

1. COMPLETE THIS FORM
2. DRIVE VEHICLE ONTO IN-BOUND SCALE
3. GIVE THIS FORM TO WEIGHMASTER
4. UNLOAD AT CONVIENCE AREA C
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

27A Asbestos Waste

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 \_\_\_\_\_

4. QUANTITY OF ASBESTOS MATERIAL \_\_\_\_\_

5. TRANSPORTER:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

NJSWA# \_\_\_\_\_

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

6. DISPOSAL DATE: \_\_\_\_\_

TIME \_\_\_\_\_

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Signature)