

# Drinking Water & Groundwater Protection Division - Permit Application Wastewater System & Potable Water Supply



**For Office Use Only:**

|                                    |      |                                                     |
|------------------------------------|------|-----------------------------------------------------|
| Application#<br><i>WW-138-1406</i> | PIN# | Date Complete Application Received<br><i>4/1/14</i> |
|------------------------------------|------|-----------------------------------------------------|

**Authority:**

10 V.S.A. Chapter 64, the Environmental Protection Rules, Chapter 1, Wastewater System & Potable Water Supply Rules, and Chapter 21, Water Supply Rules, Appendix A. Part 11 - Small Scale Water Systems.

**General Information:**

The organization and/or content of this form may not be altered, however, the form is designed to expand to allow additional information to be entered. Changes in the organization and/or content of the form may result in an invalid application or permit.

In most cases a licensed designer will be required for your project and to help complete this application form. There are also line-by-line instructions available to assist with completing this form.

**NOTE: We strongly suggest referring to the application instructions while completing this application form.**

## Part I Applicant (Landowner) & Project Contact Information

### Section A - Applicant Details (if Landowner is an Individual or Individuals)

|                          |                  |                                                  |                   |
|--------------------------|------------------|--------------------------------------------------|-------------------|
| 1 Last Name              |                  | 2 First Name (and Middle Initial if appropriate) |                   |
| 3 Mailing Address Line 1 |                  | 4 Mailing Address Line 2                         |                   |
| 5 Town/City              | 6 State/Province | 7 Country<br>United States                       | 8 Zip/Postal Code |
| 9 Email Address          |                  |                                                  | 10 Telephone      |

Remove This Applicant

Add Another Applicant

### Section B - Applicant Details (if Landowner is other than an Individual or Individuals, e.g. Corporations, Homeowner's Associations, etc.)

|                                                                         |                          |                               |                            |
|-------------------------------------------------------------------------|--------------------------|-------------------------------|----------------------------|
| 1 Registered Legal Entity or Organization Name<br>Beatrice M Dike Trust |                          | 2 Telephone<br>(508) 274-8486 |                            |
| 3 Mailing Address Line 1<br>4 Jilma Drive                               |                          | 4 Mailing Address Line 2      |                            |
| 5 Town/City<br>South Dennis                                             | 6 State/Province<br>Mass | 7 Country<br>United States    | 8 Zip/Postal Code<br>02660 |

**Certifying Official**

The Certifying Official must be a person who has signatory authority for the legal entity or organization that is the Applicant. A copy of the document authorizing this person to act as a signatory authority must be attached to this application.

|                                                           |                                                                      |
|-----------------------------------------------------------|----------------------------------------------------------------------|
| 9 Certifying Official Last Name<br>Small                  | 10 Certifying Official First Name (and MI if appropriate)<br>Jeffrey |
| 11 Certifying Official Title<br>Agent                     |                                                                      |
| 12 Certifying Official Email Address<br>wwind12@gmail.com | 13 Telephone<br>(802) 238-5566                                       |

Remove This Applicant

Add Another Applicant

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PLANNING & ZONING**

|                                                                          |                             |                                                             |                                |
|--------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------|--------------------------------|
| <b>Section C - Primary Contact Information (if other than Applicant)</b> |                             |                                                             |                                |
| 1 Last Name<br>Small                                                     |                             | 2 First Name (and Middle Initial if appropriate)<br>Jeffrey |                                |
| 3 Mailing Address Line 1<br>PO Box 336                                   |                             | 4 Mailing Address Line 2                                    |                                |
| 5 Town/City<br>Charlotte                                                 | 6 State/Province<br>Vermont | 7 Country<br>United States                                  | 8 Zip/Postal Code<br>05445     |
| 9 Email Address                                                          |                             |                                                             | 10 Telephone<br>(802) 238-5566 |

|                                                        |                  |                                                  |                   |
|--------------------------------------------------------|------------------|--------------------------------------------------|-------------------|
| <b>Section D - Building/Business Owner Information</b> |                  |                                                  |                   |
| 1 Last Name                                            |                  | 2 First Name (and Middle Initial if appropriate) |                   |
| 3 Mailing Address Line 1                               |                  | 4 Mailing Address Line 2                         |                   |
| 5 Town/City                                            | 6 State/Province | 7 Country<br>United States                       | 8 Zip/Postal Code |
| 9 Email Address                                        |                  |                                                  | 10 Telephone      |

|                                                                                                                                      |                                                   |                                                                         |                                |
|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------|--------------------------------|
| <b>Part II Certifying Designer(s) Information</b>                                                                                    |                                                   |                                                                         |                                |
| 1 Designer Last Name<br>Keeney                                                                                                       |                                                   | 2 Designer First Name (and Middle Initial if appropriate)<br>Jeffrey M. |                                |
| 3 Designer License#<br>377                                                                                                           | 4 Company Name<br>High Knob Design Associates LLC |                                                                         |                                |
| 5 Mailing Address Line 1<br>981 Big Hollow Road                                                                                      |                                                   | 6 Mailing Address Line 2                                                |                                |
| 7 Town/City<br>Starksboro                                                                                                            | 8 State/Province<br>Vermont                       | 9 Country<br>United States                                              | 10 Zip/Postal Code<br>05487    |
| 11 Email Address<br>jimkeeney@comcast.net                                                                                            |                                                   |                                                                         | 12 Telephone<br>(802) 385-1073 |
| 13 Designer Role(s) (check all that apply)                                                                                           |                                                   |                                                                         |                                |
| <input checked="" type="checkbox"/> Water Supply Designer<br><input checked="" type="checkbox"/> Wastewater Disposal System Designer |                                                   |                                                                         |                                |
| <input type="button" value="Remove This Designer"/>                                                                                  |                                                   |                                                                         |                                |
| <input type="button" value="Add Another Designer"/>                                                                                  |                                                   |                                                                         |                                |

|                                                                                                     |                                                 |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <b>Part III Property Location Information</b>                                                       |                                                 |
| <b>Section A - Property Location</b>                                                                |                                                 |
| 1 Please provide the property Town and the property address or a brief description of the location. |                                                 |
| (a) Town or City<br>Charlotte                                                                       | (b) Street or Road Location<br>3015 Guinea Road |

| <b>Section B - Center of Property GPS Coordinates</b>                                                                                 |                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 1 Enter the approximate center of property coordinates using GPS set for NAD83 or as derived from a map (map must be based on NAD83). |                                                                                     |
| (a) Latitude<br><i>(in decimal degrees to five decimal places, ex. 44.38181°)</i>                                                     | (b) Longitude<br><i>(in decimal degrees to five decimal places, ex. -72.31392°)</i> |
| N <input style="width: 80px;" type="text" value="44.27675"/> °                                                                        | W (-) <input style="width: 80px;" type="text" value="73.19546"/> °                  |

**Part IV Project Information**

**Section A - General Project Information & Questions**

|                                                                                                  |                                                                                      |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 1 Project Name (if applicable)<br><input style="width: 95%;" type="text" value="Dike Property"/> | 2 Total Acreage of Property<br><input style="width: 95%;" type="text" value="30.5"/> |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|

3 Business Name (if applicable)

4 Detailed Project Description  
The project consists of a 3 Lot subdivision. Lot 1- 5.5 acres existing house & drilled well. Lot 2 -10.3 acres proposed 5 bedroom house on site sewage and water, Lot 3- 6.8 acres 5 bedroom house on site sewage and water. 7.4 acre boundary adjustment to neighbor.

