date: 10/7/15

Company: Bernanos TWA

Name: TEO REESE

Title: Lieutenant (Please print)

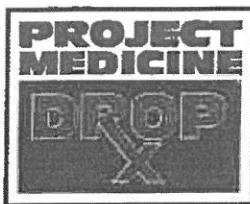
Signature: [Handwritten Signature]

Certificate of Disposal/Destruction

The listed material has been received and delivered to the feed chute for combustion in the unit(s) in accordance with the conditions of the approval to accept said wastes. The listed material(s) has/have been processed for energy recover in accordance with all applicable local, state, and federal regulations. The placement of these materials into the feed chute was witnessed by:

x [Handwritten Signature]
Witness Signature

Date: 10/7/15



Project Medicine Drop Quarterly Collection Form

Date: 1/8/16

Department: BERNARDS TWP

County: SOMERSET

Quarter: 4th 2015

Stationary Drop Box Weight (please round to the nearest lb.): 209 lbs.

Mobile Drop Box Weight (please round to the nearest lb.): 29 lbs.

Submitted by: LT. Ted Reese
(Sign)

Print Name: LT. TED REESE

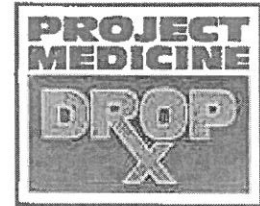
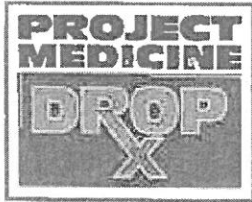
Thank You

Any questions please call Amina Williams at (973) 504-6263.
Please email to williamsa@dca.lps.state.nj.us

PMD CUSTODY LOG

Name of Police Department: _____

2015 4th QUARTER



Date/Time	Drop Box Contents Removed? Yes/No	Drop Box Contents Sealed into Evidence Bag / Other Container? Yes/No	Drop Box Contents Weighed? (If yes, enter the total weight in pounds)	Drop Box Contents Secured in Department's Evidence Locker? Yes/No	Names and Signatures of Officers Who Conducted These Activities
449 10/6/15	YES	YES	15 LBS	YES	LT. Ted Ream
10/10/15	YES MOBILE	YES MOBILE	29 LBS	YES	LT. Ted Ream
10/21/15	YES	YES	20 LBS	YES	LT. Ted Ream
442 11/5/15	YES	YES	22 LBS	YES	LT. Ted Ream
11/13/15	YES	YES	30 LBS	YES	LT. Ted Ream
61 11/19/15	YES	YES	31 LBS	YES	LT. Ted Ream
66 11/30/15	YES	YES	31 LBS	YES	LT. Ted Ream
12/10/15	YES	YES	35 LBS	YES	LT. Ted Ream
12/18/15	YES	YES	15 LBS	YES	LT. Ted Ream
15 12/31/15	YES	YES	10 LBS	YES	LT. Ted Ream



PRESHIPMENT NOTIFICATION

Ship From/Scheduling Information

Delivery Date: <i>1/6/16</i>	Time: <i>10:12am</i>	Estimated Tons
Company: <i>Bernards Twp. PD</i>	Address:	
Contact: <i>Lt. Ted Reese</i>	City, State <i>Bernards Twp., NJ</i>	
Transport: <i>SUV</i>		

Waste Information

Approval	Add	Waste Description	Quantity		Packaging
<i>9912</i>		<i>Rx Take Back</i>	<i>238</i>	<i>lbs</i>	<i>Brown bags</i>
Additional Approval #'s					

Billing Information

Company: <i>Same</i>	Telephone:
Contact:	Fax:
Address:	Purchase Order #:
City, State Zip:	
Transportation Bill to:	

Certificate of Disposal

<p>To the exclusion of the following comments, the listed material has been received and delivered to the refuse pit or feed chute for combustion in the unit(s) in accordance with the conditions of the approval to accept said wastes as provided for in the Supplemental Waste Disposal Agreement. The listed material has been processed for energy recovery at Covanta Essex Company, Inc. in accordance with all applicable local, state, and federal regulations. The placement of these materials into the pit or feed chute was witnessed by:</p>	Company: <i>Covanta Essex Company</i>
	Address: <i>183 Raymond Blvd.</i>
	City, State Zip <i>Newark, NJ 07105</i>
	Contact Name: <i>Patricia Eats</i>
	Telephone: <i>973-344-0900</i>
Signature: <i>Pat Eats</i>	Date: <i>1/6/16</i>
COMMENTS:	

Note: Some or all of the information contained in this document constitutes trade secret information of the generator, broker or distributor named herein or confidential, proprietary customer subsidiaries or affiliates. Disclosure of this information to any third parties without prior notice to all parties named on this form, and an opportunity of those parties to request a hearing regarding said disclosure may be prohibited under applicable federal and state laws.

