



SCHEDULE A: MUNICIPAL TREATMENT PLANTS WR-82A

10 V.S.A. Chapter 47

A. Applicant		
1. Name:		
2a. Mailing Address:		
2b. Town:	2c. State:	2d. Zip:
3. Phone:		4. Email:
B. Discharge Activity		
1. Activity:		
2. Discharge:		
3. S/N Designation: For each discharge point, enter a S/N designation (001, 002, 003, etc)		
4. Exact location on receiving water (describe and locate on map). Include the outfall from the treatment facility, emergency bypass/s at the treatment facility, emergency bypass/s within the sewer system, combined sewer overflows and dry weather overflows:		
5. Describe, and attach map of corporate boundaries, including boundaries of sewer area or area to be sewer and served by this discharge, to which this discharge applies:		
6. Current estimated population in above boundaries:		
7. Percentage of this population served by this discharge:		
8. If less than 100%, how are wastes from remaining population disposed of?		
9. Approximate daily volume of wastes (other than stormwater) collected by system:		
Residential		GPD
Commercial		GPD
Industrial		GPD
Other		GPD
Total		GPD

10. List and describe individual contributors whose discharge is expected to exceed 5% of the total in item A-6 or whose wastes contain toxic or other components which may effect composition of total waste load:

Name	Activity	Waste	Volume (GPD)
11. Collection system: Separate sanitary sewer Combined sewer			
12. Number of pumping stations in collection system :		13. Number of air ejections stations:	
14. Are wastes currently being treated? No Yes (if "yes", answer question 15.)			
15. If yes, what level of treatment is provided? Primary Secondary Other: (describe below)			
16. Are wastes currently being chlorinated prior to discharge? Yes No			
17. Are new treatment facilities or modifications to existing facilities in planning design or under construction?			
No			
Yes (If yes, describe type of facilities to be constructed, level of treatment, design capacity, current status of project and anticipated schedule leading to attainment of operational level in the space provided below)			
18. Is the person who is, or will be, responsible for operation and maintenance of the treatment facility certified by the Office of Professional Regulation as a Treatment Plant Operator? Yes No			
19. Number of operators currently employed at the treatment facility:			
20. Total number of hours per week spent on operation and maintenance of the treatment facility:			

21. Describe methods and procedures used for sludge processing and disposal (not applicable to aerated lagoons of stabilization periods)

22. Are sludge disposal procedure and/or sites certified (including interim certification) under Vermont's Solid Waste Management Rules? Yes No

Send completed application to:

VT Department of Environmental Conservation
Watershed Management Division
1 National Life Drive, Davis 3
Montpelier VT 05620-3522

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ПЕРЕВОДА | DỊCH VỤ NGÔN NGỮ MIỄN PHÍ | 無料通訳サービス | ၵၢၼ် ၵၢၼ် ၵၢၼ် ၵၢၼ် ၵၢၼ် | HUDUMA ZA MSAADA WA
LUGHA BILA MALIPO | BESPLATNE JEZIČKE USLUGE | အခမဲ့ ဘာသာစကား ဝန်ဆောင်မှုများ | ADEEGYO LUUQADA AH OO
BILAASH AH | خدمات لغة مجانية: anr.civilrights@vermont.gov or 802-636-7827.