

PASSAIC VALLEY SEWERAGE COMMISSIONERS
APPLICATION TO DISCHARGE **SEWER LINE/LIFT STATION CLEANOUT WASTE**

THIS APPLICATION TO BE COMPLETED BY CUSTOMER:

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:

BILLING INFORMATION

5. Billing Contact Name: _____
6. Billing Contact Address: _____
_____ Zip Code: _____
7. Billing Contact Telephone Number: _____ Fax No.: _____

Note: SEWER LINE/LIFT STATION CLEANOUT WASTE must not be comingled with any other waste. This waste shall be removed only from sewer lines/lift stations that are part of a collection system transporting waste to a publicly owned treatment works. This does not include any industrial system prior to discharge into public sewer lines.



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 Sewer Line/Lift Station Cleanout is removed from a collection system which is part of a publicly owned treatment works and is not commingled with any other waste.

All relevant information about the Liquid Waste to be delivered under this application regarding known or suspected hazards has been disclosed.

If any changes occur in the character of the Liquid Waste, the Customer 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: _____ TITLE: _____

PRINT

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

