

The undersigned hereby declares that: DK Environmental & Construction Services, Inc. (DKE) has examined and accepts the specifications, terms, and conditions presented in this Solicitation, satisfies all legal requirements to do business with the County, and to furnish **ASBESTOS AND AIR QUALITY TESTING SERVICES** for which Submittals were advertised to be received no later than 3:00 P.M. Eastern time on the date stated in the solicitation or as noted in an addenda. Furthermore, the undersigned is duly authorized to execute this document and any contracts or other transactions required by award of this Solicitation.

All pricing will be FOB Destination unless otherwise specified in this solicitation document. Pricing submitted will remain valid for a ninety (90) day period.

Vendor will accept payment through the County VISA-based payment system: Yes

1.0 TERM OF CONTRACT

The Contract will be awarded for an initial one (1) year term with the option for four (4) subsequent one (1) year renewals. Renewals are contingent upon mutual written agreement.

The Contract will commence upon the date of the execution. The Contract remains in effect until completion of the expressed and implied warranty periods. The County reserves the right to negotiate for additional services/items similar in nature not known at time of solicitation.

Contract prices resultant from this solicitation will prevail for the full duration of the Contract unless otherwise indicated elsewhere. Prior to completion of each exercised term, the County may consider an adjustment to price based on changes as published by the U.S. Department of Labor, Bureau of Labor Statistics. Refer to Exhibit A – Scope of Services. It is the Contractor's responsibility to request in writing any pricing adjustment under this provision.

2.0 METHOD OF PAYMENT

The Contractor must submit an accurate invoice to the County's using department. The date of the invoice must be after delivery but no more than 30 calendar days after delivery. Invoices must reference the: purchase or task order; delivery date, delivery location, and corresponding packing slip or delivery ticket signed by a County representative at the time of acceptance. Failure to submit invoices in the prescribed manner will delay payment.

Payments will be tendered in accordance with the Florida Prompt Payment Act, Part VII, Chapter 218, Florida Statutes. The County will remit full payment on all undisputed invoices within 45 days from receipt by the appropriate County using department. The County will pay interest not to exceed 1% per month on all undisputed invoices not paid within 30 days after the due date.

3.0 CERTIFICATION REGARDING LAKE COUNTY TERMS AND CONDITIONS:

I certify that I have reviewed the [Lake County General Terms and Conditions page](#) and accept the Lake County General Terms and Conditions dated 10/10/2019 as written including the Proprietary/Confidential Information section. Yes Failure to acknowledge may result in Submittal being deemed non-responsive.

4.0 CERTIFICATION REGARDING FELONY CONVICTION:

Has any officer, director, or an executive performing equivalent duties, of the bidding entity been convicted of a felony during the past ten (10) years? No

5.0 CONFLICT OF INTEREST DISCLOSURE CERTIFICATION:

Except as listed below, no employee, officer, or agent of the firm has any conflicts of interest, real or apparent, due to ownership, other clients, contracts, or interests associated with this project; and, this Submittal is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a proposal for the same services, and is in all respects fair and without collusion or fraud. No

6.0 CERTIFICATION REGARDING BACKGROUND CHECKS:

Under any County Contract that involves Contractor or subcontractor personnel working in proximity to minors, the Vendor hereby confirms that any personnel so employed will have successfully completed an initial, and subsequent annual, Certified Background Check, completed by the Contractor at no additional cost to the County. The County retains the right to request and review any associated records with or without cause, and to require replacement of any Contractor employee found in violation of this requirement. Contractor shall indemnify the County in full for any adverse act of any such personnel in this regard. Additional requirements may apply in this regard as included within any specific contract award. Yes

7.0 DISADVANTAGED BUSINESS ENTERPRISE PROGRAM

The County does not establish specific goals for minority set-asides however, participation by minority and non-minority qualified firms is strongly encouraged. If the firm is a minority firm or has obtained certification by the State of Florida, Office of Supplier Diversity, (OSD) (CMBE), please indicate the appropriate classification(s) No and enter OSD Certification Number _____ and enter effective date _____ to date _____

8.0 RECIPROCAL VENDOR PREFERENCE:

Vendors are advised the County has established, under Lake County Code, Chapter 2, Article VII, Sections 2-221 and 2-222; a process under which a local vendor preference program applied by another county may be applied in a reciprocal manner within Lake County. The following information is needed to support application of the Code:

