

Non-sewage Waste Transfer Program
Storage Capacity and Nutrient Management Form

A. Recipient Farm Information

Farm/Operation Name: _____ Primary Contact: _____

Mailing Address: _____

Phone Number of Contact: _____ Email of Contact: _____

B. Proposed Importation: List information regarding the proposed waste import

1. Name of waste generator: _____

2. Total proposed annual waste import: _____ (gallons/tons)

C. Importation Summary: List all current and proposed waste imports that are transferred to a manure pit or methane digester in the table below.

| Source of Imported Waste | Annual Importation Volume (gallons/tons) |
|---|---|
| | |
| | |
| | |
| | |
| | |
| 1a. Total proposed & current liquid imports | gallons |
| 1b. Total proposed & current solid imports | tons |

D. Annual Waste Balance:

| | |
|--|---------|
| Liquid waste generated on-farm | |
| Liquid waste exported | (-) |
| Proposed & current liquid imports (1a. in table above) | (+) |
| Balance | gallons |
| Semi-solid waste generated on-farm | |
| Semi-solid waste exported | (-) |
| Proposed & current semi-solid imports (1b. in table above) | (+) |
| Balance | tons |

E. Storage Capacity: List all current waste storages and their usable volume in the table below.

| Name of Waste Storage Facility | Storage E911 Address | Usable Volume (gallons) | Will the proposed non-sewage waste be transferred to this storage? | Is this storage connected to a digester? |
|---------------------------------------|----------------------|-------------------------|--|--|
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Total Liquid Usable Volume (gallons) | | | | |
| Total Semi-Solid Usable Volume (tons) | | | | |

F. Nutrient Management

The [Required Agricultural Practices](#) require all Certified Small, Medium, and Large Farm Operations that mechanically land apply agricultural wastes or fertilizer to implement a field-by-field nutrient management plan (NMP) consistent with the requirements of the [Natural Resources Conservation Service Vermont 590 Nutrient Management Standard](#). All planned imported non-sewage waste must be accounted for in the total volume of wastes allocated in the farm’s current NMP. If the actual importation volume is greater than the amount planned, this difference must be captured in the farm’s annual NMP reconciliation.

Small Farm Operations not meeting the certification thresholds must soil sample all fields receiving mechanical applications of agricultural waste or fertilizer at least once every five years, and account for all nutrient sources when determining application rates consistent with the University of Vermont guidelines. Records of soil analysis, agricultural waste, fertilizer, and imported non-sewage waste applications shall be maintained for a period of five years and provided to the Secretary upon request.

The Agency of Agriculture, Food and Markets may request further information regarding the farm’s waste storage capacity or nutrient management as applicable.

Is the farm meeting the nutrient management requirements as listed above? Yes No

G. Signature of Recipient Farm

I certify that the information contained in this Storage Capacity and Nutrient Management Form is, to the best of my knowledge and belief, true, accurate, and complete, and I may be subject to the criminal sanctions of [13 V.S.A. § 3016](#) for false, misleading, or untrue representations on this form. Further, I may be subject to enforcement by the Agency of Agriculture, Food and Markets if I do not comply with the water quality requirements of [6 V.S.A. Chapter 215](#) pertaining to my operation.

SIGNATURE OF FARM OWNER/OPERATOR

PRINTED NAME

DATE