5 (a) Were all existing buildings or structures, campgrounds, and their associated potable water supplies and wastewater systems substantially completed before January 1, 2007? .....  Yes  No

(b) Were all existing improved and unimproved lots in existence before January 1, 2007? .....  Yes  No

6 Does this application include subdividing the property? .....  Yes  No

7 Has anyone from the Drinking Water & Groundwater Protection Division's Regional Office been to the property?.....  Yes  No

If Yes, enter the staff person's name and the date of the visit.

|                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| (a) Name of Staff Person<br><input style="width: 95%;" type="text" value="Spencer Harris"/> | (b) Date of Visit (m/d/yyyy)<br><input style="width: 95%;" type="text" value="8/15/2012"/> |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

8 Will any construction occur within 50 feet of a wetland boundary, mapped or designated? .....  Yes  No

*If Yes, contact the Wetlands Program of the Watershed Management Division at (802) 338-4835.*

9 Will more than one acre be disturbed during the entire course of construction, including all lots and phases? .....  Yes  No

*If Yes, contact the Stormwater Program of the Watershed Management Division at (802) 241-4320.*

10 Will there be any stream crossings by roads, utilities, or other construction? .....  Yes  No

*If Yes, contact the River Corridor Mgmt. Program of the Watershed Management Division at:*

|                                   |                |
|-----------------------------------|----------------|
| Central & Northwest Vermont ..... | (802) 879-5631 |
| Southern Vermont .....            | (802) 786-5906 |
| Northeastern Vermont .....        | (802) 751-0129 |

11 Is the project located in a special flood hazard area as designated on the flood insurance maps prepared for a municipality by the Federal Emergency Management Agency? .....  Yes  No

*If Yes, show the special flood hazard area limits on the site plan.*

12 Act 250: Has the Applicant (Landowner) subdivided any other lots of any size within a five mile radius of this subdivision, or within the environmental district within the last five years? .....  Yes  No

*If Yes, enter the town(s) and the associated number of lots in the table below:*

|                                                     | (a) Town                                 | (b) Number of Lots                       |
|-----------------------------------------------------|------------------------------------------|------------------------------------------|
| <b>X</b>                                            | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| <input type="button" value="Add Another Town/Lot"/> |                                          |                                          |

13 Is there any prior Act 250 jurisdiction on the tract of land?.....  Yes  No

If Yes, enter the Act 250 permit number:

(a) Act 250 Permit Number

**Section B - Project Deed Reference**

1 Please provide the Town, Parcel ID, Book, and Page reference for the current landowner's deed(s) to this property:

|                                     | (a) Town  | (b) Parcel ID | (c) Book | (d) Page(s) |
|-------------------------------------|-----------|---------------|----------|-------------|
| <input checked="" type="checkbox"/> | Charlotte | 00017-3015    | 33       | 97          |

**Section C - Project Plan Reference**

1 Please provide the following information for all water supply and wastewater disposal system plans being submitted.

|                                     | (a) Sheet# | (b) Title             | (c) Plan Date | (d) Plan Revision Date |
|-------------------------------------|------------|-----------------------|---------------|------------------------|
| <input checked="" type="checkbox"/> | 1          | Site Plan             | 3/19/2014     |                        |
| <input checked="" type="checkbox"/> | 2          | Water/Wastewater Plan | 3/19/2014     |                        |
| <input checked="" type="checkbox"/> | 3          | Details               | 3/19/2014     |                        |

**Section D - Existing Project Lot/Building Details**

Please provide the existing project details. This section is used to describe what is existing for the project. For example, if you are subdividing an undeveloped 21-acre parcel, you would list the existing parcel. If you are revising the boundary lines of two commercial lots in an industrial park, and constructing an addition to an existing building you would list the existing lot numbers, existing acres, existing buildings, existing uses, construction date(s), prior permits, and answer the compliance questions.

|        |                    |                           |
|--------|--------------------|---------------------------|
| 1 Lot# | 2 Lot Size (acres) | 3 Existing Use of the Lot |
| 1      | 30.5               | Residential               |

4 Provide the following information for each building on the lot:

|                                     | (a) Building ID | (b) Existing Use | (c) Date Construction of Building Substantially Complete | (d) Prior Permits | (e) In compliance with existing permits?                      |
|-------------------------------------|-----------------|------------------|----------------------------------------------------------|-------------------|---------------------------------------------------------------|
| <input checked="" type="checkbox"/> | House           | Residential      | 01-01-1970                                               | None              | <input type="radio"/> Yes <input checked="" type="radio"/> No |

**Section E - Proposed Project Lot/Building Details**

This section is used to describe what you are proposing to do in this project. For example, if you were going to create 4 lots for construction of single family residences, you would list each lot, proposed acreage, proposed buildings, and proposed use.

|        |                    |                           |
|--------|--------------------|---------------------------|
| 1 Lot# | 2 Lot Size (acres) | 3 Proposed Use of the Lot |
| 1      | 5.5                | Residential               |

4 Is the lot being created as part of a subdivision? .....  Yes  No

5 Are you requesting that the Blood, Marriage, or Civil Union special fee be applied to this lot? .....  Yes  No

6 If the lot is exempt, please indicate the specific exemption from the Wastewater System and Potable Water Supply Rules? .....

