

1. COMPLETE THIS FORM
2. DRIVE VEHICLE ONTO IN-BOUND SCALE
3. GIVE THIS FORM TO WEIGHMASTER
4. UNLOAD AT CONVIENCE AREA
5. RETURN TO OUT-BOUND SCALE
6. IF PAYING BY CHECK SHOW DRIVERS LICENSE TO WEIGHMASTER

PLEASE COMPLETE THIS FORM AND GIVE TO WEIGHMASTER

DATE: _____

CMCMUA Decal #: _____
(If applicable)

CMCMUA SOLID WASTE RECYCLING FORM

(FOR NON-NJDEP REGISTERED TRANSPORTS)

Sanitary Landfill Fac #051100270

1. Customer's Name: _____

2. Customer's License Plate #: _____

3. Address Waste Came From: _____

4. Municipality Waste Came From: AV CM CMP DT LT MT SH SIC OC
(circle as appropriate) UT WCM WWW NWW WWC WW WB

5. Solid Waste Type (circle **ONLY ONE** as appropriate)

Price per Lb.

- 10 Municipal Waste/Household Trash
- 13 Bulky Waste: Various Bulky Items
- 13C Construction & Demolition Waste
- 13T Bulky Waste mixed with tires
- 23 Vegetative Waste
- 25 Animal & Food Waste
- 27 Industrial Waste
- 27A Asbestos Waste

\$0.06

Vehicle Type: CAR () PU () TR () VAN () OTHER: _____

GROSS WEIGHT: _____ WEIGHMASTERS Initials: _____

**CAPE MAY COUNTY MUNICIPAL UTILITIES AUTHORITY
ASBESTOS CERTIFICATE OF ACCEPTANCE**

Certificate of Acceptance for Asbestos containing waste in accordance with those regulations promulgated by the NJDEP in Section 7:26-2:10 and the National Emission Standards for Hazardous Air Pollutants (40 CFR 61, Section 61:30 and 61:25).

I also understand that as a result of my following the above noted procedures, the New Jersey Department of Environmental Protection considers this waste to be ID #27A, which may be accepted for disposal at the CMCMUA Sanitary Landfill in Woodbine, New Jersey.

1. ASBESTOS ORIGIN:
Name _____ Phone _____

Address _____

2. REMOVAL CONTRACTOR:
Name _____ Phone _____

Address _____

3. TYPE OF ASBESTOS MATERIAL _____

QUANTITY OF ASBESTOS MATERIAL _____

4. TRANSPORTER:
Name _____ Phone _____

Address _____ NJSWA# _____

5. DISPOSAL SITE: Cape May County
Secure Sanitary Landfill NJSWA# 0511000270
Kearney Avenue
Woodbine, New Jersey

6. DISPOSAL DATE: _____ TIME _____

(Title)

(Signature)