



Passaic Valley Sewerage Commission Application for BMP Approval

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

Users who receive an application must return the completed application within required time frame noted in cover letter to:

Passaic Valley Sewerage Commission
600 Wilson Avenue,
Newark, New Jersey 07105
ATTN: Inspection & Compliance Bureau

Questions concerning the completion of the application may be answered by contacting Inspector Lorrie Williams at 973-344 4219 or Senior Inspector Gerard S. Patire Jr. at 973-466-3085. The Inspection & Compliance Bureau fax number is 973-344-6237. Answer all questions, if one does not apply, write N/A or none.



**PASSAIC VALLEY SEWERAGE COMMISSION
APPLICATION FOR SILVER BMP APPROVAL**

1. Company Name: _____
Company Address _____
2. What types of business or service do you provide _____
3. Hours of operations _____
4. Water Purveyor (attach water bill if possible) _____
5. Does your company have a PVSC Permit? Yes ☐ No ☐
6. Based on your daily total discharge to the sewer system check the category you will be classified as:
☐ Category I 99 gal/day or less
☐ Category II 100 to 999 gal/day
☐ Category III 1000 to 9999 gal/day
☐ Category IV 10,000 to 24,999 gal/day
☐ Category V 25,000 gal/day or more
7. Check the type of silver recovery equipment you will use
☐ Chemical Recovery Cartridge (CRC). How many? _____
Manufacturer name and Serial # _____

☐ Electrolytic Recovery Unit. How Many? _____
Manufacturer name, type of unit and Serial #: _____

☐ Precipitation Unit. How many? _____



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Manufacturer name, type of unit and Serial #: _____

☐ Alternative Technology. Specify: _____

8. ☐ Location of Recovery Equipment: _____

9. ☐ Offsite Recovery: Name of Hauler: _____
NJDEP Hazardous Waste ID #: _____
Frequency of Pick Up: _____

Certification

The information contained in this application is familiar to me and, to the best of my knowledge and belief, such information is true, complete and accurate.

Name of signing official: _____
Print Name

Title: _____

Date: _____ **Signature:** _____