7 Provide the following information for each building on the lot:

|                                                                                                                                                                       | (a) Building ID    | (b) If building is exempt, indicate exemption | (c) Construction or increased flow? | (d) Proposed Use |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------|-------------------------------------|------------------|
| <b>X</b>                                                                                                                                                              | House              |                                               | <input type="checkbox"/>            | residential      |
| <input type="button" value="Add Another Building"/>                                                                                                                   |                    |                                               |                                     |                  |
| <input type="button" value="Remove This Lot"/>                                                                                                                        |                    |                                               |                                     |                  |
| 1 Lot#                                                                                                                                                                | 2 Lot Size (acres) | 3 Proposed Use of the Lot                     |                                     |                  |
| 2                                                                                                                                                                     | 10.3               | Residential                                   |                                     |                  |
| 4 Is the lot being created as part of a subdivision? ..... <input checked="" type="radio"/> Yes <input type="radio"/> No                                              |                    |                                               |                                     |                  |
| 5 Are you requesting that the Blood, Marriage, or Civil Union special fee be applied to this lot? ..... <input type="radio"/> Yes <input checked="" type="radio"/> No |                    |                                               |                                     |                  |
| 6 If the lot is exempt, please indicate the specific exemption from the Wastewater System and Potable Water Supply Rules? .....                                       |                    |                                               |                                     |                  |
| 7 Provide the following information for each building on the lot:                                                                                                     |                    |                                               |                                     |                  |
|                                                                                                                                                                       | (a) Building ID    | (b) If building is exempt, indicate exemption | (c) Construction or increased flow? | (d) Proposed Use |
| <b>X</b>                                                                                                                                                              | House              |                                               | <input checked="" type="checkbox"/> | Residential      |
| <input type="button" value="Add Another Building"/>                                                                                                                   |                    |                                               |                                     |                  |
| <input type="button" value="Remove This Lot"/>                                                                                                                        |                    |                                               |                                     |                  |
| 1 Lot#                                                                                                                                                                | 2 Lot Size (acres) | 3 Proposed Use of the Lot                     |                                     |                  |
| 3                                                                                                                                                                     | 6.8                | residential                                   |                                     |                  |
| 4 Is the lot being created as part of a subdivision? ..... <input checked="" type="radio"/> Yes <input type="radio"/> No                                              |                    |                                               |                                     |                  |
| 5 Are you requesting that the Blood, Marriage, or Civil Union special fee be applied to this lot? ..... <input type="radio"/> Yes <input checked="" type="radio"/> No |                    |                                               |                                     |                  |
| 6 If the lot is exempt, please indicate the specific exemption from the Wastewater System and Potable Water Supply Rules? .....                                       |                    |                                               |                                     |                  |
| 7 Provide the following information for each building on the lot:                                                                                                     |                    |                                               |                                     |                  |
|                                                                                                                                                                       | (a) Building ID    | (b) If building is exempt, indicate exemption | (c) Construction or increased flow? | (d) Proposed Use |
| <b>X</b>                                                                                                                                                              | house              |                                               | <input checked="" type="checkbox"/> | residential      |
| <input type="button" value="Add Another Building"/>                                                                                                                   |                    |                                               |                                     |                  |
| <input type="button" value="Remove This Lot"/>                                                                                                                        |                    |                                               |                                     |                  |
| 1 Lot#                                                                                                                                                                | 2 Lot Size (acres) | 3 Proposed Use of the Lot                     |                                     |                  |
| 4                                                                                                                                                                     | 7.4                | undeveloped                                   |                                     |                  |
| 4 Is the lot being created as part of a subdivision? ..... <input checked="" type="radio"/> Yes <input type="radio"/> No                                              |                    |                                               |                                     |                  |
| 5 Are you requesting that the Blood, Marriage, or Civil Union special fee be applied to this lot? ..... <input type="radio"/> Yes <input checked="" type="radio"/> No |                    |                                               |                                     |                  |
| 6 If the lot is exempt, please indicate the specific exemption from the Wastewater System and Potable Water Supply Rules? .....                                       |                    |                                               |                                     |                  |
| 7 Provide the following information for each building on the lot:                                                                                                     |                    |                                               |                                     |                  |
|                                                                                                                                                                       | (a) Building ID    | (b) If building is exempt, indicate exemption | (c) Construction or increased flow? | (d) Proposed Use |
| <b>X</b>                                                                                                                                                              | none               |                                               | <input type="checkbox"/>            | undeveloped      |
| <input type="button" value="Add Another Building"/>                                                                                                                   |                    |                                               |                                     |                  |
| <input type="button" value="Remove This Lot"/>                                                                                                                        |                    |                                               |                                     |                  |

Add Another Lot

**Part V Water Supply Information**

**Section A - Water Supply Screening Questions**

- 1 Are you proposing a new water supply or water service line or changes to a permitted but not constructed water supply or water service line for this project? .....  Yes  No
- 2 Are you proposing changes to an existing water supply or water service for this project (including changes to location, design flows, or operational change)? .....  Yes  No
- 3 Is there an existing connection to a water supply or water service line for this project? .....  Yes  No

Complete Part V if you answered Yes to any of the above questions. A project with no existing or proposed water supply may skip to Part VI.

**Section B - General Water Supply Questions**

- 1 Does this project involve a failed water supply? .....  Yes  No
- 2 Will any of the proposed water sources serve 25 or more people or have 15 or more service connections? .....  Yes  No  
*If Yes, the applicant must contact the Drinking Water & Groundwater Protection Division at (802) 241-3400 for source, construction and an operating permit.*
- 3 Are any of the existing or proposed water sources located within a special flood hazard area? .....  Yes  No
- 4 Are any of the existing or proposed water sources located within a floodway? .....  Yes  No
- 5 Are any of the proposed water sources located within 1 mile of a hazardous waste site as designated by the Waste Management Division and identified on the Agency mapping website? .....  Yes  No  
*If Yes, please submit additional information on the site. The Waste Management Division can be reached at (802) 241-3888.*
- 6 Does this project require an approval letter from the Drinking Water & Groundwater Protection Division for the construction of a public water system, municipal water line extension over 500 feet, or hydrants or sprinkler systems? .....  Yes  No  
*If Yes, please submit a copy of the approval letter from the Drinking Water & Groundwater Protection Division.*
- 7 Does the proposed or existing water supply(ies) use a water treatment device to obtain compliance with the quality requirements in the Water Supply Rule? .....  Yes  No  
*If Yes, please submit additional information regarding the constituent(s) that exceeds the standards and plans, details, and specifications of the treatment device.*
- 8 Is any portion of the proposed water supply located in or near a Water Source Protection Area as designated by the Drinking Water & Groundwater Protection Division? .....  Yes  No  
*If in areas of known interference issues, contact the Drinking Water & Groundwater Protection Division at (802) 241-3400.*

**Section C - Individual Water Supply Details**

Please provide the following information for each of the existing and proposed water supply(ies) serving a building or structure, or campground on the property.

| 1 Water Supply Name/Identifier                      |          |                 | 2 Water Supply Owner (if not Applicant)     |              |            |                               |            |
|-----------------------------------------------------|----------|-----------------|---------------------------------------------|--------------|------------|-------------------------------|------------|
| Shallow Well                                        |          |                 |                                             |              |            |                               |            |
| 3 Water Source Type                                 |          |                 | 4 Type of Change to Supply                  |              |            |                               |            |
| Non-Public Shallow Well/Spring                      |          |                 | No Change                                   |              |            |                               |            |
| 5 Lots/Buildings Served by this Water Supply System |          |                 |                                             |              |            |                               |            |
| X                                                   |          |                 | Design Flows (Gallons per Day)              |              |            | (g) Rule or Meter Based Flows |            |
|                                                     | (a) Lot# | (b) Building ID | (c) Type of Change to the Building's Supply | (d) Existing | (e) Change |                               | (f) Total  |
|                                                     | 1        | House           | No Change                                   | 420          | 0          | 420                           | Rule-based |
| Add Another Lot/Building Served by this Supply      |          |                 | 6                                           | 7            | 8          |                               |            |
|                                                     |          |                 |                                             | 420          | 0          | 420                           |            |

9 Is this water supply located off-lot? .....  Yes  No

10 Is this water supply shared? .....  Yes  No  
*If the water supply is located off-lot or shared, submit a copy of the agreement to provide an easement prior to construction.*

