

New Jersey Department of Environmental Protection Division of Solid & Hazardous Waste

Solid Waste Facility Monthly Disposal and Materials Recovery Report

Facility Name*: _____ **Program Interest # (6 digits)*:** _____

Submitted By*: _____

Phone #*: _____ **Reporting Period*:** _____ **Month** _____ **Year** _____

MONTHLY SUMMARY					
NOTE	WASTE TYPES	SOLIDS	TOTAL AMOUNT (IN TONS)		
The filing of this report is required by New Jersey Solid Waste Regulation N.J.A.C. 7:26-2.13(e). Failure to submit this report on a monthly basis may result in the imposition of a penalty per N.J.S.A. 13:1E-9 <u>et seq.</u> and/or revocation of license. A complete monthly report consists of one page each of Form DWM-006B-1, 2, and 3 (Part 1, Part 2, & Parts 3a, 3b, & 3c). Additional Part 2, 3a, 3b, & 3c forms must be filed for each final disposal facility and/or county of waste origin. All forms (Parts 1, 2, 3a, 3b, & 3c) must be submitted to the NJDEP (address below) within 20 days after the last day of each month.	10	Municipal Waste*		←	
	13	Bulky Waste*		←	
	13C	Construction & Demolition Waste*		←	
	23	Vegetative Waste*		←	
	25	Animal & Food Processing Wastes*		INCOMING TONNAGES *Required Field Enter 0 if no inbound waste for that type	
	27	Dry Industrial Waste*			
	27A	Asbestos/Asbestos-Containing Waste*			←
	27I	Incinerator Ash*			←
		Other	Identify:		←
			Total Inbound Solid Waste		←
		Total Disposed as Solid Waste (From Part 2a or 2c)			
		Total Recovered for Recycling (From Part 3b)			
		Total Recovered for Beneficial Reuse (From Part 3c)			

I certify that the information entered above is true to the best of my knowledge.

Signature: _____ Title: _____ Date: _____

**THIS FORM MUST BE SUBMITTED WITHIN 20 DAYS
AFTER THE LAST DAY OF EVERY MONTH TO:**

Mail Code: 401-02C
NJ Department of Environment Protection
Division of Solid & Hazardous Waste
Bureau of Solid Waste Planning & Licensing
401 East State Street
P.O. Box 0420
Trenton, NJ 08625-0420
Attn: Carol Puca (609) 984-4250
njdepswreporting@dep.nj.gov

&

**Attn: County SW Coordinator of
the county where facility is located**

**For list, see Program web page at:
<http://www.state.nj.us/dep/dshw>**

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Note: A separate (Part 2b) page must be completed for each different “County of Waste Origin.” Report all waste in TONS. Part 2b shall identify the weights received by your facility that are designated for disposal at an undeclared disposal facility and must be identified by county and municipality of origin as well as waste type, pursuant to N.J.A.C. 7:26-2.13(e) i.

[illegible]

(Duplicate this form as necessary)

New Jersey Department of Environmental Protection
Division of Solid & Hazardous Waste

Solid Waste Facility Monthly Disposal and Materials Recovery Report

Final Disposal
Facility Name: _____

Final Disposal
Facility Location: _____ Reporting Period: _____
Municipality/County/State Month Year

Note: A separate (Part 2c) page must be completed for each different “Final Disposal Facility”. Report all waste in TONS.

	WASTE TYPES DISPOSED AS SOLID WASTE									
	10	13	13C	23	25	27	27A	27I	Other	TOTAL TONS
NOTE Part 2c shall identify the weights sent out to a declared disposal facility, this information must be marked by disposal facilities name, location and waste type, pursuant to N.J.A.C. 7:26-2.13(e) ii.										

(Duplicate this form as necessary)

Solid Waste Facility Monthly Disposal and Materials Recovery Report

Note: A separate (Part 3) page must be completed for each different "County of Waste Origin." Report all waste in TONS.

[illegible]

(Duplicate this form as necessary)

Solid Waste Facility Monthly Disposal and Materials Recovery Report

Reporting Period: _____
Month **Year**

[illegible]

(Duplicate this form as necessary)

(Duplicate this form as necessary)

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[illegible]

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