

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

Transporter Name*: _____ Transporter Registration #*: _____

Report Submitted By*: _____ Phone #*: _____

Reporting Month*

Year*

MONTHLY SUMMARY

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

Waste Weighed In-State Prior to Out-of State Disposal as indicated on Part 2 forms: Yes ___ No ___

If Yes, indicate County(ies) and Facility(ies): _____

I certify that the information entered above is true to the best of my knowledge.

Signed: _____ Title: _____ Date: _____

**THIS FORM (CONSISTING OF PARTS 1 AND 2) MUST BE SUBMITTED
WITHIN 20 DAYS AFTER THE LAST DAY OF EVERY MONTH TO:**

NJ Department of Environmental Protection
Division of Solid and Hazardous Waste
Bureau of Recycling and Planning
P.O. Box 420, Mail Code 401-02C
Trenton, NJ 08625-0420
Attention: Carol Puca (609) 984-3438
Email: swtransporterreporting@dep.nj.gov

AND

County of Origin of Waste
Attention: Solid Waste Coordinator
Note: The address for each county SW coordinator is available on the DSHW /Recycle Web page or by calling your local county office

(DUPLICATE THIS FORM AS NECESSARY)

