

**INDIRECT DISCHARGE PROGRAM  
NON-SEWAGE MONTHLY/QUARTERLY REPORTING COVER SHEET**

**Please forward required attachments and this completed form to:**

[ANR.DWGWPIndirectPermits@vermont.gov](mailto:ANR.DWGWPIndirectPermits@vermont.gov)

Permit #:		Facility Name:		
Facility Contact(s):		Email address(es):		
Facility 911 Address:		City/State/Zip:		
Mailing Address:		City/State/Zip:		
Phone:		Reporting Month:		Year:
<p><b>Are there any permit violations this month? <input type="checkbox"/> YES <input type="checkbox"/> NO</b>  <b>Please list violations:</b></p>				
<p><b>Have you submitted all required data? <input type="checkbox"/> YES <input type="checkbox"/> NO</b>  <b>Missing Data:</b></p>				
Non-sewage Discharge Documentation Submitted - check all that apply				
Reports/Readings	Lab Results	Select All That Apply		
<input type="checkbox"/> Disposal Reports <input type="checkbox"/> Groundwater Levels <input type="checkbox"/> Other _____ <b>Sampling Required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Wastewater <input type="checkbox"/> Spray Effluent <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Other _____	<input type="checkbox"/> <b>Total Wastewater Disposal:</b> _____ gpd  <input type="checkbox"/> <b>Disposal Locations:</b>		
<p><b>Comments:</b></p>				

Prepared by: \_\_\_\_\_  
Signature
Printed Name
Date

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Authorized by \_\_\_\_\_  
Signature
Printed Name
Date

