

**ANNUAL REPORT FORM
FOR CLASS B RECYCLING CENTERS
January 1 thru December 31 _____
(Year)**

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

Reported By: _____ **Phone:** _____
(Please Print)

County of Origin: _____ (use separate sheet for each County of Origin)

List Materials in Tons

Municipality(ies)	15	17	19	22	27	30	Total
Total							

15-Tires	27-Petroleum Contaminated Soil
17-Trees, Tree Parts, Brush and Tree Stumps	30- Wood Scraps (unpainted and non-chemically treated)
19- Leaves	
22. Asphalt, Concrete, Asphalt Roofing, Brick and Block	

Total Amount of Residue Disposed as Solid Waste _____

Total Amount of Material Marketed _____

I certify that the information entered above is true to the best of my knowledge.
Signature: _____ **Title:** _____ **Date:** _____

THIS FORM MUST BE RECEIVED BY March 1st FOLLOWING THE DATA REPORTED ABOVE.

New Jersey Department of Environmental Protection
 Division of Solid and Hazardous Waste
 Bureau of Recycling and Planning
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 Trenton, NJ 08625-0420
 Carol Puca