- A. Primary business location of the responding Vendor: 9007 Paolos Pl, Kissimmee, FL 34747
- B. Does the responding vendor maintain a significant physical location in Lake County at which employees are located and business is regularly transacted: No If “yes” is checked, provide supporting detail:

9.0 GENERAL VENDOR INFORMATION:

Firm Name: DK Environmental & Construction Services, Inc. (DKE)

Street Address: 9007 Paolos Place

City: Kissimmee State and ZIP Code: FL 34747

Mailing Address (if different): Same as above

Telephone: 814-243-1927 Fax: N/A

Federal Identification Number / TIN: 30-0958504

DUNS Number: 961782237

10.0 SUBMITTAL SIGNATURE:

I hereby certify the information indicated for this Submittal is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an authorized representative of this Vendor and/or empowered to execute this Submittal on behalf of the Vendor. I, individually and on behalf of the Vendor, acknowledge and agree to abide by all terms and conditions contained in this solicitation as well as any attachments, exhibits, or addenda.

Name of Legal Representative Submitting this Proposal: Debra Koontz



Date: 05/18/21

Print Name: Debra Koontz

Title: President

Primary E-mail Address: dkenvironmental@yahoo.com

Secondary E-mail Address: dkoontz93@yahoo.com

The individual signing this Submittal affirms that the facts stated herein are true and that the response to this Solicitation has been submitted on behalf of the aforementioned Vendor.

[The remainder of this page is intentionally blank]

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000004375

Entity Name: DK ENVIRONMENTAL & CONSTRUCTION SERVICES, INC.

Current Principal Place of Business:

1208 REBECCA DR.
JOHNSTOWN, PA 15902

FILED
Feb 24, 2020
Secretary of State
2041855330CC

Current Mailing Address:

9007 PAOLOS PLACE
KISSIMMEE, FL 34747 US

FEI Number: 30-0958504

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KOONTZ, DEBRA
9007 PAOLOS PLACE
KISSIMMEE, FL 34747 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PRESIDENT
Name KOONTZ, DEBRA
Address 9007 PAOLOS PLACE
City-State-Zip: KISSIMMEE FL 34747

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DEBRA KOONTZ

PRESIDENT

02/24/2020

Electronic Signature of Signing Officer/Director Detail

Date

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. DK Environmental & Construction Services, Inc.</p> <p>2 Business name/disregarded entity name, if different from above</p> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions. 9007 Paolos Place</p> <p>6 City, state, and ZIP code Kissimmee, FL 34747</p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
3	0	-	0	9	5	8	5	0	4

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ 05/17/21
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



REAL FLORIDA • REAL CLOSE
Office of Procurement Services

P.O. Box 7800 • 315 W. Main St., Suite 441 • Tavares, FL 32778

SOLICITATION: Asbestos and Air Quality Testing Services

03/19/2021

Vendors are responsible for the receipt and acknowledgement of all addenda to a solicitation. Confirm acknowledgement by including an electronically completed copy of this addendum with submittal. Failure to acknowledge each addendum may prevent the submittal from being considered for award.

THIS ADDENDUM DOES NOT CHANGE THE DATE FOR RECEIPT OF PROPOSALS.

QUESTIONS/RESPONSES

Q1. Who is the current contractor? Can I have a copy of the current contract?

R1. The current contract can be found here [16-0212.pdf \(lakecountyfl.gov\)](#)

Q2. What is the duration of this contract? Is a pre-bid conference required? When will a selection be made? Do we need to provide project/client references?

R2. Refer to solicitation documents.

Q3. Are joint ventures acceptable?

R3. Yes.

ADDITIONAL INFORMATION

Attachment 2 – Pricing Sheet has been replaced with **REVISED ATTACHMENT 2 – Pricing Sheet**. Failure to use REVISED ATTACHMENT 2 – PRICING SHEET may result in submission being deemed non-responsive.

ACKNOWLEDGEMENT

Firm Name: DK Environmental & Construction Services, Inc. (DKE)

I hereby certify that my electronic signature has the same legal effect as if made under oath; that I am an authorized representative of this vendor and/or empowered to execute this submittal on behalf of the vendor.

