



APPLICATION FOR SOLID WASTE CERTIFICATION RESIDUALS MANAGEMENT

For DEC Use:	
PIN: _____ Reviewer: _____ Check #: _____ Title 3: Y N	
Amount: \$ _____ Paid By: _____ Receive date: _____	
A. TYPE OF APPLICATION	
Solid waste management certification	Amendment to an existing certification
B. FEES (payable by check or money order to "Treasurer - State of Vermont")	
\$1,000. Land application projects and facilities that further reduce pathogens and non-minor amendments to existing certifications.	\$125. All other types of non-disposal facilities and minor amendments to existing certifications.
C. APPLICANT	
1. Name of Business:	
2. Contact:	3. Title:
4. Address:	
5. Phone:	6. Email:
D. FACILITY	
1. Name:	
2. Mailing Address:	
3. Phone:	
E. GENERAL	
1. Date of Application:	
2. Proposed Certification Duration, in Years: (Maximum duration is ten years)	
3. Type of Solid Waste Management Facility: (i.e. Land Application, Composting, etc)	
F. FACILITY OWNER (if different than Applicant):	
1. Name:	
2. Address:	
3. Phone:	4. Email:
5. Signature:	
G. PRIMARY CONTACT PERSON	
1. Name:	
2. Address:	
3. Phone:	4. Email:

H. SECONDARY CONTACT PERSON

1. Name:

2. Address:

3. Phone:

4. Email:

I. FOR EACH PARCEL OF LAND *Attach additional sheets as necessary*

1. Landowner:

2. I, _____ (print name), recognize that by signing this application I am giving consent for employees of the State of Vermont to enter the subject property for the purpose of processing this application.

Signature: _____

3. Mailing Address:

4. If land is leased, Lessor's name:

5. Useable acreage:

6. Identification:

7. Road or Street:

8. Town:

J. APPLICATION PREPARER

1. Name:

2. Mailing Address:

3. Phone:

4. Email:

5. Signature: _____

K. ENGINEER'S CERTIFICATION :
(Unless waived, in writing, by the Secretary pursuant to §6-304(d) of the Vermont Solid Waste Management Rules. Attach waiver letter.)

1. I, _____, a Professional Engineer licensed to practice in the State of Vermont (Title 25 Chapter 20), certify that the support documents listed as appended to this application meet appropriate technical standards required by the Vermont Solid Waste Management Rules, effective January 15, 1999, Subchapters 5, 6, 7, 9, and 10, to the best of my knowledge and belief, and based on the information available to me at the time of application.

Engineer's Signature: _____ Date: _____

2. License Number:

3. Expiration Date:

L. APPLICANT'S CERTIFICATION

APPLICANT'S CERTIFICATION

I, _____, the duly authorized applicant, hereby make application for certification of the Solid Waste Management Facility named herein and described fully in supporting documentation. The application consists of this application form, the documents listed below as appended to this application. I further certify, in cases where the Secretary has waived the requirement for a Professional Engineer's certification, that the support documents listed as appended to this application meet appropriate technical standards required by the Vermont Solid Waste Management Rules, effective January 15, 1999, Subchapters 5, 6, 7, 9, and 10, to the best of my knowledge and belief, and based on the information available to me at the time of application.

Applicant's Signature: _____ Date: _____

M. ATTACHMENTS

Title or Reference	Date

Other permits may be necessary for this project. For further information, contact the Agency of Natural Resources Regional Office in your area and ask to speak with the Permit Specialist.

For specific questions about this form or the certification process, contact the Wastewater Management Division, Residuals Management Section, at (802) 241-3822.

Send completed application to:
VT Department of Environmental Conservation
Watershed Management Division
One National Life Drive, Main Bldg, 2nd Floor
Montpelier VT 05620-3522