## NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION-DIVISION OF SOLID AND HAZARDOUS WASTE

SOLID WASTE ORIGIN AND DISPOSAL FORM A. Transporter section (To be completed by the Transporter prior to transport to the disposal site Name of Registered Transporter: 2. NJDEP Registration No. A-901 Licensed Registered self-generator Registration Exempt 4. Waste Self-Generated: (Check One) Yes No 3. Type of Transporter Registration: (Check One) . Name of LESSOR if the solid waste vehicle is leased: Type License Plate No. Capacity Leased Yes 7.A. Waste Types (Please circle) ID 107 ID 108 ID 13 ID 13C ID 13L Cab or Single Unit ID 23 ID 25 ID 27 ID 27A ID 272 Container Trailer Other: Transporter to complete waste origin information. B. Source Separated Recyclables: (Please circle) County(ies) State % of Total Load Paper / Corrugated / Glass / Metal / Platics Municipality(ies) MONMOUTH NJ Concrete / Asphalt / Wood / Yard Material NJ NJ \* Sending Facility: (If solid waste is transported NJ from a solid waste intermodal, transfer, or material recovery facility, list the faciltiy name in the municipality column, ID# in the County column and the State in which the sending facility is located in the State column.) Date Waste Collected: 10. Transporter's Certification: I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE. SIGNATURE PRINT DRIVER'S NAME DATE **B. Disposal Destinations** 1. Final Disposal Facility Name & State (Transporter Completes 11 & 12): Monmouth County Reclamation Center - NJ 12. Non Hazardous Manifest # or Bill of Lading# or Pull Ticket# (If Applicable) leighmaster's Signature: 13. In State Weigh Location (Weighmaster completes 13 through 16): Monmouth County Reclamation Center Date: 16. Weighmaster'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 loads going out of state 14. GROSS WT.: 15. SCALE TICKET No.: 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 disposed of at this facility Receiving Facility Permit or ID#.: 1336F DATE\_ OPERATOR'S STAMP OR SIGNATURE TIME NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION-DIVISION OF SOLID AND HAZARDOUS WASTE SOLID WASTE ORIGIN AND DISPOSAL FORM A. Transporter section (To be completed by the Transporter prior to transport to the disposal site) Name of Registered Transporter: Phone No. 2. NJDEP Registration No.: . Type of Transporter Registration: (Check One) A-901 Licensed Registered self-generator Registration Exempt 4. Waste Self-Generated: (Check One) Yes No . Name of LESSOR if the solid waste vehicle is leased: License Plate No. 7.A. Waste Types (Please circle) Type Capacity Leased Yes No Cab or Single Unit ID 107 ID 108 ID 13 ID 13C ID 13L ID 23 ID 25 ID 27 ID 27A ID 272 Container Other: Trailer 8. Transporter to complete waste origin information. B. Source Separated Recyclables: (Please circle) County(ies) State % of Total Load Municipality(ies) Paper / Corrugated / Glass / Metal / Platics MONMOUTH NJ Concrete / Asphalt / Wood / Yard Material NJ Other: NJ \* Sending Facility: (If solid waste is transported NJ from a solid waste intermodal, transfer, or material recovery facility, list the faciltiy name in the municipality column, ID# in the County column and the State in which the sending facility is 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 DRIVER'S NAME SIGNATURE DATE B. Disposal Destinations Final Disposal Facility Name & State (Transporter Completes 11 & 12): Monmouth County Reclamation Center - NJ 2. Non Hazardous Manifest # or Bill of Lading# or Pull Ticket# (If Applicable) Veighmaster's Signature: 13. In State Weigh Location (Weighmaster completes 13 through 16): Monmouth County Reclamation Center Date: 6. Weighmaster'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 loads going out of state 14. GROSS WT.: NET WT.: 15. SCALE TICKET No.: 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 disposed of at this facility Receiving Facility Permit or ID#.: 1336F DATE TIME OPERATOR'S STAMP OR SIGNATURE\_