

NJ.DEPT.OF ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT

WASTE ORIGIN – WASTE DISPOSAL/DELIVERY FORM

TRANSPORTER'S REGISTERED NAME: _____ ACCOUNT NO#: _____

DATE: _____

TRANSPORTER'S NJDEP NUMBERS – VEHICLE PLATE NUMBERS

VEHICLE: DEP# _____ DECAL# _____ PLATE# _____

TRAILER: DEP# _____ DECAL# _____ PLATE# _____

CONTAINER: DEP# _____ DECAL# _____ CUBIC YDS _____

WASTE TYPE(S): 10 13 13C 23 23D 23E 23F
(Circle) 25 27 27A 27B

WASTE ORIGIN – STATE (Circle): NJ PA NY MD DE OTHER

MUNICIPALITY(IES) COUNTY(IES) % OF TOTAL LOAD

ACCOUNT CHARGED TO: _____

DRIVER'S CERTIFICATION: I hereby certify that the information provided on this form is true to the best of my knowledge.

DRIVER'S SIGNATURE

OPERATOR'S VERIFICATION: I hereby verify that this form has been completed by the transporter identified above and that the waste identified by the transporter is permitted to be disposed of at this facility.

OPERATOR'S SIGNATURE

FACILITY ID NO.: 132608
SCIA- SOLID WASTE DIVISION

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