

SOLID WASTE ORIGIN AND DISPOSAL FORM

CMCMUA DECAL# \_\_\_\_\_

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

- 1. Name of Registered Transporter:
Account to Charge:
Phone No.
2. NJDEP Registration No.:
3. Type of Transporter Registration: (Check One)
4. Waste Self-Generated: (Check One)
5. Name of LESSOR if the solid waste vehicle is leased:
6. Decal No., Type, License Plate No., Capacity, Leased - Yes or No

7. A. Waste Types (Please circle) B. Source Separated Recyclables (Please circle)

Table with 4 columns of waste types and their codes: 10 Municipal, 13 Bulky, 13C C&D, 23 Vegetative, 25 Animal & Food, 27 Industrial, 27A Asbestos, 27I Incinerator Ash, 12 Paper, 18 Commingled, 13SR Tires, 13WP Wood Pallets, White Goods - CFC, SM Scrap Metal, 23C Leaves/Grass, 23H Brush/Branches, 23S Stumps, 23T Christmas Trees, 27C Catch Basin, 27S St. Sweepings

- 8. Transporter to complete waste origin information.
Municipality(ies), County(ies), State, Waste Type, % of Total Load, OTHER WASTE TYPE

- 9. Date Waste Collected: Address if type 13C:
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 - Cape May County Sanitary Landfill, New Jersey

- 11. GROSS WT.: NET WT. (IN STATE DISPOSAL ONLY):
12. 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:

Landfill Facility Permit or ID#: 0511000270

DATE TIME Weighmaster SIGNATURE

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, Address, Phone
2. REMOVAL CONTRACTOR: Name, Address, Phone
3. TYPE OF ASBESTOS MATERIAL, QUANTITY OF ASBESTOS MATERIAL
4. TRANSPORTER: Name, Address, Phone, NJSWA#
5. DISPOSAL SITE: Cape May County, Secure Sanitary Landfill, Kearney Avenue, Woodbine, New Jersey, NJSWA# 0511000270
6. DISPOSAL DATE: TIME

(Title)

(Signature)