

**SUSSEX COUNTY MUNICIPAL UTILITIES AUTHORITY  
SEWAGE/SEPTAGE/SLUDGE CERTIFICATION FORM**

**TO BE COMPLETED BY THE HAULER:**

\_\_\_\_\_, hereby certifies that the sludge/sewage/septage which is delivered to the Sussex County Municipal Utilities Authority's Upper Wallkill Valley Pollution Control Facility is of domestic origin and was derived from inside of the Sussex County Wastewater Management Planning Area.

Check Type:    \_\_\_\_\_ Sewage            \_\_\_\_\_ Septage            \_\_\_\_\_ Sludge No. \_\_\_\_\_  
(If Sludge, include NJPDES #)  
 Check Source: \_\_\_\_\_ Holding Tank    \_\_\_\_\_ Residence            \_\_\_\_\_ Treatment Plant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Hauler

\_\_\_\_\_  
Time of Delivery

\_\_\_\_\_  
Hauler Phone No. or Email Address

\_\_\_\_\_  
Truck Volume

\_\_\_\_\_  
SWA Registration Number

\_\_\_\_\_  
Vehicle ID

\_\_\_\_\_  
Signature of Treatment Plant Licensed Operator (if sludge or sewage)

\_\_\_\_\_  
SCMUA Decal No.

**Waste Origin Information**

Municipality (ies)	County	State	% of Total Load
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE:**

\_\_\_\_\_  
PRINT DRIVERS NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**NOTICE: No grease trap waste is allowed. Haulers who illegally dump grease loads will be assessed surcharges in accordance with the SCMUA Rate Schedule. Continued violations will ultimately lead to suspension of disposal privileges at the SCMUA.**

**TO BE COMPLETED BY SCMUA OPERATOR:**

\_\_\_\_\_  
Date of Delivery

\_\_\_\_\_  
Sample No.

\_\_\_\_\_  
Truck Volume

\_\_\_\_\_  
Accepted By

\_\_\_\_\_  
SCMUA Decal No.