



For DEC Use:

Application #: \_\_\_\_\_ PIN: \_\_\_\_\_ Reviewer: \_\_\_\_\_ Receive date: \_\_\_\_\_ Title 3: Y N

Check #: Amount: \$ \_\_\_\_\_ Paid By: \_\_\_\_\_

<b>Application For:</b> (Check one)  Municipal Discharge Permit Industrial Discharge Permit Pretreatment Discharge Permit Emergency Pollution Permit	<b>Attach Schedule:</b>  A B B E	<b>Action Requested:</b> (Check one)  Original Permit Renewal Amendment Transfer      Permit # _____
<b>Status of Discharge:</b> (Check one)  Proposed Existing		<b>Nature of Waste:</b> (Check one)  Sanitary (domestic sewage only) Non-Sewage/Industrial

**A. Applicant**

1a. Name:

1b. Legal Entity (Individual, corporation, partnership, firm, state agency, municipality, etc.):

2a. Mailing Address:

2b. Town:

2c. State:

2d. Zip:

3. Phone:

4. Email:

**B. Project Activity**

1. Name of Activity:

2. Description of waste:

3. Type of Activity: (Residential subdivision, paper mill, state park, motel, etc.)

4. Name of Landowner:

5. Location:

6. Town:

**C. Discharge Schedule**

Using a separate serial number (S/N), identify each independent discharge which will result from the activity described above. Attach a separate schedule for each discharge identified below.

*Use an attached sheet for additional discharges.*

Discharge	Receiving Water	Latitude (optional)	Longitude (optional)
S/N 001			
S/N 002			
S/N 003			
S/N 004			
S/N 005			

**D. Permit Renewal**

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.)

**E. Application Fees****3 V.S.A. Section 2822 Fees:**

email [jill.draper@vermont.gov](mailto:jill.draper@vermont.gov) for assistance calculating the application review fee.

**\$240.00 Administrative Processing Fee**

Does not apply to Emergency Pollution Permits

**Plus Application Review Fee**

Applies to all applications (except for name change)

**Total Fee Enclosed**

**F. Signature**

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

☐ *By checking this box, I certify that all adjoining property owners have been sent a DEC Adjoiner form via US mail prior to submission of this application.*

*Is this permit needed to implement a project funded through the American Rescue Plan Act (ARPA)? If yes, check box. For more information about ARPA, visit: <https://anr.vermont.gov/special-topics/arpa-vermont>.*

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.

**Refund Policy:**

- If an application is modified, withdrawn or denied after technical review has commenced; all fees are retained.
- If an application is withdrawn prior to administrative review; all fees will be refunded.
- If an application is withdrawn after administrative review but prior to commencement of technical review, deemed administratively incomplete and returned to applicant, or determined that a permit is not required; administrative fees are retained and permit application review fees will be refunded.

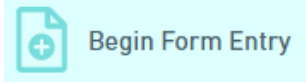
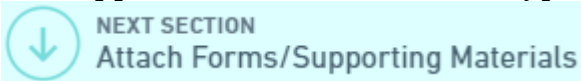
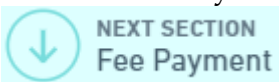
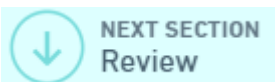


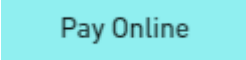

Please submit this form and payment using ANROnline at: [https://anronline.vermont.gov/?formtag=WSMD\\_Intake](https://anronline.vermont.gov/?formtag=WSMD_Intake).

Direct questions to [ANR.WSMDWastewater@vermont.gov](mailto:ANR.WSMDWastewater@vermont.gov) If unable to submit online, mail the completed application form along with all required supporting materials including a check in the correct fee amount made payable to State of Vermont to: Vermont DEC - Watershed Management Division, Wastewater Program - 1 National Life Drive, Davis 3 - Montpelier, VT 05620-3522

## SUBMIT AND PAY ONLINE TO SPEED UP YOUR APPLICATION PROCESSING!

You can submit your application and pay fees online. To start, visit:

[https://anronline.vermont.gov/?formtag=WSMD\\_Intake](https://anronline.vermont.gov/?formtag=WSMD_Intake)

1. Scroll to the bottom of the page and click the  button.
2. Log in to an account, sign up for an account, or continue as a guest user.
3. Fill out each field in the General Information Section.
  - Type the name of the contact person, phone, and email address.
  - Select the Watershed Management Division Program. *The program name is written at the top the application.*
  - Select 'Permit Application' as the submission type.
  - Click the  button at the bottom of the page.
4. Click "Choose File" and select your application, plans, maps, or compliance notifications.
  - Click the  button at the bottom of the page.
5. Type the application fee amount.
  - Click the  button at the bottom of the page.
6. Review your data.
  - Click the  button at the bottom of the page.
  - Click the  button at the bottom of the page.
7. Sign in or continue as a guest to pay the application fee.
  - Click the  button.
8. Enter your credit/debit card or eCheck information.
  - Click the  button at the bottom of the page. *Note: You must provide your email address in the billing information section if you want a receipt emailed.*
  - Your submission will now show the fee has been paid. You may print a confirmation/receipt from here if needed.

