



DEPARTMENT OF ENVIRONMENTAL CONSERVATION

STATE OF VERMONT
WASTE MANAGEMENT & PREVENTION DIVISION
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TEMPORARY EPA ID # REQUEST

(valid for 90 days)

VTS []
DATE ISSUED []
For office use only

Table with 2 columns and multiple rows containing fields: GENERATORS NAME, MAILING ADDRESS, CITY, STATE, ZIP & 4, ACTUAL SITE NAME, STREET, ROUTE, CITY, STATE, ZIP & 4, CONTACT PERSON, PHONE NUMBER, ADDRESS (MAILING), CITY, STATE & ZIPCODE, EMAIL, DESCRIPTION OF WASTE, TRANSPORTER, FACILITY, REQUESTED BY, COMPANY, PHONE, FAX, EMAIL.

*DEC Spills Program exercising authority under 10 VSA 47 §1283; to remove waste for destruction to minimize threat to human health & environment.