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| Agency of Natural Resources | https://upload.wikimedia.org/wikipedia/commons/thumb/4/4f/Coat_of_arms_of_Vermont.svg/180px-Coat_of_arms_of_Vermont.svg.png |
| Innovative and Alternative Technology Renewal Application |
| **APPLICANT INFORMATION** |
| Company/Manufacturer/Vender/ Designer Name: Enter text. |
| Address: Enter text. | Website Address: Enter text. |
| City: Enter text. | State: Enter text. | Zip: Enter text. | Phone #: Enter text. |
| **PRIMARY CONTACT INFORMATION** |
| Name: Enter text. | Email Address: Enter text. |
| Address: Enter text. | Primary Contact #: Enter text. |
| City: Enter text. | State: Enter text. | Zip: Enter text. | Position/Title: Enter text. |
| **INNOVATIVE & ALTERNATIVE TECHNOLOGY** |
| **Technology System Name** | **Model Number** | **Flow Rate Capacity (gpd if applicable)** |
|  Enter text. | Enter text. | Enter text. |
|  Enter text. | Enter text. | Enter text. |
|  Enter text. | Enter text. | Enter text. |
|  Enter text. | Enter text. | Enter text. |
|  Enter text. | Enter text. | Enter text. |
| *\*If additional space is needed, please complete and attach I/A Models Document* |
| **Current I/A Approval Permit:** Enter text. | **Date Issued:** Enter text. |
| **Permit Approval:** Choose an item. | **Wastewater Treatment Strength:** Choose an item. |
| **Description of changes or modifications since last approval (if change affected performance a new application must be submitted)**: Enter text. |
| **Authorization from other States or Provinces since last approval:** |
| ***State or Province*** | ***Contact Person*** | ***Number of Installed Units*** |
| Enter text.  | Enter text.  | Enter text.  |
| Enter text.  | Enter text.  | Enter text.  |
| Enter text. | Enter text. | Enter text. |
|  [ ]  *Copy of Authorizations attached* |
|  |
| **Denials from other States or Provinces since last approval:** |
| ***State or Province*** | ***Contact Person*** | ***Date of Denial*** |
| Enter text.  | Enter text.  | Enter text.  |
| Enter text.  | Enter text.  | Enter text.  |
| Enter text. | Enter text. | Enter text. |
|  [ ]  *Copy of Denials attached* |
| **UPDATED DOCUMENTATION** |  |
| [ ]  | Operational reports | [ ]  | Patent Information | [ ]  | Technical Reports |
| [ ]  | Laboratory Reports including effluent analysis performed by either a lab certified by the NELAC Institute, the Bureau de Normalization du Quebec, and or the European Committee for Standardization |
| [ ]  | Testing Facility Reports | [ ]  | Any data or reports supporting claims of I/A technology | [ ]  | Any reports of systems not operating correctly and potential corrections or modifications |
| **MODIFIED DESIGN CRITERIA** |  |
| [ ]  | Design and material requirements | [ ]  | Plans and cross sections | [ ]  | Design limitations or restrictions |
| [ ]  | Leachfield sizing and justification | [ ]  | Constructions requirements and limitations | [ ]  | Location of wastewater sampling ports for analysis |
| **VERMONT-SPECIFIC REQUIREMENTS** |  |
| [ ]  | Manuals and design-drawings for Vermont compliance with April 12, 2019 Rules | [ ]  | Contact information for a minimum of 2 Vermont State Service Providers and their qualifications |
| **UPDATED MAINTENANCE REQUIREMENTS** |  |
| [ ]  | Technical qualifications of service providers | [ ]  | Specific actions and their frequency required to maintain | [ ]  | Information that will be provided to owner of the system regarding maintenance requirements |
| **UPDATED COST ESTIMATES** |  |
| [ ]  | Product Retail | [ ]  | Operation and Maintenance |
| [ ]  | Energy | [ ]  | 20 Year Landowner Cost Projections |

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| For Office Use Only | Rec. Date: | Rev. Date: | Org. Date: | Orig. Permit #: |
| [ ]  Year 1 Reports Submitted | [ ]  Qualified Service Providers | [ ]  Additional  Approval Requirements | Renewal Date: | Pre. Permit #: |
| [ ]  Year 2 Reports Submitted | [ ]  VT Distribution |  | Updated Permit #: |