Signature of Legal Representative Submitting this Bid: Debra Koontz

Date: 05/18/21

Print Name: Debra Koontz

Title: President

Primary E-mail Address: dkenvironmental@yahoo.com

Secondary E-mail Address: dkoontz93@yahoo.com

DK Environmental & Construction Services, Inc.

SAVE AND SUBMIT AS AN EXCEL FILE

The Contractor will furnish all labor, materials, tools, transportation and equipment necessary to provide services to County in accordance with the specifications listed and implied.

GENERAL HOURLY RATES

	DESCRIPTION	HOURLY RATE	HOURLY RATE FOR EXPERT WITNESS TESTIMONY
1	Program Manager	\$120.00	\$150.00
2	Corporate Consultant	\$120.00	\$150.00
3	Principal Professional	\$110.00	\$140.00
4	Senior Professional	\$100.00	\$125.00
5	Project Manager	\$85.00	\$110.00
6	Project Professional	\$85.00	\$110.00
7	Staff Professional	\$75.00	\$95.00
8	Senior Technician	\$70.00	\$90.00
9	Project Technician	\$65.00	\$85.00
10	Staff Technician	\$65.00	\$85.00
11	Technician	\$60.00	\$75.00
12	CADD Operator	\$45.00	\$60.00
13	Secretary	\$45.00	\$60.00
14	Administration	\$55.00	\$70.00

ASBESTOS SURVEY/MONITORING

			Under 2,000 SqFt	Over 2,000 Sq.Ft.
15	Comprehensive Asbestos Hazard Assessment Survey including Report Preparation	Per Sq.Ft.	\$0.30	\$0.25
16	Pre-Demolition Asbestos Hazard Assessment Survey including Report Preparation	Per Sq.Ft.	\$0.30	\$0.25
17	Asbestos abatement monitoring plan, Including report preparation	Each	\$500.00	
18	Asbestos abatement project monitoring - during normal business hours	per hour	\$75.00	
19	Asbestos abatement project monitoring - after normal business hours (nights, weekends, holidays)	per hour	\$115.00	
20	Infrared camera testing	per hour	\$75.00	

IAQ SURVEY/MONITORING

			Under 2,000 SqFt	Over 2,000 Sq.Ft.
21	IAQ Field Survey, including Report Preparation	Per Sq.Ft.	\$0.25	\$0.20

23	IAQ Remediation monitoring	Per Sq.Ft.	\$0.25	\$0.20
22	IAQ Remediation monitoring plan, including report preparation	Each	\$75.00	

SUBSTANCES (Standard Turn-Around Time (TAT) unless noted)			
24	Airborne Bacteria Culture	sample	\$75.00
25	Airborne Fungal Culture	sample	\$75.00
26	Asbestos (Bulk Sample Analysis per Layer)	sample	\$15.00
27	Asbestos (Air Sample Analysis)	sample	\$20.00
28	Carbon Dioxide (instrumental)	sample	\$100.00
29	Carbon Monoxide (instrumental)	sample	\$100.00
30	Formaldehyde	sample	\$300.00
31	Fibrous Dust	sample	\$40.00
32	Hydrogen Sulfide (instrumental)	sample	\$100.00
33	Lead in Paint	sample	\$15.00
34	Lead in Water	sample	\$30.00
35	Legionella Culture	sample	\$200.00
36	Mold Spore trap by optical microscopy (72 hr. TAT)	sample	\$35.00
37	Mold Tape Lift by optical microscopy (72 hr. TAT)	sample	\$35.00
38	Nitrogen Sulfide/Nitric Oxide (instrumental)	sample	\$100.00
39	Nuisance Dust	sample	\$25.00
40	Organic Solvent profile (NIOSH 1500/1501)	sample	\$800.00
41	Ozone	sample	\$500.00
42	Radon (Continuous Working Level Monitor)	sample	\$150.00
43	Radon (Canister)	sample	\$75.00
44	Surface Wipe/Bacteria Culture	sample	\$50.00
45	Surface Wipe/Fungal Culture	sample	\$50.00
46	Temperature &Relative Humidity (instrumental)	sample	\$25.00
47	Volatile Organic Compounds (Air) (Niosh 1500/1501)	sample	\$450.00
48	Volatile Organic Compounds (Water) (SW8260)	sample	\$450.00
METALS IN WATER			
49	Arsenic	sample	\$30.00
50	Barium	sample	\$30.00
51	Cadmium	sample	\$30.00
52	Chromium	sample	\$30.00
53	Cooper	sample	\$30.00
54	Iron	sample	\$30.00
55	Lead	sample	\$30.00
56	Magnesium	sample	\$30.00
57	Manganese	sample	\$30.00
58	Mercury	sample	\$30.00

