FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0104

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* ZILLMER JOHN J			2. Date of Event Requiring Stater Month/Day/Yea	ment	3. Issuer Name and Ticker or Trading Symbol CASELLA WASTE SYSTEMS INC [CWST]						
(Last) C/O CASELL 25 GREENS I (Street) RUTLAND (City)	(First) A WASTE SYSHILL LANE VT (State)	(Middle)	08/10/2004	4		tionship of Reporting Pers all applicable) Director Officer (give title below)	son(s) to Issu 10% Owne Other (spe below)	er	(Mon	th/Day/Year) dividual or Join cable Line) Form filed b Person	t/Group Filing (Check y One Reporting y More than One erson
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					Amount of Securities Beneficially Owned (Instr. 4)				Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
Title of Derivative Security (Instr. 4)			Date Exercisable an Expiration Date (Month/Day/Year)		3. Title and Amount of Secu Underlying Derivative Secu 4)			4. Convers		5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Expirati		n Title	,	Amount or Number of Shares	Derivativ Security			

Explanation of Responses:

No securities are beneficially owned.

/s/ John Zillmer

08/31/2004

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

^{*} If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

^{**} Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).