11 Is a variance being requested for this water supply? .....  Yes  No  
*If Yes, please submit additional details related to the variance request.*

Remove This Water Supply

| 1 Water Supply Name/Identifier<br>Drilled Well         |          |                 | 2 Water Supply Owner (if not Applicant)     |                               |            |           |                               |
|--------------------------------------------------------|----------|-----------------|---------------------------------------------|-------------------------------|------------|-----------|-------------------------------|
| 3 Water Source Type<br>Non-Public Drilled Bedrock Well |          |                 | 4 Type of Change to Supply<br>New System    |                               |            |           |                               |
| 5 Lots/Buildings Served by this Water Supply System    |          |                 |                                             |                               |            |           |                               |
|                                                        | (a) Lot# | (b) Building ID | (c) Type of Change to the Building's Supply | Design Flow (Gallons Per Day) |            |           | (g) Rule or Meter Based Flows |
|                                                        |          |                 |                                             | (d) Existing                  | (e) Change | (f) Total |                               |
| X                                                      | 2        | house           | Connection to New System                    | 0                             | 560        | 560       | Rule-based                    |
| Add Another Lot/Building Served by this Supply         |          |                 |                                             | 6                             | 7          | 8         |                               |
|                                                        |          |                 |                                             | 0                             | 560        | 560       |                               |

9 Is this water supply located off-lot? .....  Yes  No

10 Is this water supply shared? .....  Yes  No  
*If the water supply is located off-lot or shared, submit a copy of the agreement to provide an easement prior to construction.*

11 Is a variance being requested for this water supply? .....  Yes  No  
*If Yes, please submit additional details related to the variance request.*

Remove This Water Supply

| 1 Water Supply Name/Identifier<br>Drilled Well         |          |                 | 2 Water Supply Owner (if not Applicant)     |                               |            |           |                               |
|--------------------------------------------------------|----------|-----------------|---------------------------------------------|-------------------------------|------------|-----------|-------------------------------|
| 3 Water Source Type<br>Non-Public Drilled Bedrock Well |          |                 | 4 Type of Change to Supply<br>New System    |                               |            |           |                               |
| 5 Lots/Buildings Served by this Water Supply System    |          |                 |                                             |                               |            |           |                               |
|                                                        | (a) Lot# | (b) Building ID | (c) Type of Change to the Building's Supply | Design Flow (Gallons Per Day) |            |           | (g) Rule or Meter Based Flows |
|                                                        |          |                 |                                             | (d) Existing                  | (e) Change | (f) Total |                               |
| X                                                      | 3        | House           | Connection to New System                    | 0                             | 560        | 560       | Rule-based                    |
| Add Another Lot/Building Served by this Supply         |          |                 |                                             | 6                             | 7          | 8         |                               |
|                                                        |          |                 |                                             | 0                             | 560        | 560       |                               |

9 Is this water supply located off-lot? .....  Yes  No

10 Is this water supply shared? .....  Yes  No  
*If the water supply is located off-lot or shared, submit a copy of the agreement to provide an easement prior to construction.*

11 Is a variance being requested for this water supply? .....  Yes  No  
*If Yes, please submit additional details related to the variance request.*

Remove This Water Supply

Add Another Water Supply

**Section D - Water Supply Design Flows Summary Table**

1 If the project includes more than one water supply, please list each water supply system and provide the total water supply design flows for the project. **IMPORTANT:** Please don't include systems that were identified in this Part on Section C, Line 4 as a "Replacement Area Designation" in this summary table.

|                                  |              | Design Flows (Gallons Per Day) |            |           |
|----------------------------------|--------------|--------------------------------|------------|-----------|
| (a) Water Supply Name/Identifier |              | (b) Existing                   | (c) Change | (d) Total |
| X                                | Shallow Well | 0                              | 420        | 420       |
| X                                | Drilled Well | 0                              | 560        | 560       |
| X                                | Drilled Well | 0                              | 560        | 560       |
| Add Another Water Supply         |              | 2                              | 3          | 4         |
|                                  |              | 0                              | 1,540      | 1,540     |

**Part VI Wastewater Disposal System Information**

**Section A - Wastewater Disposal System Screening Questions**

- Are you proposing a new or replacement wastewater disposal system, a new wastewater service line, or changes to a permitted but not constructed wastewater disposal system or wastewater service line for this project?  Yes  No
- Are you proposing changes to an existing wastewater disposal system, replacement wastewater disposal system, replacement area, or wastewater service line for this project (including changes to location, design flows, or operational change)?  Yes  No
- Is there an existing connection to a wastewater disposal system or wastewater service line for this project?  Yes  No

Complete Part VI if you answered Yes to any of the above questions.  
A project with no existing or proposed wastewater disposal systems may skip to Part VII.

**Section B - General Wastewater Disposal System Questions**

- Does this project involve a failed wastewater disposal system?  Yes  No
- Do any of the systems require a curtain or dewatering drain as part of the design?  Yes  No
- Is a hydrogeologic study required for this project?  Yes  No
- For projects using soil-based wastewater systems having a total design flow that exceeds 1,000 gpd, is this project located in a Class A Watershed?  Yes  No  NA

If Yes, indicate the Class A Watershed in which the system(s) is located:

(a) Class A Watershed Name

- Are there any existing or proposed floor drains as part of this project?  Yes  No

If Yes, indicate where the floor drains will discharge:

(a) Floor Drain Discharge Point

- If the project utilizes an Innovative/Alternative System or Product, has the applicant received a copy of the Drinking Water & Groundwater Protection Division's approval letter?  Yes  No  NA

- Is any portion of the proposed wastewater disposal system located in or near a Water Source Protection Area as designated by the Drinking Water & Groundwater Protection Division?  Yes  No

If Yes, contact the Drinking Water & Groundwater Protection Division at (802) 241-3400.

**Section C - Individual Wastewater Disposal System Details**

Please provide the following information for each of the existing and proposed wastewater disposal systems serving a building or structure, or campground on the property.

