



"Protecting Public Health and the Environment"

PASSAIC VALLEY SEWERAGE COMMISSION
SILVER BMP – ANNUAL CERTIFICATION
REPORTING PERIOD: _____

Customer #: _____

Company Name: _____

Address: _____

Company Representative: _____

Due Date: _____

1. Check Recovery System being used by your:

Chemical Recovery Cartridge (CRC) # of CRC's _____

Electrolytic Unit

Offsite Management (Specify) Name and NJDEP Hazardous Waste ID# of Hauler

Digital X-ray Equipment (Specify) Name and type of Unit

Other (Specify): _____

2. Is 90% Ag Recovery currently being achieved:

Yes

No

(Explain) _____

3. Is an Ag recovery log currently being maintained:

Yes

No

(Explain) _____

I certify under penalty of law that that this document and all 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 persons who manage the system, or those persons directly responsible for gathering the information, the information submitted, to the best of my knowledge, information and belief are true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment, for knowing violations.

Signature

Print Name

Date