

Non-sewage Waste Transfer Program

Transfer Amendment Form

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

A. Applicant and Co	ntact Information
Business Name:	Primary Contact:
Business Mailing A	ddress:
Facility Name:	Facility E911 Address:
Phone Number of	Contact:Email of Contact:
3. Proposed Amendn	nent to Approved NSW Transfer
1. NSW Transfer ID #	#:
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:
	\square Add a new Recipient Farm (must submit Storage Capacity and Nutrient Management Form)
	Recipient Farm:
	Structure for Deposit (circle one): <u>Manure Pit</u> or <u>Digester</u>
	Proposed Annual Transfer Volume to Recipient Farm:
	Total Annual Transfer Volume:
	Remove a Recipient Farm
	Recipient Farm:

C. Signature of Applicant

I certify under penalty of law that that the information contained in this Non-Sewage Waste Transfer Amendment Form is, to the best of my knowledge and belief, true, accurate, and complete. I understand that I may be subject to the criminal sanctions of <u>13 V.S.A. § 3016</u> for false, misleading, or untrue representations on this form and other documents associated with the Non-sewage Waste Transfer Application. I also understand that I may be subject to enforcement actions by the Agency of Agriculture, Food and Markets if I do not comply with the agricultural water quality requirements under <u>6 V.S.A. § 4817</u>.