
Non-sewage Waste Transfer Program

Reporting Form

A. Non-sewage Waste Generator and Contact Information

Business Name: _____ Primary Contact: _____
Facility Name: _____ Facility E911 Address: _____
Business Mailing Address: _____
Phone Number of Contact: _____ Email of Contact: _____

B. Non-sewage Waste Deposit Volume

1. Reporting period (MM/DD/YYYY): _____ to _____
2. Non-sewage waste transported: _____
3. List any chemicals (cleaning agents, polymers, coagulants, etc.) used in this reporting period that were not listed in your initial application.

4. Total non-sewage waste sent to farms during the reporting period _____ (gallons/tons)

C. Required Attachments

1. Lab Results: Submit waste analysis from the lab as defined in your Reporting Requirements for the Transfer of Non-sewage Waste.
2. Records: Submit the following non-sewage waste records for each waste transport that occurred during the reporting period:
 - Date of transport;
 - Name of recipient farm; and
 - Volume (gallons/tons) of waste transport to each recipient farm.

Notes regarding this submission: _____

D. Signature of Company Officer

I certify under penalty of law that the information contained in this Non-Sewage Waste Transfer Reporting Form, the attached records, and 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 this Non-sewage Waste Transfer Reporting. I also understand that if I do not comply with the agricultural water quality requirements under [6 V.S.A. § 4817](#), I may be subject to enforcement action(s) by the Agency of Agriculture, Food and Markets.

SIGNATURE OF COMPANY OFFICER

PRINTED NAME

DATE