DSHW-006B-1 Rev. 5/21 Part 1

SOLID WASTE TRANSPORTER MONTHLY DISPOSAL REPORT (Only for Waste Hauled Directly Out-of-State)

PDF Instructions: Click inside this box to see instructions on filling out this PDF.

| Report Submitted By*: | | Phone #*: | | | | | |
|--|----------------|---|------------------------|--|--|--|--|
| Reporting Month* | MO | Year* | | | | | |
| NOTE The filing of this report is | WASTE TYPES | Solids | TOTAL AMOUNT (IN TONS) | | | | |
| required by the New Jersey Solid Waste Regulation NJAC 7:26- 3.5(g). Failure | 10: | Household & Municipal | (21.201.6) | | | | |
| to submit this report on a monthly basis may result in the imposition of a penalty | 13: | Bulky Waste | | | | | |
| per NJSA 13:1E-9 et seq. and /or revocation of | 13C: | Construction & Demolition | | | | | |
| license. A complete monthly report | 23: | Vegetative Waste | | | | | |
| consists of one page each of Form DSHW-006B-1 | 25: | Animal & Food Processing | | | | | |
| and 2. (Part 1 and Part 2) Additional Part 2 forms | 27: | Dry Industrial | | | | | |
| must be filed for each final disposal facility and/or county of waste origin to | 27A: | Asbestos | | | | | |
| which out-of-state waste is transferred. | 27I: | Incinerator Ash | | | | | |
| All forms (Part 1 and Part 2) must be submitted to the | OTHER | Identify: | | | | | |
| NJDEP (address below) and the County of Origin of the waste within 20 days after the last day of each month. | | TOTAL DISPOSED DIRECTLY OUT-OF-STATE (From Part 2): | | | | | |

NJ Bureau of SW Planning and Licensing P.O. Box 420, Mail Code 401-02C Trenton, NJ 08625-0420

Attention: Seth Hackman (609) 984-4250 Email: swtransporterreporting@dep.nj.gov AND Note: The address for each county SW

coordinator is available on the DSHW /Recycle Web page or by calling your local county office

DSHW-006B-2 Rev. 5/21

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION SOLID WASTE TRANSPORTER MONTHLY DISPOSAL REPORT

| Transporter Name | : | | | | | | | | | |
|--|---|---------|--------|--------|-------------|----------|----------|--------|-----------|-------|
| Final Out-of-State Disposal Facility N | Final Disposal Facility Location: | | | | | | | | | |
| State | | | | | | | Town | | County | |
| Waste Weighted In- If Yes, indicate Cou | | | | | | | | | | |
| | | | | | Rep | orting M | onth | - | Year | |
| Note: A separat State Dispo 1 the total in <u>TONS.</u> | osal" F | acility | and/or | County | of was | te ori | gin repo | orted. | Report on | Part |
| COUNTY | WASTE TYPES DISPOSED Note: Do not include any computer printout attachments. All Pa information must be included here. | | | | | | | | | |
| MUNICIPALITY | 10 | 13 | 13C | 23 | 25 | 27 | 27A | 271 | OTHER | TOTAL |
| | | | | | | | | | | |
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