

**New Jersey Department of Environmental Protection
Solid and Hazardous Waste Management Program**

Solid Waste Facility Monthly Disposal and Materials Recovery Report

Facility Name: _____ **Facility Registration #:** _____

Report Submitted By: _____

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

MONTHLY SUMMARY				
NOTE	WASTE TYPES	SOLIDS	TOTAL AMOUNT (IN TONS)	
<p>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.</p> <p>A complete monthly report consists of one page each of Form DWM-006B-1, 2, and 3, (Part 1, Part 2, and Part 3). Additional "Part 2" forms must be filed for each final disposal facility and/or county of waste origin.</p> <p>All forms (Parts 1, 2, and 3) must be submitted to the NJDEP (address below) within 20 days after the last day of each month.</p>	10	Household & Municipal		
	13	Bulky Waste		
	13C	Construction & Demolition		
	23	Vegetative Waste		
	25	Animal & Food Processing		
	27	Dry Industrial		
	27A	Asbestos		
	27I	Incinerator Ash		
	Other	Identify:		
			Total Disposed (From Part 2)	
			Total Recycled (From Part 3)	

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:**

**NJ Department of Environment Protection
Solid and Hazardous Waste Management Program
Bureau of Recycling and Planning
401 East State Street
PO BOX 0414
Trenton, NJ 08625
Attn: Pat Elias (609) 984-3438**

and

**County Solid Waste Department
where facility is located
(See Division Web Page at:**

**<http://www.state.nj.us/dep>
Attn: County SW Coordinator**

(Duplicate this form as necessary)