

**NJDEP - CERTIFICATE OF PUBLIC  
CONVENIENCE AND NECESSITY  
(CPCN)**

**ANNUAL UTILITY  
REPORT FOR SOLID  
WASTE DISPOSAL  
UTILITIES**

**CALENDAR YEAR 2024**

**DUE JUNE 2, 2025**

**Note: This CPCN Annual Utility Report is NOT the  
Annual A-901 Update submitted to the Attorney  
General's Office!**

**\*Printed and/or Scanned Copies of this report will not be accepted\***

**Before you begin this report make sure this file is opened in Adobe Acrobat**



## **What you need to know about the:**

### **2024 SOLID WASTE CPCN ANNUAL UTILITY REPORT:**

Your 2024 CPCN Annual Utility Report (Annual Report) is due no later than **JUNE 2, 2025**

You are **required** to submit this report even if there was **no activity** during calendar year 2024  
**OR** if you discontinued service during calendar year 2024.

This report is **NOT** the Annual A-901 update which you are required to submit separately to the Office of the Attorney General.

### **REVIEW AND ASSESSMENT OF THE CPCN ANNUAL UTILITY REPORT**

Your CPCN Annual Utility Report will be reviewed for completeness, verified and approved by NJDEP.

An annual fee assessment will be calculated at the rate of  $\frac{1}{4}$  of 1% of your reported gross operating revenue with a \$500 minimum fee. The Department of Treasury, Division of Revenue will mail your invoice to you directly. Please promptly pay this fee assessment directly to the Division of Revenue and include the invoice with your payment.

#### **Do Not Send Your Payments to the NJDEP**

**It is important that you submit payment promptly as NJDEP is required to refer all overdue fees to Collections within 90 days of the date the fee is assessed.**

**PROMPTLY MAIL BOTH THE INVOICE AND YOUR PAYMENT DIRECTLY TO TREASURY AT THE ADDRESS LISTED BELOW:**

New Jersey Department of Treasury  
Division of Revenue  
PO Box 417  
Trenton NJ 08646-0417

**If you have any questions about the 2024 CPCN Annual Utility Report please contact the  
Bureau of Planning & Licensing  
(609) 984 - 4250  
E-mail: [swutility@dep.nj.gov](mailto:swutility@dep.nj.gov)**

**\*\* Failure to file a complete CPCN Annual Utility Report will result in penalties and may result in the loss of your Certificate of Public Convenience and Necessity in accordance with  
N.J.A.C. 7:26H-5.15(f)1. \*\***

## **2024 CPCN ANNUAL UTILITY REPORT**

### **CHECKLIST SUBMISSION INSTRUCTIONS**

- ☐ This CPCN Annual Utility Report must be electronically completed in full and sent via e-mail to [swutility@dep.nj.gov](mailto:swutility@dep.nj.gov) once electronically completed, signed, and notarized.
- ☐ A confirmation e-mail will be sent to the e-mail sender once the CPCN Annual Utility Report is received. You must keep a copy of the confirmation e-mail for your records.
- ☐ This CPCN Annual Utility Report must be signed electronically in all areas where signatures are required. Printed and scanned copies will not be accepted.
- ☐ A copy of this CPCN Annual Utility Report and instructions for completion can be found online at <https://www.state.nj.us/dep/dshw/swpl/cpcn.html> and can be downloaded to your computer.

### **HOW TO COMPLETE THE REPORT**

- ☐ FOLLOW DIRECTIONS FOR COMPLETING THIS CPCN ANNUAL UTILITY REPORT EXACTLY AS DESCRIBED FOR EACH PAGE.
- ☐ This CPCN Annual Utility Report must be completed, electronically signed and notarized, and submitted via e-mail even if there was no solid waste activity in calendar year 2024.
- ☐ Multiple pages can be generated by clicking the button “Duplicate This Page” where identified.
- ☐ Attachments can be added by clicking the button “Attach Files” where identified.
- ☐ Confirm that your **SW number** is located on **all pages** at the top right of each page.
- ☐ File this CPCN Annual Utility Report in the solid waste utility’s name ***exactly*** as shown on the Certificate of Public Convenience and Necessity.
- ☐ ***COMPLETE EVERY QUESTION.*** Indicate “N/A” for all questions which are not applicable.
- ☐ Keep a copy of this CPCN Annual Utility Report for your records.
- ☐ Accurately report Gross Operating Revenue. Gross Operating Revenues consist of reportable revenues which are derived from customer bills, fees, sales and services for solid waste.