| 1 Wastewater Disposal System Name/Identifier<br><input style="width:95%;" type="text" value="Primary Area"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2 Wastewater Disposal System Owner (if not Applicant)<br><input style="width:95%;" type="text"/> |                                                        |                                                                            |                                                      |                                                    |                                                    |                                                      |                                                             |                               |  |          |                 |                                             |              |            |                  |           |                               |   |                                                    |                                                        |                                                                            |                                                      |                                                    |                                                    |                                                      |                                                             |                                                                                                                            |  |  |  |   |   |   |   |  |  |  |  |  |                                                      |                                                    |                                                    |                                                      |  |
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| 3 Wastewater Disposal System Type<br><input style="width:95%;" type="text" value="In-ground"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4 Type of Change to System<br><input style="width:95%;" type="text" value="No Change"/>          |                                                        |                                                                            |                                                      |                                                    |                                                    |                                                      |                                                             |                               |  |          |                 |                                             |              |            |                  |           |                               |   |                                                    |                                                        |                                                                            |                                                      |                                                    |                                                    |                                                      |                                                             |                                                                                                                            |  |  |  |   |   |   |   |  |  |  |  |  |                                                      |                                                    |                                                    |                                                      |  |
| 5 Lots/Buildings Served by this Wastewater Disposal System                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                  |                                                        |                                                                            |                                                      |                                                    |                                                    |                                                      |                                                             |                               |  |          |                 |                                             |              |            |                  |           |                               |   |                                                    |                                                        |                                                                            |                                                      |                                                    |                                                    |                                                      |                                                             |                                                                                                                            |  |  |  |   |   |   |   |  |  |  |  |  |                                                      |                                                    |                                                    |                                                      |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="3"></th> <th colspan="4" style="text-align: center;">Design Flow (GPD/Day)</th> <th rowspan="2"></th> </tr> <tr> <th style="text-align: center;">(a) Lot#</th> <th style="text-align: center;">(b) Building ID</th> <th style="text-align: center;">(c) Type of Change to the Building's System</th> <th style="text-align: center;">(d) Existing</th> <th style="text-align: center;">(e) Change</th> <th style="text-align: center;">(f) Infiltration</th> <th style="text-align: center;">(g) Total</th> <th style="text-align: center;">(h) Rule or Meter Based Flows</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">X</td> <td style="text-align: center;"><input style="width:30px;" type="text" value="1"/></td> <td style="text-align: center;"><input style="width:60px;" type="text" value="House"/></td> <td style="text-align: center;"><input style="width:100px;" type="text" value="Connection to New System"/></td> <td style="text-align: center;"><input style="width:30px;" type="text" value="420"/></td> <td style="text-align: center;"><input style="width:30px;" type="text" value="0"/></td> <td style="text-align: center;"><input style="width:30px;" type="text" value="0"/></td> <td style="text-align: center;"><input style="width:30px;" type="text" value="420"/></td> <td style="text-align: center;"><input style="width:60px;" type="text" value="Rule-based"/></td> </tr> <tr> <td colspan="4" style="text-align: center; padding: 2px;"><input style="width:100%; border: 1px solid black;" type="button" value="Add Another Lot/Building Served by this System"/></td> <td style="text-align: center;">6</td> <td style="text-align: center;">7</td> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input style="width:30px;" type="text" value="420"/></td> <td style="text-align: center;"><input style="width:30px;" type="text" value="0"/></td> <td style="text-align: center;"><input style="width:30px;" type="text" value="0"/></td> <td style="text-align: center;"><input style="width:30px;" type="text" value="420"/></td> <td></td> </tr> </tbody> </table> |                                                                                                  |                                                        |                                                                            |                                                      |                                                    | Design Flow (GPD/Day)                              |                                                      |                                                             |                               |  | (a) Lot# | (b) Building ID | (c) Type of Change to the Building's System | (d) Existing | (e) Change | (f) Infiltration | (g) Total | (h) Rule or Meter Based Flows | X | <input style="width:30px;" type="text" value="1"/> | <input style="width:60px;" type="text" value="House"/> | <input style="width:100px;" type="text" value="Connection to New System"/> | <input style="width:30px;" type="text" value="420"/> | <input style="width:30px;" type="text" value="0"/> | <input style="width:30px;" type="text" value="0"/> | <input style="width:30px;" type="text" value="420"/> | <input style="width:60px;" type="text" value="Rule-based"/> | <input style="width:100%; border: 1px solid black;" type="button" value="Add Another Lot/Building Served by this System"/> |  |  |  | 6 | 7 | 8 | 9 |  |  |  |  |  | <input style="width:30px;" type="text" value="420"/> | <input style="width:30px;" type="text" value="0"/> | <input style="width:30px;" type="text" value="0"/> | <input style="width:30px;" type="text" value="420"/> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                  |                                                        |                                                                            | Design Flow (GPD/Day)                                |                                                    |                                                    |                                                      |                                                             |                               |  |          |                 |                                             |              |            |                  |           |                               |   |                                                    |                                                        |                                                                            |                                                      |                                                    |                                                    |                                                      |                                                             |                                                                                                                            |  |  |  |   |   |   |   |  |  |  |  |  |                                                      |                                                    |                                                    |                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (a) Lot#                                                                                         | (b) Building ID                                        | (c) Type of Change to the Building's System                                | (d) Existing                                         | (e) Change                                         | (f) Infiltration                                   | (g) Total                                            |                                                             | (h) Rule or Meter Based Flows |  |          |                 |                                             |              |            |                  |           |                               |   |                                                    |                                                        |                                                                            |                                                      |                                                    |                                                    |                                                      |                                                             |                                                                                                                            |  |  |  |   |   |   |   |  |  |  |  |  |                                                      |                                                    |                                                    |                                                      |  |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input style="width:30px;" type="text" value="1"/>                                               | <input style="width:60px;" type="text" value="House"/> | <input style="width:100px;" type="text" value="Connection to New System"/> | <input style="width:30px;" type="text" value="420"/> | <input style="width:30px;" type="text" value="0"/> | <input style="width:30px;" type="text" value="0"/> | <input style="width:30px;" type="text" value="420"/> | <input style="width:60px;" type="text" value="Rule-based"/> |                               |  |          |                 |                                             |              |            |                  |           |                               |   |                                                    |                                                        |                                                                            |                                                      |                                                    |                                                    |                                                      |                                                             |                                                                                                                            |  |  |  |   |   |   |   |  |  |  |  |  |                                                      |                                                    |                                                    |                                                      |  |
| <input style="width:100%; border: 1px solid black;" type="button" value="Add Another Lot/Building Served by this System"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                  |                                                        |                                                                            | 6                                                    | 7                                                  | 8                                                  | 9                                                    |                                                             |                               |  |          |                 |                                             |              |            |                  |           |                               |   |                                                    |                                                        |                                                                            |                                                      |                                                    |                                                    |                                                      |                                                             |                                                                                                                            |  |  |  |   |   |   |   |  |  |  |  |  |                                                      |                                                    |                                                    |                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                  |                                                        |                                                                            | <input style="width:30px;" type="text" value="420"/> | <input style="width:30px;" type="text" value="0"/> | <input style="width:30px;" type="text" value="0"/> | <input style="width:30px;" type="text" value="420"/> |                                                             |                               |  |          |                 |                                             |              |            |                  |           |                               |   |                                                    |                                                        |                                                                            |                                                      |                                                    |                                                    |                                                      |                                                             |                                                                                                                            |  |  |  |   |   |   |   |  |  |  |  |  |                                                      |                                                    |                                                    |                                                      |  |
| 10 Is this wastewater disposal system located off-lot? ..... <input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                  |                                                        |                                                                            |                                                      |                                                    |                                                    |                                                      |                                                             |                               |  |          |                 |                                             |              |            |                  |           |                               |   |                                                    |                                                        |                                                                            |                                                      |                                                    |                                                    |                                                      |                                                             |                                                                                                                            |  |  |  |   |   |   |   |  |  |  |  |  |                                                      |                                                    |                                                    |                                                      |  |
| 11 Is this wastewater disposal system shared? ..... <input type="radio"/> Yes <input checked="" type="radio"/> No<br><i>If the wastewater disposal system is located off-lot or shared, submit a copy of the agreement to provide an easement prior to initiation of construction.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                  |                                                        |                                                                            |                                                      |                                                    |                                                    |                                                      |                                                             |                               |  |          |                 |                                             |              |            |                  |           |                               |   |                                                    |                                                        |                                                                            |                                                      |                                                    |                                                    |                                                      |                                                             |                                                                                                                            |  |  |  |   |   |   |   |  |  |  |  |  |                                                      |                                                    |                                                    |                                                      |  |
