

UPPER DELAWARE CONSERVATION DISTRICT  
www.upperdelawarescd-nj.com  
PO Box 198, 51 Main St, Suite B, Blairstown, NJ 07825  
908-852-2579

SOIL DISPOSAL WORKSHEET

Date: \_\_\_\_\_

I. **SOURCE PROJECT NAME:** \_\_\_\_\_

Project Number \_\_\_\_\_ Municipality \_\_\_\_\_

Block \_\_\_\_\_ Lot \_\_\_\_\_

**SOURCE PROJECT AGENT REQUESTING TRANSFER:**

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

II. **PROPOSED DISPOSAL SITE:** \_\_\_\_\_

Block: \_\_\_\_\_ Lot \_\_\_\_\_

Municipality \_\_\_\_\_ Street Address \_\_\_\_\_

Disposal Site Owner: \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

III. **TRANSFER TO BEGIN:** \_\_\_\_\_ **END:** \_\_\_\_\_

Approximate volume to be transferred (cu. ft.) \_\_\_\_\_

Approximate area after spreading (sq. ft.) \_\_\_\_\_

Description of planned land use for area being filled: \_\_\_\_\_

**AGENTS RESPONSIBLE FOR SOIL EROSION / SEDIMENT CONTROL  
MEASURES AND PERMANENT STABILIZATION AT DISPOSAL SITE:**

I (the below signed) certify that I am fully aware of the proposed clean fill activities and have no objection to the use of this property for said purpose.

\_\_\_\_\_  
Agent responsible for disposal site

\_\_\_\_\_  
Date

I (the below signed) understand that the above certified project assumes all responsibility and will be held accountable for the timely installation and maintenance of temporary Soil Erosion and Sediment Control measures at the disposal site, for the permanent stabilization of the disposal site, and for District costs for inspection of the disposal site.

\_\_\_\_\_  
Agent responsible for source project

\_\_\_\_\_  
Date