

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION (NJDEP)
 DIVISION OF WASTE MANAGEMENT
 SOIL ORIGIN/DELIVERY FORM

TRANSPORTER'S REGISTERED NAME: _____ ACCOUNT #: _____

DATE: _____

TRANSPORTER'S NJDEP NUMBERS – VEHICLE PLATE NUMBERS

	DEP#	DECAL#	PLATE#
VEHICLE:	_____	_____	_____
TRAILER:	_____	_____	_____
CONTAINER:	_____	_____	_____

QUANTITY (CUBIC YARDS): _____

WASTE TYPE(S): CV0 CV1 CV4 CV7 CV9
 (CIRCLE) CV14 CV28 RB4 S4 OTHER: _____

ORIGIN – STATE: NJ PA NY MD DE
 (CIRCLE) 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 soil identified by the transporter is permitted to be disposed of at this facility.

OPERATOR'S SIGNATURE: _____

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