

**Non-sewage Waste Transfer Program**

Transfer Application Form

*Submit this form for each waste stream you are proposing to transfer and  
a Storage Capacity and Nutrient Management Form for each proposed recipient farm.*

**A. Applicant and Contact Information**

Business Name: \_\_\_\_\_ Primary Contact: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Facility E911 Address: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Phone Number of Contact: \_\_\_\_\_ Email of Contact: \_\_\_\_\_

**B. Description of Non-sewage Waste**

1. Non-sewage waste type and description:

2. Total proposed annual waste transfer to recipient farms (gallons/tons): \_\_\_\_\_

3. List all chemicals (cleaning agents, polymers, coagulants, etc.) that may be present in the waste, recommended usage rates, and daily usage amounts:

**C. Proposed Recipient Farms**

Proposed Recipient Farm Information			Structure for Deposit	Proposed Annual Transfer Volume
Farm/Operation Name	Phone Number	Mailing Address		

**D. Non-sewage Waste Analysis**

Submit lab results of the proposed waste taken within the previous six months for the following defined parameters in the specified units.

Parameters	Units
Total Nitrogen	mg/L
Ammonium Nitrogen (NH <sub>4</sub> -N)	mg/L
Organic Nitrogen	mg/L
Phosphorus (P <sub>2</sub> O <sub>5</sub> )	mg/L
Potassium (K <sub>2</sub> O)	mg/L
Total Solids/Dry Matter	%
pH	S.U.
Chloride (Cl -)	mg/L
Sodium (Na +)	mg/L
Biochemical Oxygen Demand (5-day)	mg/L

1. If a sample is unavailable at the time of application because the non-sewage waste has not been generated prior to application, a lab analysis of the non-sewage waste must be submitted to AAFM within 30 days of non-sewage waste generation.

- Lab analysis submitted with application form
- Waste not generated at this time: lab analysis will be submitted within 30 days of non-sewage waste generation.

**E. Signature of Applicant**

I certify under penalty of law that that the information contained in this Non-Sewage Waste Transfer Application Form and the attached applicable lab results are, to the best of my knowledge and belief, true, accurate, and complete. I understand that I may be subject to the criminal sanctions of [13 V.S.A. § 3016](#) 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 [6 V.S.A. § 4817](#).

\_\_\_\_\_  
SIGNATURE OF COMPANY OFFICER                      PRINTED NAME                      DATE

**C. Additional Proposed Recipient Farms**

Proposed Recipient Farm Information			Structure for Deposit	Proposed Annual Transfer Volume
Name & Owner	Phone Number	Address		

*Attach additional pages if needed*