59	Nickel	sample	\$30.00
60	Nitrate	sample	\$35.00
61	Selenium	sample	\$30.00
62	Silver	sample	\$30.00
63	Zinc	sample	\$30.00
64	Organic Solvent profile (NIOSH 1500/1501	sample	\$800.00
65	Ozone	sample	\$500.00
66	Radon (Continuous Working Level Monitor)	sample	\$150.00
67	Radon (Canister)	sample	\$75.00
68	Surface Wipe/Bacteria Culture	sample	\$40.00
OTHER TESTING REQUESTS			
69	Day Rate (Technician)	Hour	\$75.00
70	Report Preparation (Clerical)	Hour	\$50.00
71	TEM Analysis (24-hour turnaround)	sample	\$75.00
72	TEM Analysis (48-hour turnaround)	sample	\$75.00

The hourly rate shall be fully loaded to include, but not be limited to, salary, benefits, overhead, profit, and local travel costs (defined as travel within Lake County and within a seventy five (75) mile radius of Tavares, Florida). This rate is to be used for calculation of the lump sum fees in support of any project directed by the County.

The following information is required for price redetermination consideration.

Assuming prices quoted include costs for vehicles, maintenance, repair, insurance, fuel, wages, insurances, other employee benefits, materials, overhead, operating expenses, etc., what percentage of the rate is directly attributed to the cost of fuel?	5.00%
Which does the firm use: Diesel fuel or Gasoline?	Gasoline
Assuming prices quoted include costs for vehicles, maintenance, repair, insurance, fuel, wages, materials, overhead, operating expenses, etc., what percentage of the rate is directly attributed to the	5.00%

Lake County is exempt from all taxes (Federal, State, Local). A Tax Exemption Certificate will be furnished upon request for any direct purchasing. Contractor will be responsible for payment of taxes on all materials purchased by the Contractor for the project.

This is an indefinite quantity contract with no guarantee use of services. The County does not guarantee a dollar amount to be expended on any contract resulting from this solicitation.

ATTACHMENT 3 – REFERENCES FORM

21-0917

List no more than five projects which best illustrates qualifications relevant to the Solicitation. References must be less than five years old. LIST no more than two LAKE COUNTY GOVERNMENT PROJECTS (past, current, prime, and subcontractor) FIRST.

DK Environmental & Construction Services, Inc. (DKE)

PROJECT NAME: Mold Assessment and Post-Remediation Verification Services

Agency: Servpro of Lake County

Address: 880 Bay Road

City, State, Zip code: Mount Dora, FL 32757

Contact Person: Brittany Boicourt

Title: Manager

Email: servpro5614@servprooflakecounty.com

Telephone: 352-735-3311

Project Cost: \$30,000.00

Contract Start and End Dates: 2019 - Present

SCOPE of Project (list tasks, outlines or descriptions of items): Mold assessments and post-remediation verifications. Asbestos surveys.

PROJECT NAME: Environmental Testing Services

Agency: City of Ocala Community Development Services

Address: 201 SE 3rd Street, 2nd Floor

City, State, Zip code: Ocala, FL 34471

Contact Person: Cindy Giffen

Title: Community Development Grant Specialist

Email: cgiffen@ocalafl.org

Telephone: 352-629-8261

Project Cost: \$45,000.00

Contract Start and End Dates: 2018 - Present

SCOPE of Project (list tasks, outlines or descriptions of items): Lead-based paint inspections, risk assessments, and clearances. Asbestos surveys.

PROJECT NAME: Radon Testing

Agency: EMCOR Facilities Services, Inc.

Address: 9655 Reading Road

City, State, Zip code: Cincinnati, OH 45215

Contact Person: Keith Wilkins

Title: Facilities Manager

Email: kwilkins@emcor.net

Telephone: 865-356-3677

Project Cost: \$33,000.00

Contract Start and End Dates: 01/2021 - Present

SCOPE of Project (list tasks, outlines or descriptions of items): Radon testing at daycare facilities throughout the state of Florida.