| 12 Is a variance being requested for this wastewater disposal system? ..... <input type="radio"/> Yes <input checked="" type="radio"/> No<br><i>If Yes, please submit additional details related to the variance request.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                  |                                                        |                                                                            |                                                      |                                                    |                                                    |                                                      |                                                             |                               |  |          |                 |                                             |              |            |                  |           |                               |   |                                                    |                                                        |                                                                            |                                                      |                                                    |                                                    |                                                      |                                                             |                                                                                                                            |  |  |  |   |   |   |   |  |  |  |  |  |                                                      |                                                    |                                                    |                                                      |  |
| 13 If this wastewater disposal system type is a connection to an Indirect Discharge System, please provide the Indirect Discharge System ID number.<br>Indirect Discharge System ID Number<br><input style="width:100%;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                  |                                                        |                                                                            |                                                      |                                                    |                                                    |                                                      |                                                             |                               |  |          |                 |                                             |              |            |                  |           |                               |   |                                                    |                                                        |                                                                            |                                                      |                                                    |                                                    |                                                      |                                                             |                                                                                                                            |  |  |  |   |   |   |   |  |  |  |  |  |                                                      |                                                    |                                                    |                                                      |  |
| 14 If this wastewater disposal system type is a connection to a municipal system, please select the town.<br>Town<br><input style="width:100%;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                  |                                                        |                                                                            |                                                      |                                                    |                                                    |                                                      |                                                             |                               |  |          |                 |                                             |              |            |                  |           |                               |   |                                                    |                                                        |                                                                            |                                                      |                                                    |                                                    |                                                      |                                                             |                                                                                                                            |  |  |  |   |   |   |   |  |  |  |  |  |                                                      |                                                    |                                                    |                                                      |  |
| 15 If this wastewater disposal system is a soil-based system, please select the design approach used.<br>Design Approach Used<br><input style="width:100%;" type="text" value="Prescriptive"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                  |                                                        |                                                                            |                                                      |                                                    |                                                    |                                                      |                                                             |                               |  |          |                 |                                             |              |            |                  |           |                               |   |                                                    |                                                        |                                                                            |                                                      |                                                    |                                                    |                                                      |                                                             |                                                                                                                            |  |  |  |   |   |   |   |  |  |  |  |  |                                                      |                                                    |                                                    |                                                      |  |
| 16 For soil-based systems, please check all that apply (Note: Store and dose does not apply to standard pump/pump chamber systems).<br><input type="checkbox"/> Storage and Dose <input type="checkbox"/> Filtrate <input type="checkbox"/> Constructed Wetlands                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                  |                                                        |                                                                            |                                                      |                                                    |                                                    |                                                      |                                                             |                               |  |          |                 |                                             |              |            |                  |           |                               |   |                                                    |                                                        |                                                                            |                                                      |                                                    |                                                    |                                                      |                                                             |                                                                                                                            |  |  |  |   |   |   |   |  |  |  |  |  |                                                      |                                                    |                                                    |                                                      |  |
| 17 If this is an Innovative/Alternative soil-based system, please select the system use type.<br>Innovative/Alternative System Use Type<br><input style="width:100%;" type="text" value="Select"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                  |                                                        |                                                                            |                                                      |                                                    |                                                    |                                                      |                                                             |                               |  |          |                 |                                             |              |            |                  |           |                               |   |                                                    |                                                        |                                                                            |                                                      |                                                    |                                                    |                                                      |                                                             |                                                                                                                            |  |  |  |   |   |   |   |  |  |  |  |  |                                                      |                                                    |                                                    |                                                      |  |
| 18 If this is an Innovative/Alternative soil-based system, please select the Innovative/Alternative system or product.<br>Innovative/Alternative System or Product<br><input style="width:100%;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                  |                                                        |                                                                            |                                                      |                                                    |                                                    |                                                      |                                                             |                               |  |          |                 |                                             |              |            |                  |           |                               |   |                                                    |                                                        |                                                                            |                                                      |                                                    |                                                    |                                                      |                                                             |                                                                                                                            |  |  |  |   |   |   |   |  |  |  |  |  |                                                      |                                                    |                                                    |                                                      |  |
| <input style="width:100%; border: 1px solid black;" type="button" value="Remove This Wastewater System"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                  |                                                        |                                                                            |                                                      |                                                    |                                                    |                                                      |                                                             |                               |  |          |                 |                                             |              |            |                  |           |                               |   |                                                    |                                                        |                                                                            |                                                      |                                                    |                                                    |                                                      |                                                             |                                                                                                                            |  |  |  |   |   |   |   |  |  |  |  |  |                                                      |                                                    |                                                    |                                                      |  |
| 1 Wastewater Disposal System Name/Identifier<br><input style="width:95%;" type="text" value="Primary Area"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2 Wastewater Disposal System Owner (if not Applicant)<br><input style="width:95%;" type="text"/> |                                                        |                                                                            |                                                      |                                                    |                                                    |                                                      |                                                             |                               |  |          |                 |                                             |              |            |                  |           |                               |   |                                                    |                                                        |                                                                            |                                                      |                                                    |                                                    |                                                      |                                                             |                                                                                                                            |  |  |  |   |   |   |   |  |  |  |  |  |                                                      |                                                    |                                                    |                                                      |  |
| 3 Wastewater Disposal System Type<br><input style="width:95%;" type="text" value="In-ground"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4 Type of Change to System<br><input style="width:95%;" type="text" value="New System"/>         |                                                        |                                                                            |                                                      |                                                    |                                                    |                                                      |                                                             |                               |  |          |                 |                                             |              |            |                  |           |                               |   |                                                    |                                                        |                                                                            |                                                      |                                                    |                                                    |                                                      |                                                             |                                                                                                                            |  |  |  |   |   |   |   |  |  |  |  |  |                                                      |                                                    |                                                    |                                                      |  |
| 5 Lots/Buildings Served by this Wastewater Disposal System                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                  |                                                        |                                                                            |                                                      |                                                    |                                                    |                                                      |                                                             |                               |  |          |                 |                                             |              |            |                  |           |                               |   |                                                    |                                                        |                                                                            |                                                      |                                                    |                                                    |                                                      |                                                             |                                                                                                                            |  |  |  |   |   |   |   |  |  |  |  |  |                                                      |                                                    |                                                    |                                                      |  |

