"Protecting Public Health and the Environment"

PASSAIC VALLEY SEWERAGE COMMISSION

APPLICATION TO DISCHARGE **NON-INDUSTRIAL LIQUID SLUDGE**

THIS APPLICATION TO BE COMPLETED BY WASTE GENERATOR

1. Waste Generator Name: _____

2. Waste Generator Address: _____

   _____ Zip Code: _____

3. Waste Generator Telephone Number: _____ Fax No: _____

4. Waste Generator US EPA ID No. (if any): _____

5. Person to contact concerning information provided in this application: (MUST BE GENERATOR)

   Name of Contact: _____

   Title: _____

   Phone No.: _____Fax No.: _____

   Address: _____ Zip Code: _____

   Email Address: _____

BILLING INFORMATION (CUSTOMER)

6. Billing Contact Name: _____

7. Billing Company Name: _____

8. Billing Contact Address: _____

   _____ Zip Code: _____

9. Billing Contact Telephone Number: _____Fax No.: _____

10. Email Address: _____

FACILITY INFORMATION [COMPLETE 10-13 ONLY IF DIFFERENT FROM 1-4 ABOVE]

11. Facility Name: _____

12. Facility Address _____

    _____ Zip Code: _____

13. Facility Telephone Number: _____

14. Facility Email Address: _____

15. Facility US EPA ID No. (if any): _____

16. Facility NPDES or NJPDES No. (if any): _____

17. Facility Preferred ID No. (NJ only): _____

18. Is the Liquid Sludge a RCRA hazardous waste (40 CFR 261, NJAC 7:26G-1 et seq.)? (Yes / No)

19. Was the form R submitted to the New Jersey Department of Environmental Protection for Domestic and Industrial Sludge Generators? Yes/No _____

IF YOUR RESPONSE IS "YES" TO QUESTION 18, PLEASE DO NOT PROCEED ANY FURTHER WITH THIS APPLICATION BECAUSE THE SLUDGE CANNOT BE ACCEPTED FOR TREATMENT AT THE PASSAIC VALLEY SEWERAGE COMMISSIONERS WWTP.

20. Description of process generating the Liquid Sludge: _____

_____

(Attach process flow diagram)

21. Describe any further processing of the sludge, i.e. digester or thickening (detail thickening equipment and/or chemical treatments). :_____

_____

22. Does your facility accept for treatment any waste other than sewer waste received through the public sewer system of your district? Yes/No ___. If yes, list type and volume received monthly.: _____

_____

23. What is the industrial flow volume as a % of the plant influent flow? _____

24. Estimated quantity of Liquid Sludge to be delivered: _____

25. Estimated gallons per week: _____

26. Estimated gallons per year: _____

27. Estimated length of disposal services needed (months, years, one time. etc._____

_____

PLEASE NOTE THAT FOR DISPOSAL SERVICES EXTENDING BEYOND ONE YEAR, A COMPLETED APPLICATION MUST BE SUBMITTED ANNUALLY.

*** Please attach Analytical Results with Chain of Custody ***

Total Solids (TS)	**%**
Chemical Oxygen Demand (COD)	**mg/l**

ANALYSIS OF LIQUID SLUDGE

28. Is the Liquid Sludge subject to reporting requirements under New Jersey Sludge Quality Assurance Regulations, also referred to as SQAR (NJAC 7:14-4 et seq.), or the equivalent in the generator's state? Yes/No: _____

If Yes, attach copies of SQAR or equivalent reports for the last six (6) months to this form. (T-VWX-007, T-VWX-008, and T-VWX-009)

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 analytical data presented herein or attached hereto were derived from testing a representative sample of the Liquid Sludge collected.

The Liquid Sludge is not a "hazardous waste" as defined by Federal regulation and/or State regulations. The Liquid Sludge does

not contain regulated radioactive materials or regulated concentrations of PCBs.

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

If any changes occur in the character of the Liquid Sludge, 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**