ATTACHMENT 3 – REFERENCES FORM

21-0917

PROJECT NAME: Environmental Testing Services
Agency: Butler County Housing and Redevelopment Authority
Address: 114 Woody Drive
City, State, Zip code: Butler, PA 16001
Contact Person: Danielle Schmidt
Title: Assistant Director of Grant Management and Resident Services
Email: danielle@housingauthority.com
Telephone: 724-556-0343
Project Cost: \$90,000.00
Contract Start and End Dates: 2014- Present

SCOPE of Project (list tasks, outlines or descriptions of items): Lead-based paint inspections, risk assessments, and clearances. Asbestos surveys. Mold assessments and post-remediation verifications. Radon testing (initial and post-mitigation).

PROJECT NAME: Environmental Testing Services
Agency: Daytona Beach Housing Authority
Address: 211 N Ridgewood Avenue, Unit 300
City, State, Zip code: Daytona Beach, FL 32114
Contact Person: Kara Lennard
Title: Director of Development and Business Management
Email: lennardk@dbhaf1.org
Telephone: 386-777-2586
Project Cost: \$150,000.00
Contract Start and End Dates: 2019 - Present

SCOPE of Project (list tasks, outlines or descriptions of items): Lead-based paint inspections. Asbestos surveys. Mold assessments and post-remediation verifications. Radon testing. Phase I and II site assessments. Part 58s.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/12/2020

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 FWF Insurance Agency Inc 429 Theatre Drive Johnstown, PA 15904	CONTACT NAME: Rehana L. Boswell	FAX (A/C, No):
	PHONE (A/C, No, Ext):	E-MAIL ADDRESS: rehana@fwfinsurance.com
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: BURNS & WILCOX, LTD		BUW
INSURED DK ENVIRONMENTAL 1208 Rebecca Drive Johnstown, PA 15902	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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 type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		EPK127646	07/19/2020	07/19/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	PROFESSIONAL LIABILITY E&O	Y		EPK127646	07/19/2020	07/19/2021	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 IS ALSO NAMED AS ADDITIONAL INSURED ON ALL ABOVE POLICIES

CERTIFICATE HOLDER**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

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/15/2021

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 GHG Insurance 1000 Riverside Ave., Suite 500 Jacksonville FL 32204	CONTACT NAME: PHONE (A/C No. Ext): 904-421-8600		FAX (A/C, No): 904-421-8601
	E-MAIL ADDRESS: info@ghgins.com		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A : Hartford Insurance Company			29424
INSURED DK Environmental & Construction Services, Inc. 9007 Paolos Place Kissimmee FL 34747	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 1360972450


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	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	21WECAF0XRP	1/24/2021	1/24/2022	X PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)
 Coverage does not carry a deductible.

CERTIFICATE HOLDER**CANCELLATION**

[Empty space for Certificate Holder Name]	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 

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CERTIFICATE OF INSURANCE

— THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY —

DATE ISSUED (MM/DD/YY) 5/19/21

Home Office • 100 Erie Insurance Place • Erie, Pennsylvania 16530 • 814.870.2000
Toll free 1.800.458.0811 • Fax 814.870.3126 • www.erieinsurance.com

NAME AND ADDRESS OF AGENCY HERSHBERGER INSURANCE AGY LLC 440 FERNDAL AVE JOHNSTOWN, PA 15905-3939 (814)288-1591	AGENT'S NO. AA6475	COMPANIES AFFORDING COVERAGE Co.: C ERIE INSURANCE COMPANY Co.: D ERIE INSURANCE PROPERTY & CASUALTY COMPANY Co.: E ERIE INSURANCE EXCHANGE (Not Applicable) Erie Indemnity Co., Attorney-in-Fact in NY Co.: F ERIE INSURANCE COMPANY OF NEW YORK Co.: G FLAGSHIP CITY INSURANCE COMPANY
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NAME AND ADDRESS OF NAMED INSURED CHRISTIAN RITKO & DEBRA KOONTZ 1208 REBECCA DR JOHNSTOWN, PA 15902-3862	This certificate is issued for information purposes only and confers no rights on the certificate holder. It does not affirmatively or negatively amend, extend, or otherwise alter the terms, exclusions and conditions of insurance coverage contained in the policy(ies) indicated below. The terms and conditions of the policy(ies) govern the insurance coverage as applied to any given situation. Limits shown may have been reduced by claims paid. This certificate of insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer and the certificate holder.
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This is to certify that policies, as indicated by the Policy Number below, are in force for the Named Insured at the time that the Certificate is being issued.

