

**ANNUAL REPORT FORM
CLASS C COMPOST, LEAF MULCHING AND TRANSFER OPERATION CENTERS
JANUARY 1 THRU DECEMBER 31 _____
(Year)**

Facility Name: _____ **Facility ID#:** _____

Reported by: _____ **Phone#:** _____

County of Origin: _____ **Municipality:** _____
(use separate sheet for each county of origin)

(Compost Materials in Tons or Cubic Yards (circle one))

Month	Brush	Grass	Leaves	Wood Chips		Total
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
Totals						

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

Signature: _____ Title: _____ Date: _____

THIS FORM MUST BE RECEIVED BY FEBRUARY 1st FOR THE PREVIOUS YEAR'S TONNAGE TOTALS

**New Jersey Department of Environmental Protection
Solid and Hazardous Waste Management Program
Bureau of Recycling and Planning
PO Box 414
Trenton, NJ 08625
Attn: Carol Puca**