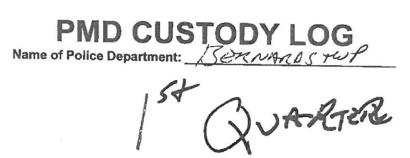
Date: 3/3//15		
Department: Servanos		
County: Somerset		
Quarter:		
Weight (please round to the nearest lb.):	_lbs.	4
Submitted by: 47 Tell Rece (Sign)		
Print Name: LT. TEN RESE		

Thank You

Any questions please call Amina Williams at (973) 504-6263.

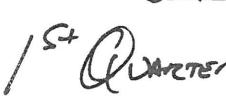
Please email to williamsa@dca.lps.state.nj.us





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
1/29/1	405	455	34685	40}	C5. To Reev
2/10/18	955	405	24 605	455	GT Tel Reese
2/15/14	465	455	miles	105	19 00 0
3/16/15	465	765	21135	yes	LT Tal Reise
3/28/15	425	Yes	如山水	43	12 TORON 10
328115	483	yes.	The state of the s	455	15 Telken
3/08/15	105	455	22025	605	1/ KalReen
3/28/15	463	Tes.	32 CD8	903 (55 l Ran

PMD CUSTODY LOG Name of Police Department: SERMANAS TOUR





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
378/15	YES	405	20 635	YEB	LT. Selleen
528/K	785	45	34 LBS	485	LA TO Recu
E AND S	3/30/5 46	3 103	44 45	483	4. ToRos

Generator: Januaris Tup Approval Number: 9912
Waste Description: (Generator to describe the source of the waste and physical description.) MUNICIPAL KX TAKE BACK FROGERAM
200LRS
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//6//5
Company: Senvands Two
Name: TOD REESO
Title: 210016NANT
Signature: Low Leono
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 / Date: 4.16.15



Ship F	rom/S	cheduling Information					
Delivery D	Delivery Date: 4.16.15			Time: 11:00 Estimated Tons			
Company: Berriards Two PD			Address	1 Coll	Van land		
Contact:	4+	Too Rose	City, Sta		ing Ridge 111		
Transport:					1 1		
Waste	Infor	mation					
Approval	Add	Waste Description		Quantity	Packaging		
Additio Approve		Re PAILE BACK PRO	q/an	30016	100 4		
Billing Company:	Infor	mation	7				
Contact:		SATIVE	Telephone:				
Address:			Fax:				
City, State Zip:			Purchase C	Order #·			
Transportation Bill to:			T dicitasa C	π.			
		f Disposal	J				
		e following comments, the listed elved and delivered to the	Company:	Covanta E	ssex Company		
refuse plt or feed chute for combustion in the unit(s) in accordance with the conditions of the approval to accept			Address:	183 Raymo			
said wastes as provided for in the Supplemental Waste Disposal Agreement. The listed material has been			City, State Zip Newark, NJ 07105				
processed for energy recovery at Covanta Essex			Contact Name: Tony Gund				
Company, Inc. in accordance with all applicable local, state, and federal regulations. The placement of these materials into the pit or read chute was witnessed by:			Telephone: 973-344-0900				
Signature day			Date: 4.16.15				
COMMENT	s: /						

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



Date: 7/3/15
Department: BERNARDS
County: Somenset
Quarter: 2015 2 PAID
Stationary Drop Box Weight (please round to the nearest lb.):
Mobile Drop Box Weight (please round to the nearest lb.): 223 lbs.
Submitted by: (Sign)
Print Name: LT. TED ROSSE

Thank You

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

Name of Police Department:

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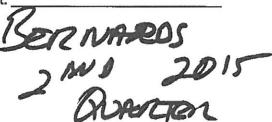
2016



