

Application For: (Check () one) <input type="checkbox"/> Indirect Discharge Permit (*) Only for a new application for indirect discharge of sewage	with Schedule: I (*)	Action Requested: (Check () one) <input type="checkbox"/> Original Permit <input type="checkbox"/> Renewal * <input type="checkbox"/> Amendment * <input type="checkbox"/> Transfer * * Permit #
Status of Discharge: (Check () one) <input type="checkbox"/> Proposed <input type="checkbox"/> Existing	Nature of Waste: (Check () one) <input type="checkbox"/> Sanitary (domestic sewage only) <input type="checkbox"/> Non-Sewage/Industrial	
For DEC Use: PIN _____ Reviewer: _____ Check #: _____ Title 3: Y N		

(Individual, corporation, partnership, firm, state agency, municipality, etc.)

E-Mail Address:	
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(John Doe residence, SYZ Corp., Clark Lake State Park, Green Motel, etc.)

(Residential subdivision, paper mill, state park, motel, etc.)

9. If this application is for a permit renewal, is the previous application still valid in all respects? ☐ Yes
No If no, document changes on a separate attachment. (Note: appropriate Schedule must be completed regardless if changes have occurred.)

WR82-wf.pdf
Rev. 01/12/2017

10. **Receiving Water for Indirect Discharges:** _____
11. **Compliance Review:** If this application is for permit renewal, have you, the applicant, complied with all the permit conditions for the previous 5-year period, including performing all the necessary repair and maintenance items? Yes No If no, document on a separate attachment which permit conditions have not been complied with and why.
12. **3 V.S.A. Section 2822 Fees:** Call 802-477-3312 for assistance calculating the application review fee.

\$240.00 Administrative Processing Fee		
Plus Application Review Fee		Does not apply to renewal applications
Total Fee Enclosed		Payment by check or money order, please

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE INFORMATION SUBMITTED ABOVE IS TRUE, ACCURATE AND COMPLETE. I RECOGNIZE THAT BY SIGNING THIS APPLICATION I AM GIVING CONSENT TO EMPLOYEES OF THE STATE TO ENTER THE SUBJECT PROPERTY FOR THE PURPOSE OF PROCESSING THIS APPLICATION.

NAME AND TITLE OF APPLICANT OR LEGALLY AUTHORIZED REPRESENTATIVE (please print)

SIGNATURE

DATE

NAME AND TITLE OF CO-APPLICANT OR LEGALLY AUTHORIZED REPRESENTATIVE (please print)

SIGNATURE

DATE

This application must be signed by the applicant or an officer in the applicant's business, a municipal official, etc. The application CANNOT be signed by the applicant's attorney, engineer, contractor, etc.

Submittal of Application: Attach appropriate schedules, administrative processing and application review fees. Plans, specifications and other supporting material may be submitted electronically. Send application, schedules (if applicable) and payment to:

**Vermont Department of Environmental Conservation
Drinking Water & Groundwater Protection Division
1 National Life Drive, Main 2
Montpelier VT 05620-3521**