



PASSAIC VALLEY SEWERAGE COMMISSION

APPLICATION TO DISCHARGE COMMERCIAL TRUCKED-IN LIQUID WASTE

"Protecting Public Health and the Environment"

THIS APPLICATION TO BE COMPLETED BY WASTE GENERATOR

1. Waste Generator Name: _____
2. Waste Generator Address: _____
_____ Zip Code: _____
3. Waste Generator Telephone Number: _____ Fax No.: _____
4. Waste Generator US EPA ID No. (if any): _____
5. Person to contact concerning information provided in this application:
Name of Contact: _____
Title: _____
Phone No.: _____ Fax No.: _____
Address: _____
Zip Code: _____

BILLING INFORMATION

6. Billing Contact Name: _____
7. Billing Company Name: _____
8. Billing Contact Address: _____
_____ Zip Code: _____
9. Billing Contact Telephone Number: _____ Fax No.: _____

FACILITY INFORMATION [COMPLETE 10-12 ONLY IF DIFFERENT FROM 1-4 ABOVE]

10. Facility Name: _____
11. Facility Address: _____
_____ Zip Code: _____
12. Facility Telephone Number: _____ Fax No.: _____
13. Facility US EPA ID No. (if any): _____
14. Facility NPDES or NJPDES No. (if any): _____

Brief description of activity performed at facility:

List SIC CODE # with description (if any): _____

REGULATORY INFORMATION

- 15. Is the Liquid Waste subject to applicable categorical pretreatment standard(s)? Yes/No _____
If so, list pretreatment control authority: _____
- 16. List the industrial category for the Liquid Waste, if applicable: _____
Subpart (s): _____
- 17. List regulatory compliance date(s), if applicable: _____
- 18. Is facility in compliance? Yes/No _____ If not, and if compliance date has passed,
explain actions being taken to get into compliance: _____

IF YOUR RESPONSE IS "YES" TO ANY OF THE QUESTIONS NUMBERED 20 THROUGH 26 OR 28, PLEASE DO NOT PROCEED ANY FURTHER WITH THIS APPLICATION BECAUSE THE LIQUID WASTE CANNOT BE ACCEPTED FOR TREATMENT AT THE PASSAIC VALLEY SEWERAGE COMMISSIONERS WWTP.

PRETREATMENT

- 19. Does the Liquid Waste exceed any of the applicable categorical pretreatment standard(s) for this Liquid Waste?
Yes/No _____

RCRA

- 20. Does the Liquid Waste come from a facility, or any portion of the facility, that is regulated as a Federal and/or State Resource Conservation and Recovery Act (RCRA) facility for treatment, storage, or disposal?
Yes/No _____
- 21. Is the Liquid Waste a listed RCRA hazardous waste (40 CFR 261, N.J.A.C. 7:26G-1 et seq.) (F, P, K, U listed waste)? Yes/No _____
- 22. Is the Liquid Waste a characteristic RCRA hazardous waste (40 CFR 261, N.J.A.C. 7:26G-1 et seq.) (D waste)?
Yes/No _____
- 23. Is the Liquid Waste a mixture of a RCRA hazardous waste (40 CFR 261, N.J.A.C. 7:26G-1 et seq.) with a non-hazardous waste? Yes/No _____
- 24. Is the Liquid Waste derived from a listed RCRA hazardous waste (40 CFR 261, N.J.A.C. 7:26G-1 et seq.)?
Yes/No _____
- 25. Is the Liquid Waste the product of a spill/cleanup of a listed RCRA hazardous waste (40 CFR 261, N.J.A.C. 7:26G-1 et seq.)? Yes/No _____
- 26. Was the Liquid Waste a listed RCRA hazardous (40 CFR Part 261) as generated and rendered RCRA non-hazardous by pretreatment? Yes/No _____

27. Please provide any exclusions which may render the waste RCRA non-hazardous (40 CFR 261, N.J.A.C. 7:26G-1 et seq.). _____

OTHER

28. Does the Liquid Waste contain substances in concentrations that are regulated by the Toxic Substances Control Act (TSCA) (40 CFR Subchapter R) including PCBs (40 CFR 761)? Yes/No _____

If so, please list substances and concentrations in Liquid Waste _____

IF YOUR RESPONSE IS "YES" TO ANY OF THE QUESTIONS NUMBERED 20 THROUGH 26 OR 28 ABOVE, PLEASE DO NOT PROCEED ANY FURTHER WITH THIS APPLICATION. THE LIQUID WASTE CANNOT BE ACCEPTED FOR TREATMENT AT THE PASSAIC VALLEY SEWERAGE COMMISSIONERS (PVSC) WWTP. ANY PERSON DISCHARGING SUCH LIQUID WASTE VIA TRUCK TO PVSC'S WWTP FOR TREATMENT WILL BE SUBJECT TO PUNISHMENT INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

PROPERTIES OF THE LIQUID WASTE

29. Name of Liquid Waste: _____

Sludge _____ Graywater _____

30. Description of process generating the Liquid Waste: _____

(Attach process flow diagram)

31. Principal products (or service) from which the Liquid Waste is generated: _____

32. Has the Liquid Waste been pretreated? Yes/No _____

If so, describe pretreatment process in use:

(Attach pretreatment process flow diagram)

33. Estimated quantity of Liquid Waste to be delivered:

Estimated gallons per week: _____

Estimated gallons per year: _____

Estimated length of disposal services needed (months, years, one time, etc.): _____

PLEASE NOTE THAT FOR DISPOSAL SERVICES EXTENDING BEYOND ONE YEAR, A COMPLETED APPLICATION FOR TRUCKED-IN LIQUID WASTE MUST BE SUBMITTED ANNUALLY.

