


## POWERED MECHANICAL DEVICE REPORT FORM

Permittee Name: _____ Permittee Address: _____ _____ Permit Number: _____ Date: _____	Submit report annually to: Lakes & Ponds Regulatory Program 1 National Life Drive, Main 2 Montpelier, VT 05620-3522 Or via email to: <a href="mailto:ANR.WSMDSshoreland@vermont.gov">ANR.WSMDSshoreland@vermont.gov</a>	 <p style="font-size: small; margin: 0;">VERMONT DEPARTMENT OF ENVIRONMENTAL CONSERVATION</p> <p style="font-size: x-large; font-weight: bold; margin: 0;">WATERSHED</p> <p style="font-size: small; margin: 0;">MANAGEMENT DIVISION</p> <p style="font-size: x-small; margin: 0;">LAKES &amp; PONDS PROGRAM</p>
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Date	Operator's Name	Location	Size of Harvest Area	Density of Growth	Amount of material	Status of re-growth (if applicable)
6/15/2016	Example Entry	85% of entire authorized area	900ft <sup>2</sup>	Moderately dense	10 yards <sup>3</sup>	N/A

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

Operator's Signature: \_\_\_\_\_

Record all activity through October 31 of the authorized calendar year. Submit form annually to the address above by December 31<sup>st</sup>. Add additional sheets as necessary.