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

SOLID WASTE	ORIGIN AND DISI	POSAL FORM - 1	MUA DECAL#	
A. Transporter S	Section (Driver is to	complete section A	of this form)	
Name of Re	gistered Transporter	r:	DI N	
Name of Registered Transporter: Account to Charge:			Phone No.	
NJDEP Reg	istration No.:			
Type of Tran	sporter Registration:	(Check One) A-	901Licensed	
☐ Register	ed self-generator Generated: (Check	Cno Registration I	Exempt	
Name of LE	SSOR if the solid was	ste vehicle is leased:		
Decal No.	Type	License Plate No.		Leased – Yes or No
	Cab or Single Unit			
	Container	N/A		
1 W	Trailer	2 G G.		(D1
1. Waste Types (Please circle) 2. Source Separated Recyclables (Please circle)				
10 Municipal	25 Animal & Food	SS Single Stream	13WG White Goods/Cl	
13 Bulky 13C C&D	27 Industrial 27A Asbestos	Recycling 13SR Tires	SM Scrap Metal 23C Leaves/Grass	23T Christmas Trees 27C Catch Basin
23 Vegetative		13WP Wood Pallets	23H Brush	27S St. Sweepings
			•	•
		gin information OTHER:		
Municipality(ies)		County(ies)	<u>State</u>	% of Total Load
		Cape May	NJ	
		Cape May		
		Cape May		
		Cape May		
		Cape May	NJ	
Date Waste Colle	cted:	Address:		
Date Waste Colle				
				ROVIDED ON THIS
FORM IS TH	RUE TO THE BEST C	OF MY KNOWLEDG	E.	
PD IVE PDII	TEDAG NAME	GIGNI	TUDE	D. 4 (F)
PRINT DRIV	ER'S NAME	SIGNA	ATURE	DATE
B. Disposal De	estinations			
	sposal Facility Name	& State - Cape May	County Sanitary L	andfill, New Jersey
	•			•
GROSS WT.:_		_ NET WT. (IN STA	TE DISPOSAL ONL	<i>Y</i>):

				EN COMPLETED BY THE WASTE AS
	THE TRANSPORTER			
[] CMCMUA Transfer Station, Burleigh		NJ [] CMCN	[] CMCMUA Landfill, Woodbine, NJ	
ID# 0506000264		ID# 05	11000270	
DATE	OPERATO	D'S STAMD OD SIGN	ATIDE	
DA11	OLEKATO	K D D I AMIL OK BIUN	ATOKL	