Date/Time	Drop Box	Drop Box	Drop Box	Drop Box	Names and Signatures of Officers Who
	Contents	Contents Sealed	Contents	Contents Secured	Conducted These Activities
	Removed?	into Evidence	Weighed?	in Department's	
		Bag / Other	(If yes, enter the	Evidence Locker?	
	Yes/No	Container?	total weight in		
		Yes/No	pounds)	Yes/No	
49/15	405	405	21635	758	LT. To Keepe
1/27/18	467	425	26 645	457	LT. Tel Reen /05#
1 2 15	Yes	765	37635	yes	LT. Rol Reen OS#
5/8/15	905	455	23635	405	17.Tol Rom
116/18	mogne /46	5 485	1 60	405	LT. Tel Keer
12/15	453	405	16 LQS 17	953	St. Jud Ran
POOK V	MEN	MEN			0
11/4	40	467	JN 1-35	પ ર્જ	La Kalles
6/15/15	489	765	37 685	425	H-10 Kase

Name of Police Department:







Date/Time	Drop Box	Drop Box	Drop Box	Drop Box	Names and Signatures of Officers Who
- C.C./ (11110	Contents	Contents Sealed	Contents	Contents Secured	Conducted These Activities
	Removed?	into Evidence	Weighed?		Conducted These Activities
	I/GIIIOVGU!			in Department's	
	Yes/No	Bag / Other	(If yes, enter the	Evidence Locker?	
	Tes/No	Container?	total weight in	V - /N	
1-1-1	1000	Yes/No	pounds)	Yes/No	
430112	405	405	ZCLDS	405	LT. Fel Rese 123
-					

Name of Police Department:

DUANTER MOBILES



Date/Time	Drop Box Contents Removed?	Drop Box Contents Sealed into Evidence Bag / Other Container?	Drop Box Contents Weighed? (If yes, enter the total weight in	Drop Box Contents Secured in Department's Evidence Locker?	Names and Signatures of Officers Who Conducted These Activities
5/415	125	Yes/No Yes	pounds)	Yes/No	CT. Tol Reve
2 100					
			-		



Ship From/S	cheduling Information					
Delivery Date:	1/15/15	Time: 10:15 am Estimated Tons				
Company: Ben	ands Tup. PD	Address: / Collyer Lac				
Contact: 4.7	Ed Reese	City, Sta	ite Baski	nc Ridge NJ		
Transport: Van				, ,		
Waste Inform	nation					
Approval Add	Waste Description		Quantity	Packaging		
	Px Take Back /	norom	224 lbs.	Paperbass		
Additional		-				
Approval #'s						
Billing Infor	mation					
Company: 5	ine			×.		
Contact:		Telephone:				
Address:		Fax:				
City, State Zip:	Purchase 0	Order #:				
Transportation Bi	II to:					
Certificate of						
	e following comments, the listed eived and delivered to the	Company:	Covanta B	Essex Company		
	e for combustion in the unit(s) conditions of the approval to accept	Address: 183 Raymond Blvd.				
said wastes as provi	City, State Zip Newark, NJ 07105					
Disposal Agreement processed for ene	Contact Name: Partia a Ecil					
Company, Inc. in a state, and federal re materials into the pit of	Telephone: 973-344-0900					
Signature /	Date: 7/15/15					
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.

Generator: BORNANDS TWP Approval Number: 9912
Waste Description: (Generator to describe the source of the waste and physical description.) MUNICIPEL RX TAKE BACK PROGRAM
774 635
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.
Company: BERNANDS TWP
Name: 120 Reesé
Title:
Signature: 27. Lel 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:



Date: 9/30/15
Department: Benanos
County: Same 1527
Quarter: 2015 3 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. Tal Raese
(Sign)
LT TEN KEESE

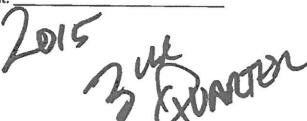
Thank You

Any questions please call Amina Williams at (973) 504-6263.

