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**Non-sewage Waste Transfer Program**

**Reporting Form**

Submit this form in accordance with the Reporting Requirements issued for the waste transfer 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. Non-sewage Waste Transfer Information**

1. NSW Transfer ID#: \_\_\_\_\_
2. Reporting period (MM/DD/YYYY): \_\_\_\_\_ to \_\_\_\_\_
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 Applicant**

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