



PASSAIC VALLEY SEWERAGE COMMISSION
APPLICATION TO DISCHARGE
GRAYWATER - SANITARY WASTE

"Protecting Public Health and the Environment"

Note: SANITARY WASTE must not be commingled with any other waste.

THIS APPLICATION TO BE COMPLETED BY HAULER

1. Name: _____
Address: _____
Zip Code: _____
Telephone Number: _____ Fax No.: _____

2. Person to contact concerning information provided in this application: **(GENERATOR OF WASTE ONLY)**

Name of Contact: _____
Title: _____
Phone No.: _____ Fax No.: _____
Address: _____
Zip Code: _____
E-mail: _____

BILLING INFORMATION (CUSTOMER)

3. Billing Contact Name: _____
Billing Company Name: _____
Billing Contact Address: _____
Zip Code: _____
Billing Contact Telephone Number: _____ Fax No.: _____
E-mail: _____

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 SEPTAGE is domestic or residential and is not commingled with any other waste.

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

If any changes occur in the character of the SEPTAGE, 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

Completed applications can be returned via fax at 973-466-3194 or e-mailed to LWA representative at **LWAApplication@pvsc.com**