



State of New Jersey

Division of Waste Enforcement, Pesticides & Release Protection
Bureau of Hazardous Waste Compliance and Enforcement
9 Ewing Street

Trenton, New Jersey 08625-0420
Tel: (609) 943-3019 • Fax: (609) 292-3991

PHILIP D. MURPHY
Governor

SHAWN M. LATOURETTE
Commissioner

SHEILA Y. OLIVER
Lt. Governor

“Notification of hazardous Waste 10 Day Transfer Facility Operation” Return to Lawrence Lewis at Lawrence.lewis@dep.nj.gov

EPA ID No.: _____

NJDEP HW Registration No.: _____

Transporter Company Name: _____

Transfer Facility Address: _____
(Street) (City)

(County) (Block(s)) (Lot(s))

Mailing Address: _____
(Street/P.O. Box) (City)

(State) (Zip code)

Transfer Facility Contact: _____
(Name) (Area Code & Phone Number)

(E-mail address)

If you are notifying the Department of multiple hazardous waste transfer facilities, please attach completed forms for each site.

Does your company own ____ or lease ____ this property? If your company does not own the transfer facility site(s), a copy of the lease agreement in accordance with N.J.A.C. 7:26G-7.4(a) must be attached for each leased site.

Please sign and date the notification below:

(Printed Name)

(Signature)

(Title)

(Date)