

County Code	Municipal Code

NJ DEP / Solid and Hazardous Waste Management Program
RECYCLING TONNAGE SUMMARY FORM
 January 1, ____ through December 31, ____

Applicant: Municipality _____ **County:** _____

Recycling Coordinator: _____ **Phone:** _____

<u>MATERIAL</u>	<u>RESIDENTIAL</u>	<u>COMMERCIAL</u>	<u>TOTAL TONS</u>
01 Corrugated	_____	_____	_____
02 Mixed Office Paper/CPO	_____	_____	_____
03 Newspaper	_____	_____	_____
04 Other Paper/Mags/Junk Mail	_____	_____	_____
05 Glass Containers	_____	_____	_____
06 Aluminum Cans	_____	_____	_____
07 Steel Cans/Oil Filters	_____	_____	_____
08 Plastic Containers	_____	_____	_____
09 Heavy Iron	_____	_____	_____
10 Non-Ferrous & Aluminum Scrap	_____	_____	_____
11 White Goods/Lite Iron	_____	_____	_____
12 Anti-freeze	_____	_____	_____
13 Batteries, Lead Acid	_____	_____	_____
14 Scrap Autos	_____	_____	_____
15 Tires	_____	_____	_____
16 Used Motor Oil	_____	_____	_____
17 Brush/Tree Parts	_____	_____	_____
18 Grass Clippings	_____	_____	_____
19 Leaves	_____	_____	_____
20 Stumps	_____	_____	_____
21 Consumer Electronics	_____	_____	_____
22 Concrete/Asphalt/Brick/Block	_____	_____	_____
23 Food Waste	_____	_____	_____
24 Misc./Other (list other materials separately)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
25 Other Glass	_____	_____	_____
26 Other Plastic	_____	_____	_____
27 Petroleum Contaminated Soil	_____	_____	_____
28 Process Residue	_____	_____	_____
29 Textiles	_____	_____	_____
30 Wood Scrap	_____	_____	_____
TOTALS	_____	_____	_____

** Failure to separate your commingled and/or convert to tons will result in a forfeiture of grant monies for that item.*

APPLICANT:

By my signature, I certify that the tonnage claimed on this report is post consumer materials generated within the municipality submitting this form, and recycled such that they are not used for energy recovery unless specifically allowed by the Department of Environmental Protection. I, the undersigned, hereby certify, that to the best of my knowledge, the tonnage claimed is accurate and in compliance with N.J.S.A. 13:1E-99.11 et. seq. I further agree to grant the State of New Jersey access to those records needed to verify the information provided in connection with the application procedure.

Print name of Recycling Coordinator

Sign name of Recycling Coordinator

Date