CO. No.	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS														
<input type="checkbox"/>	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$</td></tr> <tr><td>FIRE DAMAGE (Any One Fire)</td><td>\$</td></tr> <tr><td>MED EXP (Any One Person)</td><td>\$</td></tr> <tr><td>PERSONAL & ADV. INJURY</td><td>\$</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$</td></tr> <tr><td>PRODUCTS-COMP/OP AGG</td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$	FIRE DAMAGE (Any One Fire)	\$	MED EXP (Any One Person)	\$	PERSONAL & ADV. INJURY	\$	GENERAL AGGREGATE	\$	PRODUCTS-COMP/OP AGG	\$		
EACH OCCURRENCE	\$																		
FIRE DAMAGE (Any One Fire)	\$																		
MED EXP (Any One Person)	\$																		
PERSONAL & ADV. INJURY	\$																		
GENERAL AGGREGATE	\$																		
PRODUCTS-COMP/OP AGG	\$																		
E <input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> "ANY AUTO" (OWNED, HIRED, NON-OWNED) <input type="checkbox"/> OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> GARAGE	Q03 3009997	3/30/21	3/30/22	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>BODILY INJURY (EACH PERSON)</td><td>\$</td><td style="text-align: right;">1,000,000</td></tr> <tr><td>BODILY INJURY (EACH ACCIDENT)</td><td>\$</td><td style="text-align: right;">1,000,000</td></tr> <tr><td>PROPERTY DAMAGE</td><td>\$</td><td style="text-align: right;">1,000,000</td></tr> <tr><td>BODILY INJURY AND PROPERTY DAMAGE COMBINED</td><td>\$</td><td></td></tr> </table>	BODILY INJURY (EACH PERSON)	\$	1,000,000	BODILY INJURY (EACH ACCIDENT)	\$	1,000,000	PROPERTY DAMAGE	\$	1,000,000	BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$			
BODILY INJURY (EACH PERSON)	\$	1,000,000																	
BODILY INJURY (EACH ACCIDENT)	\$	1,000,000																	
PROPERTY DAMAGE	\$	1,000,000																	
BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$																		
<input type="checkbox"/>	EXCESS LIABILITY <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> RETENTION \$				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$</td></tr> <tr><td>AGGREGATE</td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$		\$						
EACH OCCURRENCE	\$																		
AGGREGATE	\$																		
	\$																		
	\$																		
<input type="checkbox"/>	WORKERS COMPENSATION & EMPLOYERS LIABILITY				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="4" style="text-align: center;">STATUTORY</th></tr> <tr><td rowspan="3" style="vertical-align: middle;">BODILY INJURY BY</td><td>ACCIDENT</td><td>\$</td><td>EACH ACCIDENT</td></tr> <tr><td>DISEASE</td><td>\$</td><td>POLICY LIMIT</td></tr> <tr><td>DISEASE</td><td>\$</td><td>EACH EMPLOYEE</td></tr> </table>	STATUTORY				BODILY INJURY BY	ACCIDENT	\$	EACH ACCIDENT	DISEASE	\$	POLICY LIMIT	DISEASE	\$	EACH EMPLOYEE
STATUTORY																			
BODILY INJURY BY	ACCIDENT	\$	EACH ACCIDENT																
	DISEASE	\$	POLICY LIMIT																
	DISEASE	\$	EACH EMPLOYEE																
<input type="checkbox"/>	OTHER																		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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).