Please email to williamsa@dca.lps.state.nj.us

Name of Police Department:







Date/Time	Drop Box	Drop Box	Drop Box	Drop Box	Names and Signatures of Officers Who
	Contents	Contents Sealed	Contents	Contents Secured	Conducted These Activities
	Removed?	into Evidence	Weighed?	in Department's	Solidation Filodo / Militago
	Parameter 1 (1) (1) (1)	Bag / Other	(If yes, enter the	Evidence Locker?	
	Yes/No	Container?	total weight in		
		Yes/No	pounds)	Yes/No	
7/11/5	451	V	19 605	400	1-10
19060	451	701	4	481	LT. Tulken
7/10/10	405	405	15 cas	lare 1	2-100
	10-0		0 - 100	467	4. Twiller
7/15/15	481	403	29655	462	LT. Tal dean
				W	
1/73/15	40)	463	30 LB1	753	LTALV
dais	498	428			17 . DE NORW
9 31,	151		35 205	723	LT. Jackson
8/10/15	167	4.55	30 285	タぎら	LT. Tel 20 in
0/1-1	•				
doules	W 198 0	14 4	2112 4.00		1 2-2
8/54/12	485	705	215 685	785	LT. Tel Rose
slule	121	4-01	13 LBS	Tes	LTG TO RICERO
71-111	103	105		163	1,000
olule.	Cara	6.00	- 101	A .	
1/16/15	767	167		745	47, 10 Kegu
Öelan ! -	Car	400	2605		3 // 1
7/29/18	18)	187	D	YEL	15 TONGORO
9/24/15	403 403	405 167	23 685	1es Yes	47.70 Real





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
spelis	705	745	45326	yers	CT. Tel Reeve

4M 277



Ship From/Scheduling Information				
Delivery Date: 10/7/15	Time: //: 30 G. Estimated Tons			
Company: Benods Tup. PD	Address:			
Contact: Lt. Ted Reese	City, State Bencol Ty, VI			
Transport: SUV				
Waste Information				
Approval Add Waste Description	Quantity Packaging			
9912 ReTake Back	273 165 bags			
Additional Approval #'s				
Approvative				
	[8]			
Billing Information	_			
Company: 5 and				
Contact:	Telephone:			
Address:	Fax:			
City, State Zip:	Purchase Order #:			
Transportation Bill to:				
Certificate of Disposal				
To the exclusion of the following comments, the listed material has been received and delivered to the	Company: Covanta Essex Company			
refuse pit or feed chute for combustion in the unit(s) in accordance with the conditions of the approval to accept	Address: 183 Raymond Blvd.			
sald wastes as provided for in the Supplemental Waste Disposal Agreement. The listed material has been	City, State Zip Newark, NJ 07105			
processed for energy recovery at Covanta Essex	Contact Name: faticia Eals			
Company, Inc. in accordance with all applicable local, state, and federal regulations. The placement of these materials into the pit of feed chute was witnessed by:	Telephone: 973-344-0900			
Signature ful Cel	Date: /0/7/15			
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

Generator: Bannanas 7012Approval Number: 9912
Waste Description: (Generator to describe the source of the waste and physical description.) MUNICIPAL RX TAKE BACK PROBLEM
273 233
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:
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:



1-10
Date: 1/8/16
Department: BERNARDS TWA
County: SomeRSET
Quarter: 4th 2015
Stationary Drop Box Weight (please round to the nearest lb.):
Mobile Drop Box Weight (please round to the nearest lb.):lbs.
Submitted by: LT. TLORGES (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

Name of Police Department:







