

INDIRECT DISCHARGE PROGRAM
SEWAGE MONTHLY/QUARTERLY REPORTING COVER SHEET
Please forward required attachments and this completed form to:
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:

Are there any permit violations this month? YES NO
Please list violations:

Have you submitted all required data? YES NO
Missing Data:

Sewage Discharge Documentation Submitted – check all that apply

Reports/Readings	Lab Results	Select All That Apply
<input type="checkbox"/> WR-43 <input type="checkbox"/> Sewage Volumes <input type="checkbox"/> Water Meter Readings <input type="checkbox"/> Groundwater Levels <input type="checkbox"/> Other _____ Sampling Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Influent <input type="checkbox"/> Effluent <input type="checkbox"/> Spray Effluent <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Underdrain <input type="checkbox"/> Other _____	<input type="checkbox"/> Average Influent Flow: _____ gpd <input type="checkbox"/> Average Effluent Flow: _____ gpd <input type="checkbox"/> Average Water Usage: _____ gpd

Comments:

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