NAME AND ADDRESS OF CERTIFICATE HOLDER 	AUTHORIZED REPRESENTATIVE
---	-------------------------------

United States Environmental Protection Agency

This is to certify that



Debra L. Koontz

has fulfilled the requirements of the Toxic Substances Control Act (TSCA) Section 402, and has received certification to conduct lead-based paint activities pursuant to 40 CFR Part 745.226 as:

Inspector

In the Jurisdiction of:

All EPA Administered Lead-based Paint Activities Program States, Tribes and Territories

This certification is valid from the date of issuance and expires May 13, 2024

LBP-I-1191376-1

Certification #

April 29, 2021

Issued On

Adrienne Priselac, Manager, Toxics Office

Land Division



United States Environmental Protection Agency

This is to certify that



Debra L Koontz

has fulfilled the requirements of the Toxic Substances Control Act (TSCA) Section 402, and has received certification to conduct lead-based paint activities pursuant to 40 CFR Part 745.226 as:

Risk Assessor

In the Jurisdiction of:

All EPA Administered Lead-based Paint Activities Program States, Tribes and Territories

This certification is valid from the date of issuance and expires September 06, 2021

LBP-R-1191376-1

Certification #

August 23, 2018

Issued On

Adrienne Priselac, Manager, Toxics Office
Land Division



United States Environmental Protection Agency

This is to certify that

DK Environmental & Construction Services, Inc.

has fulfilled the requirements of the Toxic Substances Control Act (TSCA) Section 402, and has received certification to conduct lead-based paint activities pursuant to 40 CFR Part 745.226

In the Jurisdiction of:

All EPA Administered Lead-based Paint Activities Program States, Tribes and Territories

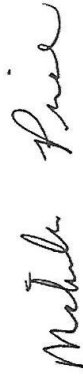
This certification is valid from the date of issuance and expires September 06, 2021

LBP-F191370-1

Certification #

August 23, 2018

Issued On



Michelle Price, Chief

Lead, Heavy Metals, and Inorganics Branch



Ron DeSantis, Governor



Halsey Beshears, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

MOLD-RELATED SERVICES LICENSING PROGRAM

THE MOLD ASSESSOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 468, FLORIDA STATUTES

RITKO, CHRIS

9007 PAOLOS PLACE
KISSIMMEE FL 34747

LICENSE NUMBER: MRSA2640

EXPIRATION DATE: JULY 31, 2022

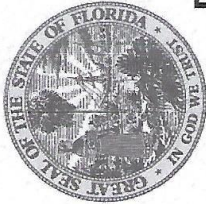
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Ron DeSantis, Governor



Halsey Beshears, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

ASBESTOS LICENSING UNIT

THE ASBESTOS CONSULTANT HEREIN IS LICENSED UNDER THE
PROVISIONS OF CHAPTER 469, FLORIDA STATUTES

BLACKLEDGE, KRISTA DAWN

THE BLACKLEDGE GROUP, INC.
408 15TH STREET SOUTH
JACKSONVILLE BEACH FL 32250

LICENSE NUMBER: AX96


EXPIRATION DATE: NOVEMBER 30, 2022

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	STATE OF FLORIDA DEPARTMENT OF HEALTH	<div style="border: 1px solid black; padding: 2px;"> 013869 Audit Control No. </div>
	Division of Disease Control and Health Protection Bureau of Environmental Health, Radon Program 4052 Bald Cypress Way, Bin A08 Tallahassee, FL 32399-7017	Original - Customer
Under the provisions of Chapter 404, Florida Statutes, this business is certified to provide indoor RADON MEASUREMENT SERVICES.		
DK Environmental & Construction Services, Inc. 9007 Paolos Pl Kissimmee, Florida 34747	Certification No. RB2722 Issue Date: October 02, 2020 Certification Automatically Expires On: October 01, 2021	

Display Certificate at Business Location

	STATE OF FLORIDA DEPARTMENT OF HEALTH	<div style="border: 1px solid black; padding: 2px;"> 013846 Audit Control No. </div>
	Division of Disease Control and Health Protection Bureau of Environmental Health, Radon Program 4052 Bald Cypress Way, Bin A08 Tallahassee, FL 32399-7017	Original - Customer
Under the provisions of Chapter 404, Florida Statutes, this person is a certified RADON MEASUREMENT SPECIALIST and may perform indoor radon measurements only through a certified radon measurement business.		
Chris Ritko DK Environmental & Construction Services Inc 9007 Paolos Place Kissimmee, FL 34747	Certification No. R2720 Issue Date: September 10, 2020 Certification Automatically Expires On: September 09, 2021	