

**SLUDGE MANAGEMENT PLAN  
Cover Sheet**

**Facility Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Street Address: \_\_\_\_\_

(PLEASE ATTACH A MAP)

**Facility Owner:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone / Email: \_\_\_\_\_

**Facility Operators** (Name, Email, Phone):

_____	_____	_____
_____	_____	_____
_____	_____	_____

**Contact Person:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone / Email: \_\_\_\_\_

**Authorized Representative:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone / Email: \_\_\_\_\_

**Authorized Representative Signature:**

I certify, under penalty of law [10 V.S.A. Chapters 201 and 211], 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.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**