



"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.



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**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