|                                                | (a) Lot# | (b) Building ID | (c) Type of Change to the Building's System | Design Flows (Gallons Per Day) |            |                  |           | (h) Rule or Meter Based Flows |
|------------------------------------------------|----------|-----------------|---------------------------------------------|--------------------------------|------------|------------------|-----------|-------------------------------|
|                                                |          |                 |                                             | (d) Existing                   | (e) Change | (f) Infiltration | (g) Total |                               |
| X                                              | 2        | House           |                                             | 0                              | 560        | 0                | 560       | Rule-based                    |
| Add Another Lot/Building Served by this System |          |                 |                                             | 6                              | 7          | 8                | 9         |                               |
|                                                |          |                 |                                             | 0                              | 560        | 0                | 560       |                               |

10 Is this wastewater disposal system located off-lot?  Yes  No

11 Is this wastewater disposal system shared?  Yes  No

*If the wastewater disposal system is located off-lot or shared, submit a copy of the agreement to provide an easement prior to initiation of construction.*

12 Is a variance being requested for this wastewater disposal system?  Yes  No

*If Yes, please submit additional details related to the variance request.*

13 If this wastewater disposal system type is a connection to an Indirect Discharge System, please provide the Indirect Discharge System ID number.

Indirect Discharge System ID Number

14 If this wastewater disposal system type is a connection to a municipal system, please select the town.

Town

15 If this wastewater disposal system is a soil-based system, please select the design approach used.

Design Approach Used

16 For soil-based systems, please check all that apply (Note: Store and dose does not apply to standard pump/pump chamber systems).

Storage and Dose  Filtrate  Constructed Wetlands

17 If this is an Innovative/Alternative soil-based system, please select the system use type.

Innovative/Alternative System Use Type

18 If this is an Innovative/Alternative soil-based system, please select the Innovative/Alternative system or product.

Innovative/Alternative System or Product

Remove This Wastewater System

|                                                                                           |                                                                               |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| 1 Wastewater Disposal System Name/Identifier<br><input type="text" value="Primary Area"/> | 2 Wastewater Disposal System Owner (if not Applicant)<br><input type="text"/> |
| 3 Wastewater Disposal System Type<br><input type="text" value="Mound"/>                   | 4 Type of Change to System<br><input type="text" value="New System"/>         |

5 Lots/Buildings Served by this Wastewater Disposal System

|                                                | (a) Lot# | (b) Building ID | (c) Type of Change to the Building's System | Design Flows (Gallons Per Day) |            |                  |           | (h) Rule or Meter Based Flows |
|------------------------------------------------|----------|-----------------|---------------------------------------------|--------------------------------|------------|------------------|-----------|-------------------------------|
|                                                |          |                 |                                             | (d) Existing                   | (e) Change | (f) Infiltration | (g) Total |                               |
| X                                              | 3        | House           | Connection to New System                    | 0                              | 560        | 0                | 560       | Rule-based                    |
| Add Another Lot/Building Served by this System |          |                 |                                             | 6                              | 7          | 8                | 9         |                               |
|                                                |          |                 |                                             | 0                              | 560        | 0                | 560       |                               |

10 Is this wastewater disposal system located off-lot? .....  Yes  No

11 Is this wastewater disposal system shared? .....  Yes  No  
*If the wastewater disposal system is located off-lot or shared, submit a copy of the agreement to provide an easement prior to initiation of construction.*

12 Is a variance being requested for this wastewater disposal system? .....  Yes  No  
*If Yes, please submit additional details related to the variance request.*

13 If this wastewater disposal system type is a connection to an Indirect Discharge System, please provide the Indirect Discharge System ID number.  
 Indirect Discharge System ID Number

14 If this wastewater disposal system type is a connection to a municipal system, please select the town.  
 Town

15 If this wastewater disposal system is a soil-based system, please select the design approach used.  
 Design Approach Used

16 For soil-based systems, please check all that apply (Note: Store and dose does not apply to standard pump/pump chamber systems).  
 Storage and Dose     Filtrate     Constructed Wetlands

17 If this is an Innovative/Alternative soil-based system, please select the system use type.  
 Innovative/Alternative System Use Type

18 If this is an Innovative/Alternative soil-based system, please select the Innovative/Alternative system or product.  
 Innovative/Alternative System or Product

**Section D - Wastewater Disposal Systems Design Flows Summary Table**

1 If the project includes more than one wastewater disposal system, please list each system on this page and provide the total wastewater disposal design flows for the project. **IMPORTANT:** Please don't include systems that were identified in this Part on Section C, Line 4 as a "Replacement Area Designation" in this summary table.

|                                                              |              | Design Flows (Gallons Per Day) |                  |           |       |
|--------------------------------------------------------------|--------------|--------------------------------|------------------|-----------|-------|
| (a) Wastewater Disposal System Name/Identifier               | (b) Existing | (c) Change                     | (d) Infiltration | (e) Total |       |
| X Primary Area                                               | 420          |                                | 0                | 420       |       |
| X Primary Area                                               | 0            | 560                            | 0                | 560       |       |
| X Primary Area                                               | 0            | 560                            | 0                | 560       |       |
| <input type="button" value="Add Another Wastewater System"/> |              | 2                              | 3                | 4         | 5     |
|                                                              |              | 420                            | 1,120            | 0         | 1,540 |

**Part VII Application Fees**

1 Fee Amount

2 Fee Calculation Details

|  |
|--|
|  |
|--|

**Part VIII Designer Certification & Copyright License**

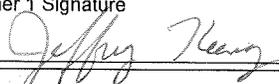
**Section A - Certifying Designer 1 Certification & Copyright License**

"I hereby certify that in the exercise of my reasonable professional judgment, the design-related information submitted with this application is true and correct, and that the design included in this application for a permit complies with the Vermont Wastewater System and Potable Water Supply Rules and the Vermont Water Supply Rules.

As the individual who prepared this application, including all documents that are marked as copyrighted, I hereby grant a non-exclusive, limited license to the State to allow the documents to be made available for public review and copying in order to properly implement and operate the permitting programs for Wastewater Systems and Potable Water Supplies, and for no other purposes. As a condition to this license, the State agrees that it will not make any changes to such documents, nor will the State delete any copyright notices on such documents."

1 Check the design(s) you are certifying. This should be the same as the Designer Role(s) you selected in Part II, Section A, Line 13.

- Water Supply Designer
- Wastewater Disposal System Designer

|                                     |                                                                                                              |                             |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------|
| 1 Designer 1 Name<br>Jeffrey Keeney | 2 Designer 1 Signature<br> | 3 Signature Date<br>3/24/14 |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------|

**Section B - Certifying Designer 2 Certification & Copyright License**

"I hereby certify that in the exercise of my reasonable professional judgment, the design-related information submitted with this application is true and correct, and that the design included in this application for a permit complies with the Vermont Wastewater System and Potable Water Supply Rules and the Vermont Water Supply Rules.

As the individual who prepared this application, including all documents that are marked as copyrighted, I hereby grant a non-exclusive, limited license to the State to allow the documents to be made available for public review and copying in order to properly implement and operate the permitting programs for Wastewater Systems and Potable Water Supplies, and for no other purposes. As a condition to this license, the State agrees that it will not make any changes to such documents, nor will the State delete any copyright notices on such documents."

