

MUNICIPAL SOLID WASTE COLLECTOR FORM - FORM B

Form B: To be filled by municipalities those use their own public works department to collect residential solid waste.

DATE: _____

A. Name of Municipality: _____

B. County: _____ C. Population: _____

D. Number of employees dedicated to solid waste collection routes: _____

1. Do these employees have any other responsibilities, such as snow removal or grounds keeping?

a. Yes, what are the additional duties? _____

b. No _____

E. Number of trucks required to service the municipality: _____

F. Does the municipality do any truck maintenance or repairs? _____

G. What was the most recent solid waste collection budget for your municipality? _____

H. Does the municipality provide bulk pickup?

1. Yes, what is the schedule: _____

2. No, how is it provided: _____

I. Does the municipality provide recycling services?

1. Yes, what is the schedule: _____

2. No, how is it provided: _____

J. Approximately how much residential and bulky waste is disposed of annually? _____ tons

1. How is the disposal fee paid? (check one)

a. _____ Municipality pays facility directly. (No Contract)

b. _____ Municipality has a separate contract with a disposal facility

2. Name of disposal facility. _____

3. Cost per ton for disposal. _____

K. Approximately how many residential stops are there in your municipality? _____

L. Person to contact concerning solid waste issues in your municipality: _____

M. Phone number for contact person: _____

N. Email for contact person: _____

Certification Statement

The person completing this form certifies that to the best of his/her knowledge and belief that all information provided in this form are true and correct, and further understands and agrees that the New Jersey Department of Environmental Protection may request additional information or copies of municipal documents that pertain to solid waste collection, which shall be promptly provided.

Name of Person completing this form: _____

Date: _____

Title: _____

Phone #: _____

Mayor: _____

Mailing Address: _____

**Please return the completed form to:
NJDEP, Division of Solid and Hazardous Waste 401
E. State Street
Mail Code 401-02C
Trenton, New Jersey 08625-0420
or e-mail to Patricia Badessa at swutility@dep.nj.gov**

If you have any questions, please call Patricia Badessa at (609) 984-9759 or email at swutility@dep.nj.gov.