CERTIFICATE OF REUSE OR RECYCLING

For use of this form, see the Integrated Solid Waste Management Plan; the proponent is DPW-ENRD

| To be completed by Recycling Center Representative: | | | | | | | |
|---|----------------------------------|---------------------------------------|---|----------------|---|----------------------------------|--|
| Fort Novosel Recy DPW Environment BLDG 9322, Mayf | /cling Center tal & Natural l | Resources | Division | 34-255-0468 | | | |
| Check box: | Generated | or | Received | | | | |
| Other Organization: (Name, Address, Phone) | | | | | | | |
| Signature: | | | | | | | |
| Weight: Check box: Description: | Tons | be evaluat | Lbs. / ed for reuse or re al, State, Army a | ecycled. All r | | Exact Weight cycling are done in | |
| Recycling Center | Representati | ve | | | | | |
| Print: | | · · · · · · · · · · · · · · · · · · · | | · · · · · · · | | | |
| Sign: | | | | | | | |
| DO NOT WRITE BELOW THIS LINE | | | | | | | |
| Entered into the Solid Waste Annual Report (SWAR): Date: Initials: | | | | | 3 | No | |

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