#### **QUESTIONS ON THIS PROCESS AND REPORT CAN BE DIRECTED TO:**

NJDEP - Sustainable Waste Management  
Bureau of Solid Waste Planning & Licensing  
401 East State Street  
Mail Code 401-02C; P.O. Box 420 Trenton,  
NJ 08625-0420

(e) [swutility@dep.nj.gov](mailto:swutility@dep.nj.gov)  
(p) 609-984-4250

## **2024 CPCN ANNUAL UTILITY REPORT - FOR DISPOSAL FACILITIES**

**PLEASE FILL IN ALL INFORMATION BELOW:**

TODAY'S DATE: \_\_\_\_\_

1. NAME OF DISPOSAL FACILITY: \_\_\_\_\_

TYPE OF FACILITY: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE ZIP: \_\_\_\_\_

BILLING/MAILING ADDRESS: (☐ CHECK HERE IF SAME AS ABOVE):

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

2. NAME OF PERSON COMPLETING THIS FORM: \_\_\_\_\_

RELATIONSHIP TO THE FACILITY: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

3. DOES THE FACILITY HAVE ANY CURRENT OR OUTSTANDING JUDGMENTS AND LIENS? ☐ NO ☐ YES: You must provide the information below for EACH (add a separate page if necessary by clicking on the "Duplicate This Page" button below):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City State Zip: \_\_\_\_\_  
Provide a brief description: \_\_\_\_\_  
\_\_\_\_\_

4. DO ANY PRINCIPALS OF THE FACILITY HAVE ANY CURRENT OR OUTSTANDING JUDGMENTS OR LIENS? ☐ NO ☐ YES: You must provide the information below for EACH (add a separate page if necessary by clicking on the "Duplicate This Page" button below):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City State Zip: \_\_\_\_\_  
Provide a brief description: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City State Zip: \_\_\_\_\_  
Provide a brief description: \_\_\_\_\_  
\_\_\_\_\_

## **MANDATORY TIPPING FEE UPDATE**

### Tipping Fee Compliance:

Solid Waste Disposal Utilities are **REQUIRED** to notify the Department of any adjustments in tipping fees below the peak rate within (3) days of the effective changes (N.J.A.C. 7:26H-3.10(b)(1)). If you anticipate adjusting tipping fees for the year 2024, please submit the anticipated tipping fee adjustments to the Department using the format provided below.

#### A. Current Tipping Fees and Waste Type:

<u>Waste Type</u>		<u>Gate Rate</u>	<u>Date posted as Gate Rate</u>
This section is required.  DO NOT INDICATE N/A	Type 10 Waste :	_____	_____
	Type 13 Waste :	_____	_____
	Type 13C Waste :	_____	_____
	Type 23 Waste :	_____	_____
	Type 25 Waste :	_____	_____
	Type 27 Waste :	_____	_____

#### B. Anticipated NEW Tipping Fees and Waste Types:

<u>Waste Type</u>	<u>Gate Rate</u>	<u>Anticipated Date New Rate will be Posted at Gate</u>
Type 10 Waste :	_____	_____
Type 13 Waste :	_____	_____
Type 13C Waste :	_____	_____
Type 23 Waste :	_____	_____
Type 25 Waste :	_____	_____
Type 27 Waste :	_____	_____

**\*\* Use the button below to attach additional tipping fee documentation. \*\***

**HOST COMMUNITY BENEFIT REPORT**

USE LATEST AVAILABLE DATA FOR HOST COMMUNITY BENEFITS

Company Name: \_\_\_\_\_

Solid Waste Number: SW \_\_\_\_\_

Facility ID: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Host Municipality: \_\_\_\_\_

Amount Per Ton: \_\_\_\_\_

Free Dumping: ☐ No ☐ Yes: If yes, provide details:

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Fax: \_\_\_\_\_

Date: \_\_\_\_\_

**CONTRACTS FOR DELIVERY OF SOLID WASTE  
TO YOUR FACILITY FROM A CUSTOMER**

**Contracts the Facility has with Customers, for Delivery of Solid Waste to the Facility**

Submit all contracts the RESPONDENT has placed for delivery of Solid Waste to the Respondent's (designated) facility. The submission must include all the following items and must be attached by clicking the "Attach Files" button below.

