

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: _____ 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 (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
	<input type="checkbox"/> Manure Pit <input type="checkbox"/> Digester	<input type="checkbox"/> gallons <input type="checkbox"/> tons
	<input type="checkbox"/> Manure Pit <input type="checkbox"/> Digester	<input type="checkbox"/> gallons <input type="checkbox"/> tons
	<input type="checkbox"/> Manure Pit <input type="checkbox"/> Digester	<input type="checkbox"/> gallons <input type="checkbox"/> tons
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