Visit Our Online Customer Center, created with you in mind
www.CovantaSecureServices.com/CustomerCenter

Municipal Rx Take-back Program General Information

Generator: BERNARDS TWP Approval Number: 9912

Waste Description: (Generator to describe the source of the waste and physical description.)

MUNICIPAL RX TAKE BACK PROGRAM

238 LBS

Non Hazardous Certification:

I certify, as an authorized representative of the above mentioned generator, that this document including all completed forms, and all pertinent addenda accurately represents and describes the waste stream outlined and that it is true, accurate, complete and that no available information has been omitted or falsified. I further certify that the waste has never been used, is uncontaminated per the conditions of this protocol and is nonhazardous based on Federal, State and Local Regulations or is exempt from such regulations.

Date: 1/6/15

Company: BERNARDS TWP

Name: TED REESE

Title: LIEUTENANT
(Please print)

Signature: [Handwritten Signature]

Certificate of Disposal/Destruction

The listed material has been received and delivered to the feed chute for combustion in the unit(s) in accordance with the conditions of the approval to accept said wastes. The listed material(s) has/have been processed for energy recover in accordance with all applicable local, state, and federal regulations. The placement of these materials into the feed chute was witnessed by:

x [Handwritten Signature]
Witness Signature

Date: 1/6/16

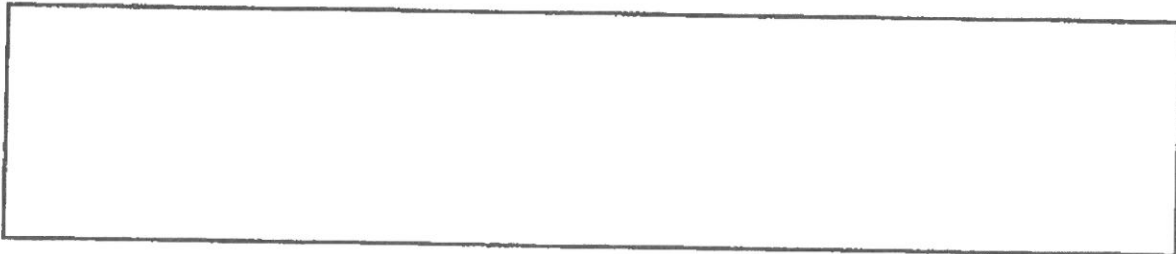


SPECIAL WASTE APPROVAL LETTER

Date: August 08, 2013

Geroge Kimleck Municipal Rx Take Back - Essex 183 Raymond Blvd Newark, NJ 07105 COV #: COV19635	Location: 1	Generator Bernards Twp. Police 1 Collyer Lane Basking Ridge, NJ 07920 COV #: COV20344	Location: 1
---	-------------	---	-------------

Approval #: 9912 REV 0 Waste Type: Pharmaceutical
Waste Description: Pharmaceuticals Managed Under the Covanta RX4SAFETY Program
Disposal Facility: Covanta Essex Company



Dear Geroge,

Covanta 4Recovery, L.P. is pleased to provide this approval for waste-to-energy disposal of the above-referenced material at Covanta Essex Company. This approval letter will remain in effect until another approval letter is issued for this waste stream superseding this document.

The attached Covanta 4Recovery, L.P. 'Terms and Conditions' sheet lists the Covanta facilities approved for acceptance of this material and who to contact to schedule delivery and disposal. The Terms and Conditions sheet also provides specific packaging and delivery requirements for these materials. Failure to comply with these requirements will result in unnecessary delays, possible rejection of your materials and/or added costs.

A 'Non-Hazardous Certification' is also enclosed with the approval. The form must be signed by an authorized generator representative and accompany the manifest for every load scheduled for entry into our facility. Also enclosed for your information is a sample Preshipment Notification which is used for the purposed of confirming delivery once the appointment has been scheduled, stating correct billing information and serving as Certificate of Disposal. Covanta 4Recovery, L.P. will provide additional labor, when required, to manage your materials at the Covanta disposal facility. The per ton price is exclusive of sales tax and any per ton tax or fee imposed on solid waste delivery of disposal. Delivery and disposal of waste under this approval is subject to the terms and conditions of your contract dated .

Thank you for this opportunity to assist you with your non-hazardous waste disposal needs. If you have any questions or require additional assistance, please contact me at (800) 950-8749 or directly at the number listed below.

Sincerely,

Account Exec.	Nora Petriello	18623455317
Cust. Svcs. Rep.	Rose Asher Wood	862-345-5238
EH&S Rep.	John Frotton	18623455039
Sales	Bradd Lebovitz	973-244-5580

Find out more about our services @
www.covanta4recovery.com