	Date/Time	Drop Box	Drop Box	Drop Box	Drop Box	Names and Signatures of Officers Who
		Contents	Contents Sealed	Contents	Contents Secured	Names and Signatures of Officers Who Conducted These Activities
		Removed?	into Evidence	Weighed?	in Department's	Conducted Triese Activities
			Bag / Other	(If yes, enter the	Evidence Locker?	
		Yes/No	Container?	total weight in	LAIGELICE FOCKEL!	
			Yes/No	pounds)	Yes/No	
. 10	2 4 8	765		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		4- 44:4
44	واأعاط		453	15 615	955	17. V. CRR 200
11	a liste	YES MOBILS	455 MOBILE	1.00	22	15 5 0 P00 1.
126314	10/10/15	187 Minos	16 1110	201703	405	27. 7. Can COA) -
	1		* 1	1		
	10 27/15	162	453	20 685	405	
	10/0.		, -,		700	ET. Tel Rove
24	11/5/18	la est	400	. 34		
40	. 1210.	yes	4e5	72685	405	Li.Tellon
•				66	100)	
	11/13/15	455	405	20 435	105	122000
, ,	10	,	100	3		01.0
61	11/16/18	725	4-1	31 605	401	15 70/2010
01	11/ "11/"	10)	Yes	31		VI VICE COLL
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45.40	11/2011	408	765	3/1655	40)	to Low warm
	10 1.1.0		, -			3
	12 10/15	725	455	35 438	101	Lr. Tel Kasta
}		4	75	- 3		20.46
	12/18/15	405	405	15 \$3K	401	15-000
A 17-0	1					T. Tol Reen
18	12/4/15	163	481	10 685	400	1- 11 1
	1-1411			1		
: 1						<u></u>



Ship From/Scheduling Information	<u>k</u>				
Delivery Date: 1/6/16	Time: 10:12 an Estimated Tons				
Company: Bernards Tup. PD	Address:				
Contact: Lf. Ted Reese	City, State Bernards Tup., NJ				
Transport: S VV					
Waste Information					
Approval Add Waste Description	Quantity Packaging				
9912 Rx Take Back					
Additional Approval #'s					
Appioval # S					
Billing Information					
Company: Some	7				
Contact:	Telephone:				
Address:	Fax:				
City, State Zip:	Purchase Order #:				
Transportation Bill to:					
	_				
Certificate of Disposal					
To the exclusion of the following comments, the listed material has been received and delivered to the	Company: Covanta Essex Company				
refuse pit or feed chute for combustion in the unit(s) in accordance with the conditions of the approval to accept	Address: 183 Raymond Blvd.				
said wastes as provided for in the Supplemental Waste	City, State Zip Newark, NJ 07105				
Disposal Agreement. The listed material has been processed for energy recovery at Covanta Essex	Contact Name: Patricia Earls				
Company, Inc. in accordance with all applicable local, state, and federal regulations. The placament of these					
materials into the pit or feed chute was witnessed by:	Telephone: 973-344-0900				
Signature Pel Eds	Date: 1/6/16				
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.

Generator: SORNARDS TWP Approval Number: 99/2 Wasta Description: (Generator to describe the second of the second o
Waste Description: (Generator to describe the source of the waste and physical description.) MUNICIANL RX TAKE BACK PROCESAM
238 LB5
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.
Company: BERNARDS TWA
Name: Tel Rees of the
Title: LIEUNANT
Signature: 47.122 Relie
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:

SPECIAL WASTE APPROVAL LETTER

Date:

August 08, 2013

Geroge Kimiecik

Municipal Rx Take Back - Essex

183 Raymond Blvd

Newark, NJ 07105

COV19635

Location:

Generator

Bernards Twp. Police

1 Collyer Lane

Basking Ridge, NJ 07920

COV#:

COV20344

Location:

Approval #:

COV#

9912

REV 0

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Waste Type:

Pharmaceutical

Waste Description:

Pharmaceuticals Managed Under the Covanta RX4SAFETY Program

Disposal Facility:

Covanta Essex Company

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18	
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2	
1	
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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

The attached Covarita 4Recovery, L.P. 'Terms and Conditions' sheet lists the Covarita 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

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

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

How Tetrello

862-345-5238

EH&S Rep.

John Frotton

18623455039

Sales

Bradd Lebovitz

973-244-5560

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

REV. 05/2006