34. Is Liquid Waste currently disposed at one or more facilities? If so, please provide the following information for the current facility or facilities:

FACILITY 1

Facility Name _____

Facility Address _____

Type of Facility _____

Facility Permit Number _____

Type of Permit _____

Is Liquid Waste handled as RCRA hazardous or non-hazardous waste by this facility? _____

Provide any limitations on the Liquid Waste imposed by this facility _____

FACILITY 2

Facility Name _____

Facility Address _____

Type of Facility _____

Facility Permit Number _____

Type of Permit _____

Is Liquid Waste handled as RCRA hazardous or non-hazardous waste by this facility? _____

Provide any limitations on the Liquid Waste imposed by this facility _____

35. Is or has the facility ever been connected to a municipal sewer system? Yes/No _____

If so, explain why this Liquid Waste is not discharged to the sewer _____

36. Is there a separate component of the Liquid Waste stream disposed at other facilities, such as a sludge component? Yes/No _____

If so, is the separate component disposed as a RCRA hazardous waste? Yes/No _____

If so, indicate RCRA hazardous waste code(s) _____

37. Is the Liquid Waste subject to reporting requirements under New Jersey Sludge Quality Assurance Regulations, also referred to as SQAR (N.J.A.C 7:14-4 et seq.), or the equivalent in the generator's state?: Yes/No _____

If so, attach copies of SQAR or equivalent reports for the last six (6) months to this form.

38. Is the Liquid Waste known to gel or solidify? Yes/No _____

39. Is the Liquid Waste known to be incompatible or reactive with other chemicals? Yes/No _____

If so, list incompatibility (ies) _____

ANALYSIS OF LIQUID WASTE

40. Analysis for all separate phases of the Liquid Waste must be performed on a representative sample collected for the waste stream:

Report to the nearest unit: XX.
 Example: 0 15 mg/L

| Parameter | Value |
|--|-------|
| Total Solids | |
| Volatile Solids | |
| Total Suspended Solids | |
| Silica Gel Treated N-Hexane Extractable Material (SGT-HEM) | |
| Biochemical Oxygen Demand (BOD) | |
| Chemical Oxygen Demand (COD) | |

| Parameter* | Date of Sample | Sample Results (mg/l) | Local Limit Avg. (mg/l) |
|--------------|----------------|-----------------------|-------------------------|
| | | | |
| Copper (Cu) | | | 3.60 |
| Lead (Pb) | | | 1.00 |
| Mercury (Hg) | | | 0.08 |
| Nickel (Ni) | | | 3.9 |
| Zinc (Zn) | | | 4.20 |

NOTE: VERBAL COMMUNICATION

Verbal communication by the applicant shall not be accepted and no representative, agent or employee of PVSC is authorized to accept any verbal communication from the applicant to vary, alter or modify the terms of this application. Similarly, no representative, agent, or employee of PVSC has been authorized to make any representations or to vary, alter or modify the terms hereof. No additions, changes or modifications, renewals or extensions hereof, shall be binding unless reduced to writing and signed by the applicant and PVSC.

CERTIFICATION:

I certify under penalty of law that this document and attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true accurate, and complete. I am aware that there are significant penalties for submitting false, information, including the possibility of fine and imprisonment.

I further certify that:

The analytical data presented herein or attached hereto were derived from testing a representative sample of the Liquid Waste collected in accordance with 40 CFR 261.20 (c) or equivalent rules

The Liquid Waste is not a "hazardous waste" as defined by Federal regulation and/or State regulation

The Liquid Waste meets all applicable Federal categorical pretreatment standards

The Liquid Waste does not contain regulated radioactive materials or regulated concentrations of PCBs

All relevant information about the Liquid Waste regarding known or suspected hazards in the possession of the Generator has been disclosed

If any changes occur in the character of the Liquid Waste, the Generator shall notify PVSC in writing prior to providing the material for disposal

If the applicant is a corporation, a corporate resolution is attached granting me the authority to sign the application on behalf of the corporation.

Name of signing official: _____
PRINT

TITLE

DATE

SIGNATURE

* APPLICATION MUST BE SIGNED BY ONE OF THE FOLLOWING:

- a. Principal Officer of Corporation
- b. President or Owner of Company
- c. General Partner if a Partnership
- d. Plant Manager or Authorized Representative

Rev. 06/12/2014