New Jersey Department of Environmental Protection
Solid and Hazardous Waste Management Program
DAILY RECORD OF WASTES RECEIVED
N.J.A.C. 7:26-2.13

FACILITY NAME: _____				DATE: _____		FACILITY NUMBER: _____	
Time	DEP Registration Number	License Plate Number	State (Initials)	Decal of Truck	Decal of Container or Trailer	Waste Type*	Waste Origin (Municipality, County & State)