

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 to **AGR.WQpermits@vermont.gov**.*

A. Applicant and Contact Information

Business Name: _____ Primary Contact: _____

Business Mailing Address: _____

Facility Name: _____ Facility E911 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: _____

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 *(If five or more farms are proposed, submit an [Excel file](#))*

Farm/Operation Name (must match Storage Capacity and Nutrient Management Form)	Structure for Deposit	Proposed Annual Transfer Volume

