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| Agency of Natural Resources | | | | | | | | | | | | | | | | | | https://upload.wikimedia.org/wikipedia/commons/thumb/4/4f/Coat_of_arms_of_Vermont.svg/180px-Coat_of_arms_of_Vermont.svg.png |
| Innovative and Alternative Technology Renewal Application | | | | | | | | | | | | | | | | | |
| **APPLICANT INFORMATION** | | | | | | | | | | | | | | | | | | |
| Company/Manufacturer/Vender/ Designer Name: Enter text. | | | | | | | | | | | | | | | | | | |
| Address: Enter text. | | | | | | | | | | | | Website Address: Enter text. | | | | | | |
| City: Enter text. | | | State: Enter text. | | | | | Zip: Enter text. | | | | Phone #: Enter text. | | | | | | |
| **PRIMARY CONTACT INFORMATION** | | | | | | | | | | | | | | | | | | |
| Name: Enter text. | | | | | | | | | | | | Email Address: Enter text. | | | | | | |
| Address: Enter text. | | | | | | | | | | | | Primary Contact #: Enter text. | | | | | | |
| City: Enter text. | | | State: Enter text. | | | | | Zip: Enter text. | | | | Position/Title: Enter text. | | | | | | |
| **INNOVATIVE & ALTERNATIVE TECHNOLOGY** | | | | | | | | | | | | | | | | | | |
| **Technology System Name** | | | | | **Model Number** | | | | | | | | | **Flow Rate Capacity (gpd if applicable)** | | | | |
| Enter text. | | | | | Enter text. | | | | | | | | | Enter text. | | | | |
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| *\*If additional space is needed, please complete and attach I/A Models Document* | | | | | | | | | | | | | | | | | | |
| **Current I/A Approval Permit:** Enter text. | | | | | | | | | **Date Issued:** Enter text. | | | | | | | | | |
| **Permit Approval:** Choose an item. | | | | | | **Wastewater Treatment Strength:** Choose an item. | | | | | | | | | | | | |
| **Description of changes or modifications since last approval (if change affected performance a new application must be submitted)**: Enter text. | | | | | | | | | | | | | | | | | | |
| **Authorization from other States or Provinces since last approval:** | | | | | | | | | | | | | | | | | | |
| ***State or Province*** | | | | | ***Contact Person*** | | | | | | | | | | ***Number of Installed Units*** | | | |
| Enter text. | | | | | Enter text. | | | | | | | | | | Enter text. | | | |
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| *Copy of Authorizations attached* | | | | | | | | | | | | | | | | | | |
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| **Denials from other States or Provinces since last approval:** | | | | | | | | | | | | | | | | | | |
| ***State or Province*** | | | | | ***Contact Person*** | | | | | | | | | | ***Date of Denial*** | | | |
| Enter text. | | | | | Enter text. | | | | | | | | | | Enter text. | | | |
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| *Copy of Denials attached* | | | | | | | | | | | | | | | | | | |
| **UPDATED DOCUMENTATION** | | | | | | | | |  | | | | | | | | | |
|  | Operational reports | | | |  | | Patent Information | | | | | | | |  | | Technical Reports | |
|  | Laboratory Reports including effluent analysis performed by either a lab certified by the NELAC Institute, the Bureau de Normalization du Quebec, and or the European Committee for Standardization | | | | | | | | | | | | | | | | | |
|  | Testing Facility Reports |  | | Any data or reports supporting claims of I/A technology | | | | | | |  | | Any reports of systems not operating correctly and potential corrections or modifications | | | | | |
| **MODIFIED DESIGN CRITERIA** | | | | | | | | |  | | | | | | | | | |
|  | Design and material requirements |  | | Plans and cross sections | | | | | | |  | | Design limitations or restrictions | | | | | |
|  | Leachfield sizing and justification |  | | Constructions requirements and limitations | | | | | | |  | | Location of wastewater sampling ports for analysis | | | | | |
| **VERMONT-SPECIFIC REQUIREMENTS** | | | | | | | | |  | | | | | | | | | |
|  | Manuals and design-drawings for Vermont compliance with April 12, 2019 Rules | | | | | | | |  | Contact information for a minimum of 2 Vermont State Service Providers and their qualifications | | | | | | | | |
| **UPDATED MAINTENANCE REQUIREMENTS** | | | | | | | | |  | | | | | | | | | |
|  | Technical qualifications of service providers |  | | Specific actions and their frequency required to maintain | | | | | | | | |  | | | Information that will be provided to owner of the system regarding maintenance requirements | | |
| **UPDATED COST ESTIMATES** | | | | | | | | |  | | | | | | | | | |
|  | Product Retail |  | | Operation and Maintenance | | | | | | | | | | | | | | |
|  | Energy |  | | 20 Year Landowner Cost Projections | | | | | | | | | | | | | | |

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| For Office Use Only | Rec. Date: | Rev. Date: | Org. Date: | Orig. Permit #: |
| Year 1 Reports Submitted | Qualified Service Providers | Additional  Approval  Requirements | Renewal Date: | Pre. Permit #: |
| Year 2 Reports  Submitted | VT Distribution |  | Updated Permit #: |