

**ANNUAL REPORT FORM
FOR CLASS B RECYCLING CENTERS
January 1 thru December 31, 2010
(Year)**

Name: Clayton Block Co. Facility ID#: 133611

Reported By: Casey Clayton Phone: 732-751-7694
(Please Print)

County of Origin: Morris (use separate sheet for each County of Origin)

List Materials in Tons

Municipality(ies)	15	17	19	22	27	30	Total
Hannover Township				74.68			
Netcong Borough				7.21			
Total				81.89			

15-Tires
17-Trees, Tree Parts, Brush and Tree Stumps
19- Leaves
22. Asphalt, Concrete, Asphalt Roofing, Brick and Block
27-Petroleum Contaminated Soil
30- Wood Scraps (unpainted and non-chemically treated)

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

Signature: _____ Title: Manager Date: 1/13/11

THIS FORM MUST BE RECEIVED BY **APRIL 1st** OF THE YEAR FOLLOWING THE DATA REPORTED ABOVE.
New Jersey Department of Environmental Protection
Solid and Hazardous Waste Program
Bureau of Recycling and Planning
PO Box 414
Trenton, NJ 08625
Attn: **Carol Puca**