

**SANITARY LANDFILL ESCROW ACCOUNT REPORT**

P.L. 1982, C.306

As Amended

- 1. Month/Year of \_\_\_\_\_
- 2. Owner/ Operator \_\_\_\_\_
- 3. Facility Number \_\_\_\_\_
- 4. Financial Institution \_\_\_\_\_
- 5. Escrow Account No. \_\_\_\_\_
- 6. Branch \_\_\_\_\_
- 7. Type of Account:  Trust Fund
- 8. Branch  Savings  Money Market
- Address \_\_\_\_\_  Certificate of Deposit  Other

**9. MONTHLY STATEMENT**

10. WASTE RECEIVED	AMOUNT	RATES	AMOUNT DEPOSITED IN ESCROW
11. Tons _____	x	\$1.00	= \$ _____
12. Other _____	x		= \$ _____
13. TOTAL AMOUNT DEPOSITED ON _____			\$ _____
	(Month) (Day) (Year)		
14. WITHDRAWALS, if any ( <i>requires prior approval of SHWMP</i> )			\$ _____

**15. YEAR-TO-DATE STATEMENT** (Calendar Year)

16. WASTE RECEIVED	AMOUNT	RATES	AMOUNT DEPOSITED IN ESCROW
17. Tons _____	x		= \$ _____
18. Other _____	x		= \$ _____
19. TOTAL, January 1 thru _____			\$ _____
	(Month) (Day) (Year)		
20. INTEREST ACCRUED as of _____			\$ _____
	(Month) (Day) (Year)		
21. WITHDRAWALS, if any ( <i>requires prior approval of SHWP</i> )			\$ _____
22. ESCROW AGENT'S FEE ( <i>per approved Standard Escrow Agreement</i> )			\$ _____
23. NET DEPOSITS (Lines 19 plus 20) LESS (Lines 21 plus 22)			\$ _____
24. TOTAL CUMULATIVE BALANCE AS OF _____			\$ _____
	(Month) (Day) (Year)		

25 OWNER/OPERATOR CERTIFICATION -- I hereby certify that the information in this report is true to the best of my knowledge. I acknowledge that, the purpose of this P.L. 1981, c.306 escrow account is solely for the closure of the above referenced sanitary landfill. I acknowledge that (1) failure to deposit the required funds into the escrow account pursuant to Section (g) of N.J.A.C. 7:26-2A.9, or (2) the use of those funds for any purpose other than closing costs, as approved by the Department of Environmental Protection (DEP), or (3) withdrawals from the account without the written approval of the Department may result in the imposition of criminal liability for an offense of the third degree.

- 26. SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_
- 27. NAME (Print or Type) \_\_\_\_\_ TEL. NO. \_\_\_\_\_
- 28. TITLE \_\_\_\_\_

*Officer of Company/Government Official*

## INSTRUCTIONS

### GENERAL INFORMATION

1. Follow Instructions Carefully -- Print or Type Information
2. **WHO MUST FILE** -- Every owner/operator of a sanitary landfill facility. Facilities which are operating and depositing monies into an escrow account OR facilities not operating and making withdrawals for closure/post-closure care during the calendar year must submit a monthly report (quarterly reports for accounts less than \$25,000). All other facilities must file an annual report no later than January 20th of the succeeding year.
3. **DUE DATE** -- Monthly/quarterly reports are due by the 20th day of the month following the close of the month for which the report is due. Annual reports for the year ending are due on January 20th of the succeeding calendar year.
4. **WHERE TO OBTAIN FURTHER INFORMATION** -- Any inquiries regarding this escrow account may be directed to: Mail Code 401-02C, NJDEP Solid and Hazardous Waste Management Program, Financial Management Unit, 401 E. State Street, PO Box 420, Trenton, N.J. 08625-0420 ATTN: Escrow Reports or by calling (609) 984-6754.
5. This form may be reproduced as necessary

### SPECIFIC INSTRUCTIONS -- The line number refers to the corresponding line on the front of this form.

- Line 1 **Month/Year of** ..... identify the month/year in which the waste was accepted for disposal.
- Line 2 **Owner/Operator/Name of Landfill** ..... enter specified name(s) for each landfill site.
- Line 3 **Facility Number** ..... enter the number assigned to the facility by NJDEP.
- Line 4 **Financial Institution** ..... identify the institution chartered in the State of New Jersey in which the escrow funds are deposited. The escrow account must be governed by a standard escrow agreement approved by NJDEP.
- Line 5 **Escrow Account Number** ..... enter the associated account number.
- Line 6 **Branch** ..... identify the branch of the Line 4 Institution in which the funds are deposited.
- Line 7 **Type of Account** ..... check type of account in which funds are invested.
- Line 8 **Branch Address** ..... enter branch or main office address as applicable.
- Line 9 **Monthly Statement** ..... data submitted in this section of the form are based on the facility's operation during the month (Line 1). Section (g) 21 of the closure rules establishes the requirement for submission of these data.
- Line 11 Enter the amount of **solid waste in tons** accepted during this month. Multiply this figure by the appropriate rate and enter that product in the Amount Deposited in Escrow column.
- Line 12 Use this line to document waste received if the unit of measure is other than tons. The measure and rate used must be indicated. These equivalents must be approved by the Division of Taxation. (The Division of Taxation approved weight conversion factor is 3.333 cubic yards equals 1 ton.)
- Line 13 **Total Amount Deposited on** ..... enter the actual amount of the deposit. The deposit should be made no later than the Due Date (General Information Item 3). The amount deposited should be equal to the sum resulting from the addition of "Amounts Deposited in Escrow" (Lines 11 and 12). The amount to be deposited should be **based solely on the waste received** and **not** on paid account receivables.
- Line 14 Withdrawals ..... enter the total amount of funds withdrawn during the month (Line 1). All withdrawals require prior written approval of NJDEP.
- Line 15 **Year-to-Date Statement** (Calendar Year) ..... Data submitted in this section of the form are based on the facility's calendar year operations at the close of the month (Line 1).
- Line 17 Enter the amount of solid waste in tons accepted for disposal during the period January 1 through the last day of the month (Line 1). Multiply this figure by the appropriate rate and enter that product in the Amount Deposited in Escrow column.
- Line 18 Use this line to document waste accepted for disposal (during the period January 1 through the last day of the month, line 1) when unit of measure is other than tons. See Line 12 for additional explanation.
- Line 19 **Total, January 1 thru** ..... enter the date (should be last day of month, Line 1). In the Amounts Deposited in Escrow column enter the summation of the entries in this column from Lines 17 and 18.
- Line 20 **Interest Accrued as of** ..... enter the date of the latest statement of the accredited financial institution. Enter the statement's interest earned during this calendar year (to date) in the next column.
- Line 21 **Withdrawals** ..... enter the amount of funds withdrawn during this calendar year (to date).
- Line 22 **Escrow Agent's Fee** ..... enter the total amount charged to the account this calendar year (to date). Only fees consistent with the approved Standard Escrow Agreement will be allowed.
- Line 23 Enter sum of calculation.
- Line 24 **Total Cumulative Balance** ..... enter the actual amount in the escrow account (including interest) as of this submission date (Line 26).
- Line 26 **Signature** ..... shall be that of a duly authorized officer of company/municipal official.
- Line 27 **Print Name and Telephone number**
- Line 28 **Title** of Individual signing the form.