

**ANNUAL REPORT FORM
CLASS C COMPOST, LEAF MULCHING AND TRANSFER OPERATION CENTERS
JANUARY 1 THRU DECEMBER 31 _____
(Year)**

Facility Name: _____ **Facility ID#:** _____

Reported by: _____ **Phone#:** _____

County of Origin: _____ **Municipality:** _____
(use separate sheet for each county of origin)

(Compost Materials in Tons or Cubic Yards or Gallons (circle one))

Month	Brush	Grass	Leaves	Wood Chips	Food Waste	Total
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
Totals						

Total Amount of Residue Disposed as Solid Waste _____

Total Amount of Material Marketed _____

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

Signature: _____ Title: _____ Date: _____

THIS FORM MUST BE RECEIVED BY MARCH 1ST FOR THE PREVIOUS YEAR'S TONNAGE TOTALS

Mail Code 401-02C

New Jersey Department of Environmental Protection

Solid and Hazardous Waste Management Program

Bureau of Recycling and Planning

PO Box 420

Trenton, NJ 08625-0420

Carol Puca