Name of Company or Entity \_\_\_\_\_

Length of Contract \_\_\_\_\_

Contract Termination Date \_\_\_\_\_

Total Tons of solid waste delivered \_\_\_\_\_

Rates per Waste Type

Type 10 Waste : \_\_\_\_\_

Type 13 Waste : \_\_\_\_\_

Type 13C Waste : \_\_\_\_\_

Type 23 Waste : \_\_\_\_\_

Type 25 Waste : \_\_\_\_\_

Type 27 Waste : \_\_\_\_\_

Total amount of revenue received  
during calendar year 2024 for each contract \_\_\_\_\_

**\*\* Use the button below to attach contract documentation. \*\***



## TRANSFER STATION DISPOSAL INFORMATION

Company Name: \_\_\_\_\_

Please provide the information below for each disposal facility used by your company for calendar year 2024.

[illegible]

## **COUNTY PLAN SUMMARY**

The following information is accurate as of the date of this report and is subject to change. The data provided below was compiled from information submitted by each county (for information purposes only):

### **COUNTIES WITH WASTE FLOW**

Atlantic	10, 13, 13C, 23, 25, 27, 27A
Burlington	10, 23, 25
Cape May	All Solid Waste Types
Cumberland	10, 13, 13C, 23, 25, 27A
Essex	10, 13, 13C, 23, 25, 27
Gloucester	All Solid Waste Types
Hudson	10, 13, 13C, 23, 25, 27
Mercer	All Solid Waste Types
Monmouth	10
Morris	All Solid Waste Types
Ocean	All Solid Waste Types
Salem	10, 13, 13C, 23, 25, 27A
Sussex	All Solid Waste Types
Union	10, 13, 13C, 23, 25, 27

### **OPEN MARKET COUNTIES**

Bergen  
Camden  
Hunterdon  
Passaic  
Somerset  
Warren  
Middlesex

**\*\* Revenue generated from counties that institute waste flow other than the county in which your facility is located must be justified on the following page. \*\***

**2024 GROSS SOLID WASTE OPERATING REVENUE BY COUNTY**

Provide the Gross Operating Revenues derived from solid waste disposed at your facility during 2024. Gross Revenue is the total amount of money that the facility has received from the disposal of solid waste ***before*** any deductions from taxes, fees and any other associated expenses.

**Gross Operating Revenues consist of reportable revenues which are derived from customer bills, fees, sales and services.**

County	Justification for Revenue from Waste Flowed County	2024 Solid Waste Revenue
Atlantic		
Bergen		
Burlington		
Camden		
Cape May		
Cumberland		
Essex		
Gloucester		
Hudson		
Hunterdon		
Mercer		
Middlesex		
Monmouth		
Morris		
Ocean		
Passaic		
Salem		
Somerset		
Sussex		
Union		
Warren		
Out of State Waste Received		

Total Solid Waste Revenue by Tons  
Year Ending December 31, 2024:   \$ \_\_\_\_\_

**INCOME**  
**STATEMENT** As of

**Revenues:**

**Revenue (from Solid Waste)**

December 31<sup>st</sup>, 2024

Type 10 Waste \$ \_\_\_\_\_

Type 13 Waste \$ \_\_\_\_\_

Type 23 Waste \$ \_\_\_\_\_

Type 25 Waste \$ \_\_\_\_\_

Type 27 Waste \$ \_\_\_\_\_

**Total Solid Waste Revenue:** \$ \_\_\_\_\_

**Other Revenue**

Recycling Revenue \$ \_\_\_\_\_

Energy Revenue \$ \_\_\_\_\_

Investment Revenue \$ \_\_\_\_\_

Gains on sales of assets \$ \_\_\_\_\_

Other (specify) \_\_\_\_\_ \$ \_\_\_\_\_

**Total Other Revenue:** \$ \_\_\_\_\_

**Total Gross Revenue**

\$ \_\_\_\_\_

**Expenses:**

**Operating Expenses:**

Disposal (Transfer Station or Incinerator Ash) \$ \_\_\_\_\_

Salaries and Benefits \$ \_\_\_\_\_

Fuel and Oil \$ \_\_\_\_\_

**Total Operating Expense:** \$ \_\_\_\_\_

**Office Expenses:**

General and Administrative \$ \_\_\_\_\_

Building and Grounds \$ \_\_\_\_\_

Salaries and Benefits \$ \_\_\_\_\_

**Total Office Expense:** \$ \_\_\_\_\_

**Other Expenses**

Debt Payments \$ \_\_\_\_\_

Interest Expense \$ \_\_\_\_\_

Depreciation Expenses \$ \_\_\_\_\_

Taxes \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

Other (specify) \_\_\_\_\_ \$ \_\_\_\_\_

**Total Other Expense:** \$ \_\_\_\_\_

**Total Expenses**

\$ \_\_\_\_\_

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**Net Income (Total Gross Revenue – Total Expenses)**

\$ \_\_\_\_\_

**EXPENSE STATEMENT**

1. List all contracts in place between the Respondent and a contractor for operations of a DISPOSAL FACILITY owned by the respondent in calendar year 2024.

