

Water Quality Division 94 Harvest Lane, Suite 201 Williston, VT 05495 AGR.WQpermits@vermont.gov

Non-sewage Waste Transfer Program

Transfer Amendment Form

Submit this amendment request form to **AGR.WQpermits@vermont.gov**.

A. Applicant and Con	tact Information
Business Name:	Primary Contact:
Business Mailing Ac	ldress:
Facility Name:	Facility E911 Address:
Phone Number of C	Contact: Email of Contact:
Proposed Amendm	ent to Approved NSW Transfer
1. NSW Transfer ID #	<u>:</u>
2. Type of Change:	☐ Change annual transfer volume to an approved Recipient Farm
	Recipient Farm:
	Proposed Annual Transfer Volume to Recipient Farm:
	Total Annual Transfer Volume:
	☐ Add a new Recipient Farm (must submit Storage Capacity and Nutrient Management Form)
	Recipient Farm:
	Structure for Deposit: Manure Pit Digester
	Proposed Annual Transfer Volume to Recipient Farm:
	Total Annual Transfer Volume:
	☐ Remove a Recipient Farm
	Recipient Farm:
C. Signature of Appl	icant
is, to the best of criminal sanctions associated with th	nalty of law that that the information contained in this Non-Sewage Waste Transfer Amendment Form my knowledge and belief, true, accurate, and complete. I understand that I may be subject to the of 13 V.S.A. § 3016 for false, misleading, or untrue representations on this form and other documents be Non-sewage Waste Transfer Application. I also understand that I may be subject to enforcement gency of Agriculture, Food and Markets if I do not comply with the agricultural water quality er 6 V.S.A. § 4817.
SIGNATURE OF C	COMPANY OFFICER PRINTED NAME DATE