

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

SOLID WASTE ORIGIN AND DISPOSAL FORM - CMCMUA DECAL#

A. Transporter Section (To be completed by the Transporter prior to transport to the disposal site)

- Name of Registered Transporter: _____
Account to Charge: _____ Phone No. _____
- NJDEP Registration No.: _____
- Type of Transporter Registration: (Check One) A-901 Licensed
 Registered self-generator Registration Exempt
- Waste Self-Generated: (Check One) YES NO
- Name of LESSOR if the solid waste vehicle is leased: _____
- Decal No. _____ Type _____ License Plate No. _____ Capacity _____ Leased - Yes or No _____
Cab or Single Unit _____
Container _____ N/A _____
Trailer _____

7. A. Waste Types (Please circle)

10 Municipal	25 Animal & Food
13 Bulky	27 Industrial
13C C&D	27A Asbestos
23 Vegetative	27I Incinerator Ash

B. Source Separated Recyclables (Please circle)

12 Paper	White Goods - CFC	23S Stumps
18 Commingled	SM Scrap Metal	23T Christmas Trees
13SR Tires	23C Leaves/Grass	27C Catch Basin
13WP Wood Pallets	23H Brush	27S St. Sweepings

- Transporter to complete waste origin information. OTHER WASTE TYPE _____
Municipality(ies) _____ County(ies) _____ State _____ % of Total Load _____
Cape May _____ NJ _____
Cape May _____ NJ _____
Cape May _____ NJ _____
Cape May _____ NJ _____
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* Sending Facility: (If solid waste is transported from a solid waste intermodal, transfer, or material recovery facility, list the facility 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: _____ Address if type 13C: _____
- 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):
Cape May County Sanitary Landfill, New Jersey
- Non Hazardous Manifest # or Bill of Lading # or Pull Ticket #: _____
- In State weigh location (Weigh master completes 13 through 16): (check one)
 CMCMUA Transfer Station, Burleigh, NJ CMCMUA Landfill, Woodbine, NJ
- GROSS WT.: _____ NET WT. (IN STATE DISPOSAL ONLY): _____
- SCALE TICKET NO. (IN STATE DISPOSAL ONLY): _____
- 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.

SIGNATURE: _____ DATE: _____

C. In State Disposal Facility Section (To be completed by facility operator for loads disposed of in State only)

- 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 (check Facility as appropriate below)
Landfill Facility Permit or ID#: 0511000270 Transfer Station Permit or ID#: 0506000264
DATE _____ TIME _____ OPERATOR'S STAMP OR SIGNATURE _____

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