Name of Contractor \_\_\_\_\_  
Length of Contract \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Amount Spent \_\_\_\_\_

2. List all contracts in place between the Respondent and a contractor for operations of a disposal facility NOT owned by the respondent in calendar year 2024.

Name of Contractor \_\_\_\_\_  
Length of Contract \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Amount Spent \_\_\_\_\_

3. Identify all outstanding long term debt the Respondent has incurred in finance Respondents' Solid Waste System. For each bond or encumbrance issued to finance your solid waste system, Please state the following:

Date Issued \_\_\_\_\_  
Original Amount of Debt \_\_\_\_\_  
Principal remaining \_\_\_\_\_  
Maturity Date \_\_\_\_\_  
Annual Debt service owned and paid \_\_\_\_\_

4. List all transportation contracts the Respondent has entered into (Duplicate this page if necessary):

Name of Contractor \_\_\_\_\_  
Term of the Contract \_\_\_\_\_  
Termination of the Contract \_\_\_\_\_  
Item transported (ash or solid waste) \_\_\_\_\_  
Amount spent on contract in 2024 \_\_\_\_\_

**EXPENSE STATEMENT (continued)**

5. List all landfill air space contracts that Respondent holds or Incinerator contracts where solid waste from your facility is disposed:

Name of Landfill or Incinerator \_\_\_\_\_  
Length of the Contract \_\_\_\_\_  
Termination of the Contract date \_\_\_\_\_  
Total Space reserved (*if applicable*) \_\_\_\_\_  
Amount spent on contract in 2024 \_\_\_\_\_

6. Identify expenses for 2024 in the following categories:

Administration \_\_\_\_\_  
Energy \_\_\_\_\_  
Insurance \_\_\_\_\_  
Professional Service \_\_\_\_\_  
Maintenance \_\_\_\_\_  
Special Fund \_\_\_\_\_  
Miscellaneous (items **less** than 5% of total) \_\_\_\_\_  
Miscellaneous (items **over** than 5% of total) \_\_\_\_\_  
Capital Improvements \_\_\_\_\_  
Acquisition of Capital Assets \_\_\_\_\_

7. Identify any significant changes in your expenses that you expect to incur in 2024:  
(+/-20% of 2024 expenses) Explain the anticipated changes:

\_\_\_\_\_

## CORPORATION STRUCTURE

### THIS PAGE MUST BE COMPLETED BY CORPORATIONS

(Limited Liability Companies, Partnerships and Proprietorship - please mark N/A and proceed to the next page)

OFFICERS: Report below officers at date of verification of this report.

If there have been any changes since the last report, name, show title, and address of previous officer and date of changed.

Name and Official Title	Principal Business Address	Date Appointed or Changed
1.		
2.		
3.		
4.		
5.		
6.		
7.		

DIRECTORS: Please list all Current Directors; and list previous Director that has changed since the last reporting cycle. If there have been any changes since the last report, show name and address of previous Director and date of change.

**Designate by asterisk members of executive committee**

Name of Directors	Principal Business Address	Term Began	Term Expires
1.			
2.			
3.			
4.			
5.			
6.			
7.			

LIMITED LIABILITY COMPANIES, PARTNERSHIPS AND PROPRIETORSHIP STRUCTURE

THIS PAGE MUST BE COMPLETED BY LIMITED LIABILITY COMPANIES, PARTNERSHIPS AND PROPRIETORSHIP

(Corporations - please mark N/A)

Please list name of Members, Partners and/or Owners, Official Title, Residential Address, Date Appointed to Position and percentage of ownership.

Member, Partner or Owner Name and Official Title	Residential Address	Start Date	% OWNERSHIP
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			



## SUMMARY OF SALARIES AND WAGES

1. Show in column "B" the number of officers and employees normally assigned to the functions shown in column "A". If an employee fills more than one function, list that employee in the one classification to which the majority of that employee's time is distributed.
2. Show in column "C" the total payroll distribution to each classification.
3. Column "B" and "C" should be considered independently because it is possible, due to multiple distribution of an employee's time, for a dollar amount be changed to a classification to which employees are permanently assigned.

