

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)

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