

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF SOLID AND HAZARDOUS WASTE

WASTE ORIGIN AND DISPOSAL FORM

1. **A. TRANSPORTER'S**
DEP REGISTERED NAME: _____ **B. PHONE NO.** _____

2. **TRANSPORTER'S DEP NUMBERS:**

	DEP#	DECAL #	VEHICLE PLATE NOS. & STATE INITIAL
VEHICLE:	_____	_____	_____
TRAILER:	_____	_____	_____
CONTAINER:	_____	_____	_____

3. **A. WASTE TYPE(S):** *(Please circle)*
10 13 13C* 23 25 27 27A** 27I***
Other: _____

B. SOURCE SEPERATED RECYCLABLES: *(Please circle)*
Paper, Corrugated, Glass, Metal, Plastics, Concrete Products,
Asphalt, Wood, Yard Material,
Other: *(Specify)* _____

*Construction/Demolition Debris
Asbestos *Incinerator Ash

4. **WASTE ORIGIN STATE** *(Please Circle)* NJ PA NY DE MD Other: *(Specify)* _____

5. **MUNICIPALITY (IES)** _____ **COUNTY (IES)** _____ **% OF TOTAL LOAD** _____

6. **WEIGHING FACILITY:** **S&W Waste, Inc.** _____ **ID #: 0907N1HP09**

(if applicable)	CUBIC YARDS	GROSS WEIGHT	NET WEIGHT
	_____	_____	_____
	<i>(Completed by Transporter)</i>	<i>(Completed by Weighmaster)</i>	<i>(Completed by Weighmaster for in-State Disposal Only)</i>

FINAL DISPOSAL FACILITY: _____ **STATE:** _____ **ID#:** _____

7. **TRANSPORTER'S CERTIFICATION:** I certify that the information provided on this form is true to the best of my knowledge

_____	_____	_____
<i>Print Driver/Transporter's Name</i>	<i>Signature</i>	<i>Date</i>

8. **WEIGHMASTER'S CERTIFICATION:** I certify that this form has been completed by the registered transporter identified above, and the gross weight figure is true and accurate for loads going out of state.

_____	_____
<i>(Weighmasters Signature (if applicable))</i>	<i>Date</i>

9. **FINAL DISPOSAL FACILITY OPERATOR CERTIFICATION** (In-State Disposal Only): I certify that this form has been completed by the registered transporter identified above, and that the waste as identified by the transporter is permitted to be disposal of at this facility

_____	_____	_____
<i>Operator's Signature</i>	<i>Date</i>	<i>Time</i>

Manifest/BL # _____ Revenue Ticket # _____