

Water Quality Division 94 Harvest Lane, Suite 201 Williston, VT 05495 AGR.WQpermits@vermont.gov

## **Non-sewage Waste Transfer Program**

## **Transfer 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, coa	agulants, etc.) used in this repor	ting period that were <b>not listed</b> in your initial application
4. Total non-sewage waste sent to farms during the		
C. Required Attachments		
1. Lab Results: Submit waste analysis from the lab as	s defined in your Reporting Requ	uirements for the Transfer of Non-sewage Waste.
2. Records: Submit the following non-sewage waste	records for each waste transpo	rt that occurred during the reporting period:
- Date of transport;		
- Name of recipient farm; and		
- Volume (gallons/tons) of wast	te transport to each recipient fa	rm.
Notes regarding this submission:		
D. Signature of Applicant		
records, and applicable lab results are, to the be may be subject to the criminal sanctions of <u>13</u> other documents associated with this Non-sewa	est of my knowledge and belie V.S.A. § 3016 for false, misle age Waste Transfer Reporting	vage Waste Transfer Reporting Form, the attached of, true, accurate, and complete. I understand that I ading, or untrue representations on this form and I also understand that if I do not comply with the subject to enforcement action(s) by the Agency of
SIGNATURE OF COMPANY OFFICER	PRINTED NAME	DATE