

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, Jody Reynolds at 973-344-5173. Supervisor of Pollution Prevention, Lorrie Williams at 973-344-4219. The Inspection & Compliance Bureau fax number is 973-344-6237. Answer all questions, if one does not apply, write N/A or none.

PASSAIC VALLEY SEWERAGE COMMISSION APPLICATION FOR FOG BMP APPROVAL

Date:		Signature:	
Title:			
Name	ot signing offic	al:Print Name	
	dge and belief,	n contained in this application is familiar to me and, to the best of my such information is true, complete and accurate.	
CHIII	<u> </u>		
Certifi			
	Frequency	of pickup:	
	☐ Offsite rec	overy – Name of hauler:	
		age containers – How many?	
		recovery system:	
	☐ Grease inte	rceptor – How many?	
		overy system:	
	☐ Grease trap – How many?		
5.	Check the type of fats, oil, and grease recovery system you will be using.		
4.		oes your company have a PVSC Permit? Yes□ No□	
3.	Hours of operation:		
2.		business or service do you provide?	
	Company Add	ress	
1.	Company Name:		