1 Check the design(s) you are certifying. This should be the same as the Designer Role(s) you selected in Part II, Section B, Line 13.

- Water Supply Designer
- Wastewater Disposal System Designer

|                   |                        |                  |
|-------------------|------------------------|------------------|
| 1 Designer 2 Name | 2 Designer 2 Signature | 3 Signature Date |
|                   |                        |                  |

**Part IX Applicant(s) Signature & Acknowledgements**

In order to insure compliance with the requirements of the regulations administered by the Department of Environmental Conservation, Drinking Water & Groundwater Protection Division, it may be necessary to visit the property. As this would involve a Department employee entering private property, we request your approval to do so.

1 If we do visit your property, do you have any special instructions?

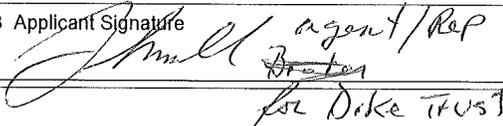
|  |
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"As landowner of the property for which I am requesting a permit from the Department of Environmental Conservation, I understand that by signing this application I am granting permission for the Department employees to enter the property, during normal working hours, to insure compliance of the property with the applicable rules of the Department.

I also understand that I am not allowed to commence any site work or construction on this project without written approval from the Department of Environmental Conservation.

If my project utilizes an Innovative/Alternative System or Product, I have received a copy of the Drinking Water & Groundwater Protection Division's approval letter and agree to abide by the conditions of the approval.

I also certify that to the best of my knowledge and belief the information submitted above is true, accurate and complete."

|                                                                             |                                                                                                               |                             |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 2 Print Applicant Name<br>Jeffrey Small | 3 Applicant Signature<br> | 4 Signature Date<br>3/24/14 |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-----------------------------|

Add Applicant Signature Block

**HIGH KNOB DESIGN ASSOCIATES LLC**

---

**981 Big Hollow Road**

**Starksboro, Vermont 05487 • (802) 385-1073**

March 24, 2014

Charlotte Zoning & Planning  
PO Box 119  
Charlotte, Vermont 05445  
Attn: Jeannine McCrumb

Re: Dike subdivision Guinea Road, Charlotte, VT

Dear Jeannine

Attached are 2 copies of the plans, application and certification statement, for the Dike subdivision Guinea Road, Charlotte, VT.

If you have any questions regarding this please feel free to contact me.

Sincerely,



Jeffrey Keeney  
Licensed Designer 377-B

**RECEIVED**  
MAR 24 2014  
CHARLOTTE  
PLANNING & ZONING



**ANR Form 5: Certification Statement for Wastewater System and Potable Water Supply Permits when there is no Required Notification of Overshadowed Property Owner(s)**

A person submitting an application to the Secretary for a Wastewater System and Potable Water Supply Permit shall use this statement whenever overshadowing notification of affected landowners is not required (see guidance and instructions for examples).

Note: When the property subject to the permit application is owned by more than one person, only one of the landowners must sign this certification statement even though all landowners must sign the permit application itself.

**I hereby certify that "overshadowing" notification is not required either because there is an exemption to the notification requirement or there are no landowners whose property may be affected by the proposed water and wastewater systems.**

Signature *Jeffrey C. Small Agent Representative of Duke Trust*

Name (Printed) Jeffrey C. Small

Property Address or Property Tax ID # 3015 Currier Rd

Date of this certification 3/24/14

(To Comply with Act 145 and Act 117 - 8-24-12 Last Revised 9-11-12)

**HIGH KNOB DESIGN ASSOCIATES LLC**

---

**981 Big Hollow Road**

**Starksboro, Vermont 05487 • (802) 385-1073**

March 31, 2014

Spencer Harris  
Charlotte Zoning & Planning  
PO Box 119  
Charlotte, Vermont 05445

Re: Dike Subdivision Guinea Road

Dear Spencer

Attached are the revised sheets with the changes we discussed. And the Act 145 Certification Statement.

If you have any questions regarding this please feel free to contact me

Sincerely,



Jeffrey Keeney  
Licensed Designer 377-B

**RECEIVED**  
APR 01 2014  
CHARLOTTE  
PLANNING & ZONING

**ANR Form 4: Certification Statement for Notification of Overshadowed Property Owner(s) pursuant to the Wastewater System and Potable Water Supply Program**

A person submitting an application to the Secretary for a Wastewater System and Potable Water Supply Permit where the proposed project has isolation distances (overshadowing) that extend onto property owned by persons other than the permit applicant shall submit the following certification with the application.

Note: When the property subject to the permit application is owned by more than one person, only one of the landowners must sign this certification statement even though all landowners must sign the permit application itself.

**I hereby certify that the individual(s) that own property that is overshadowed by my proposed project have been sent by certified mail a copy of the required notification form and the site plan(s) that accurately depicts all isolation distances. I also certify that I attached to this certification form a copy of all certified mail receipts for notifications that were sent to the affected property owners.**

Signature Small Representation/Agent for Trust

Name (Printed) Beatrice M. Dike Trust

Property Address or Property Tax ID # 3015 Gunnard 00017-3015

Date of this certification 4/1/14

Please list all of the property owners who were sent a notification by certified mail.

**Affected Property Owner(s) – (Please provide a second sheet using this format when there are more than three affected property owners)**

Name Robert & Bernice Titus

Address 6974 Spear St.

Name John Hauenstein

Address 6373 Spear St.

Name \_\_\_\_\_

Address \_\_\_\_\_

(To Comply with Act 145 and Act 117 – 8-24-12, Last Revised 9-11-12)

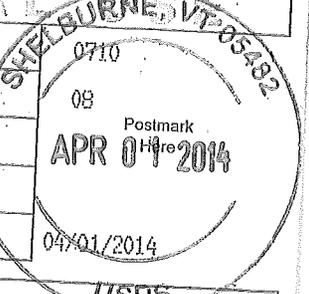
7013 1710 0001 1601 9149

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| Certified Fee                                     |    | \$3.30 |
| Return Receipt Fee<br>(Endorsement Required)      |    | \$0.00 |
| Restricted Delivery Fee<br>(Endorsement Required) |    | \$0.00 |
| Total Postage & Fees                              | \$ | \$4.91 |



Sent To *John H. Hansen*

Street, Apt. No., or PO Box No. *6373 Spear St.*

City, State, ZIP+4 *Charlotte, VT 05445*

PS Form 3800, August 2008 See Reverse for Instructions

7013 1710 0001 1601 9163

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|                                                   |    |        |
|---------------------------------------------------|----|--------|
| Postage                                           | \$ | \$1.61 |
| Certified Fee                                     |    | \$3.30 |
| Return Receipt Fee<br>(Endorsement Required)      |    | \$0.00 |
| Restricted Delivery Fee<br>(Endorsement Required) |    | \$0.00 |
| Total Postage & Fees                              | \$ | \$4.91 |



Sent To *Robert + Bernice Titus*

Street, Apt. No., or PO Box No. *6974 Spear St.*

City, State, ZIP+4 *Charlotte, VT 05445*

PS Form 3800, August 2008 See Reverse for Instructions