

PASSAIC VALLEY SEWERAGE COMMISSIONERS  
SILVER BMP -ANNUAL CERTIFICATION

REPORTING PERIOD: / / - / /

Customer #: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Company Representative: \_\_\_\_\_

**CATEGORY I  
99-GALLONS PER DAY OR LESS**

1. Check Recovery System being used by your:

(A) Chemical Recovery Cartridge (CRC) # of CRC's \_\_\_\_\_

(B) Electrolytic Unit

(C) Offsite Management (Specify) Name and NJDEP Hazardous Waste ID# of Hauler  
\_\_\_\_\_

(D) Other (Specify): \_\_\_\_\_

2. Is 90% Ag Recovery currently being achieved:

Yes

No (Explain) \_\_\_\_\_

3. Is a Ag recovery log currently being maintained

Yes

No (Explain) \_\_\_\_\_

I certify under penalty of law that that this document and all 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 persons who manage the system, or those persons directly responsible for gathering the information, the information submitted, to the best of my knowledge, information and belief are true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine of fine and imprisonment, for knowing violations.

\_\_\_\_\_  
Signature, Date