Line No.	A. Classification	B. Average Number of Employees	C. Payroll Distribution	D. Payroll Distribution Comparison with Preceding Year Increase or Decrease
<b>Operations and Maintenance</b>				
1.				
2.				
3.				
4.				
5.				
<b>Administrative and Supervision</b>				
6.				
7.				
8.				
9.				
10.				
<b>Other Accounts</b>				
11.				
12.				
13.				
<b>Total Payroll for Year 2024:</b>				

### SALARIES

1. Report amounts paid during year to all officers and all supervisory employees.
2. If any listing is for less than full year, state period covered.
3. Bonuses and other remuneration should be included. Furnish particulars.

A. Name	B. Title	C. Compensation Paid for the Year

## SECURITY HOLDERS, VOTING POWERS AND CAPITAL STOCK

1. List security holders have more than 5% voting powers in Respondent, security holders that are corporate directors, security holders that would have more than 5% voting powers if their securities were converted or if their warrants were exercise.
2. Arrange names of security holders in other of voting power commencing with the highest.
3. Indicate officers and directors with an asterisk
4. Report the particulars called for concerning each issue and series of common stock, preferred stock, convertible bond and warrant
5. Amount shown in column (g) with respect to non-par stock without value should be the cash value per share of the consideration received.
6. Indicate the method used to calculate the conversion value of convertible bond and warrants.

[illegible]

**INSERT TARIFF**

**\*\* FULL TARIFF UPDATES ARE REQUIRED AS PART OF THIS YEAR'S CPCN ANNUAL UTILITY REPORT FOR YOUR FACILITY AND MUST BE ATTACHED TO THIS REPORT (USE THE ABOVE BUTTON TO ATTACH TARIFF DOCUMENT). \*\***

**SAMPLE NOTARY PAGE**

The 2023 Annual Utility Report for Solid Waste Collectors/Transporters and Brokers must be verified and certified by the oath of the President or another principal general officer if other than the respondent and must be approved as a "key employee" as defined by N.J.S.A. 13:1E-127(f).

**Oath** To be made by the Proprietor, Partner, President or other principal officer of the utility:

**John Smith**

(Insert name of Owner or Officer and Title)

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment" N.J.A.C. 7:26H-5.9(d)

I acknowledge that submitting false information to the Department of Environmental Protection may subject my company to potential enforcement actions, penalties and/or revocation of the A-901 license and CPCN.

**John Smith**

Digitally signed by John Smith  
Date: 2024.03.21 11:03:01 -04'00'

(Signature of Owner or Officer)

State of New Jersey County of Ocean

Sworn to and subscribed before me

this 21 day of March, 2024

**Sample Notary**

Print Name of Notary Public or Officer Authorized to Administer Oath

**Sample Notary** Digitally signed by Sample Notary  
Date: 2024.03.21 11:06:34 -04'00'

Signature of Notary Public or Officer Authorized to Administer Oath

My Commission expires: 4/25/2025

This is an example of a correctly notarized report using the digital signature function. The notary signature must be done in the same manner as the signature of the Owner or Officer.

Instructions: <https://www.nj.gov/dep/dshw/swpl/disposal-utilities-instructions-2024.pdf>

**VERIFICATION AND OATH FOR**  
**2024 CPCN ANNUAL UTILITY REPORT FILING**

NAME OF PERSON COMPLETING THIS FORM:

\_\_\_\_\_  
RELATIONSHIP TO BUSINESS:

\_\_\_\_\_  
CONTACT NUMBER:

The 2024 CPCN Annual Utility Report for Solid Waste Disposal Utilities must be verified and certified by the oath of the President or another principal general officer if other than the respondent and must be approved as a “key employee” as defined by N.J.S.A.13:1E-127(f).

**Oath** To be made by the Proprietor, Partner, President or other principal officer of the utility:

\_\_\_\_\_  
(Insert name of Owner or Officer and Title)

“I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment” N.J.A.C. 7:26H-5.9(d)

I acknowledge that submitting false information to the Department of Environmental Protection may subject my company to potential enforcement actions, penalties and/or revocation of the A-901 license and CPCN.

\_\_\_\_\_  
(Signature of Owner or Officer)

State of _____ County of _____
Sworn to and subscribed before me
this _____ day of _____ 20____
_____ Print Name of Notary Public or Officer Authorized to Administer Oath
_____ Signature of Notary Public or Officer Authorized to Administer Oath
My Commission expires: _____