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

FOR OFFICE USE

***TO BE COMPLETED BY THE HAULER:***

_____, hereby certifies that the sludge/sewage/septage which is delivered
(Company Name)
to the Sussex County Municipal Utilities Authority's Upper Wallkill Valley Water Pollution Control Facility is of domestic origin.

Check Type: ☐ Sewage ☐ Septage ☐ Sludge #_____
(If sludge, include NJPDES #)

Check Source: ☐ Holding Tank ☐ Residence ☐ Treatment Plant

Date Signature of Hauler

Time of Delivery Print Name of Hauler

Truck Volume SWA Registration Number

Vehicle ID: Signature of treatment plant licensed operator (if sludge or sewage)

SCMUA Decal #

***TO BE COMPLETED BY THE SCMUA OPERATOR:***

Date of Delivery Sample #

Truck Volume Accepted by

SCMUA Decal #

Comments: _____

**NOTICE: No grease trap waste allowed, illegal dumping of grease will be cause to suspend Dumping privileges at the authority's facility.**