

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

Customer #: _____
Company Name: _____
Address: _____
Company Representative: _____
Due Date: _____

CATEGORY I
99 GALLONS PER DAY OR LESS

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 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 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

Date:

Print Name