



PASSAIC VALLEY SEWERAGE COMMISSION
APPLICATION TO DISCHARGE GREASE TRAP WASTE

"Protecting Public Health and the Environment"

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

THIS APPLICATION TO BE COMPLETED BY HAULER

1. Name: _____

2. Address: _____

Zip Code: _____

3. Telephone Number: _____ Fax No.: _____

4. Person to contact concerning information provided in this application:

Name of Contact: _____

Title: _____

Phone No.: _____ Fax No.: _____

Address: _____

Zip Code: _____

E-mail: _____

5. BILLING INFORMATION

Billing Contact 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 GREASE TRAP WASTE is not commingled with any other waste.

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

The GREASE TRAP WASTE was generated within the geographic boundaries of the PVSC Sewerage District as defined in N.J.S.A. 58:14-1 et seq.

If any changes occur in the character of the GREASE TRAP 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