



*"Protecting Public Health and the Environment"*

# Passaic Valley Sewerage Commission Application for BMP Approval

## INSTRUCTIONS FOR COMPLETING THIS APPLICATION

Users who receive an application must return the completed application within required time frame noted in cover letter to:

Passaic Valley Sewerage Commission  
600 Wilson Avenue,  
Newark, New Jersey 07105  
ATTN: Inspection & Compliance Bureau

Questions concerning the completion of the application may be answered by contacting. **Administrative Assistant of Pollution Prevention, Austria Calcano at 973-344-5712.** **Supervisor of Pollution Prevention, David Feuer at 973-817-5670.** The Inspection & Compliance Bureau fax number is 973-344-6237. Answer all questions, if one does not apply, write N/A or none.



*"Protecting Public Health and the Environment"*

**PASSAIC VALLEY SEWERAGE COMMISSION  
APPLICATION FOR FOG BMP APPROVAL**

1. Company Name: \_\_\_\_\_

Company Address \_\_\_\_\_

2. What types of business or service do you provide? \_\_\_\_\_

3. Hours of operation: \_\_\_\_\_

4. Does your company have a PVSC Permit? Yes  No

5. Check the type of fats, oil, and grease recovery system you will be using.

Grease trap – How many? \_\_\_\_\_

Location of recovery system: \_\_\_\_\_  
\_\_\_\_\_

Grease interceptor – How many? \_\_\_\_\_

Location of recovery system: \_\_\_\_\_  
\_\_\_\_\_

Onsite storage containers – How many? \_\_\_\_\_

Offsite recovery – Name of hauler: \_\_\_\_\_

Frequency of pickup: \_\_\_\_\_

**Certification**

The information contained in this application is familiar to me and, to the best of my knowledge and belief, such information is true, complete and accurate.

Name of signing official: \_\_\_\_\_

**Print Name**

**Title:** \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Customer No. \_\_\_\_\_



*"Protecting Public Health and the Environment"*

I hereby acknowledge receipt of ***the Best Management Practices for Fats, Oil and Grease Control*** packet from the Passaic Valley Sewerage Commission.

**Name of Business:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**