New Jersey Department of Environmental Protection Division of Solid and Hazardous Waste SOLID WASTE ORIGIN AND DISPOSAL FORM

1. Name of Registered Transporter Phone No. < Check one that applies 3. Type of Transporter Registration A-901 License Registered Self-Generator Registration Exempt 4. Waste Self-Generated	
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5. Name of LEASOR if the Solid Waste VEHICLE is Leased: Vehicle Leased Vehicle Leased	
6. <u>Decal No. Type License Plate Capacity/CY Circle one</u> 7. A. <u>Waste Type</u> (Please Circle)	
CAB or SINGLE UNIT Yes No ID 107 ID 108 ID 13 ID 13C ID 13L	
CONTAINER N / A Yes No ID 23 ID 25 ID 27 ID 27A ID 272	
TRAILER Yes No Other : 8. Transporter to Complete Waste Origin Information	
Municipality (ies) County (ies) State % of Load B. Source Separated Recyclables (Please Circ	-
NJ Paper / Corrugated / Glass / Metal / Plastic Concrete / Asphalt / Wood Yard Materia	
NJ	
NJ 7/12/201	2 BJS
9. Date Waste Collected 10. Transporter's Certification: I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE	
PRINT DRIVERS NAME DRIVER'S SIGNATURE DATE	
B. DISPOSAL DESTINATIONS TRANSPORTER COMPLETES 11 & 12	
11. Final Disposal Facility Name & State Monmouth County Reclamation Center New Jersey (M.C.R.C. N.J.)	
12. Non Hazardous Manifest #, Bill of Lading #, or Pull Ticket #	
WEIGH-MASTER COMPLETES 13 through 17 Monmouth County Reclamation Center (M.C.R.C.) 13 In State weigh location Monmouth County Reclamation Center (M.C.R.C.)	
14. GROSS WGT. NET WGT. (In State Disposal only) 15. Scale Ticket # (In State Disposal Only)	
16. Weigh-master's Certification: I CERTIFY THAT THIS FORM HAS BEEN COMPLETED BY THE REGISTERED TRANSPORTER IDENTIFIED ABOVE, AND THAT THE GROSS	—
WEIGHT FIGURE IS TRUE AND ACCURATE FOR THE LOADS GOING OUT OF STATE.	
SIGNATURE: DATE: C. IN STATE DISPOSAL FACILITY SECTION (To be completed by facility operator for loads disposed of in State only)	
17. New Jersey Receiving Facility Operator Certification: I CERTIFY THAT THIS FORM HAS BEEN COMPLETED BY THE REGISTERED TRANSPORTER IDENTIFIED ABOVE, AND THAT	
THE WASTE AS IDENTIFIED BY THE TRANSPORTER IS PERMITTED TO BE DISPOSEDAT THIS FACILITY.	
THE WASTE AS IDENTIFIED BY THE TRANSPORTER IS PERMITTED TO BE DISPOSEDAT THIS FACILITY. OPERATOR'S STAMP OR Receiving Facility Permit or ID# 1336F DATE OPERATOR'S STAMP OR	
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