

Wastewater Management Division - Permit Application Wastewater System & Potable Water Supply



For Office Use Only:

Application#	PIN#	Date Complete Application Received
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 Frantz		2 First Name (and Middle Initial if appropriate) Randolph	
3 Mailing Address Line 1 250 Plouffe Lane		4 Mailing Address Line 2	
5 Town/City Charlotte	6 State/Province VT	7 Country United States	8 Zip/Postal Code 05445
9 Email Address rfrantz@gmavt.net			10 Telephone (802) 425-5252

Remove This Applicant

1 Last Name Frantz		2 First Name (and Middle Initial if appropriate) Page	
3 Mailing Address Line 1 250 Plouffe Lane		4 Mailing Address Line 2	
5 Town/City Charlotte	6 State/Province VT	7 Country United States	8 Zip/Postal Code 05445
9 Email Address			10 Telephone (802) 425-5252

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			2 Telephone
3 Mailing Address Line 1			4 Mailing Address Line 2
5 Town/City	6 State/Province	7 Country United States	8 Zip/Postal Code

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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		10 Certifying Official First Name (and MI if appropriate)	
<input type="text"/>		<input type="text"/>	
11 Certifying Official Title			
<input type="text"/>			
12 Certifying Official Email Address			13 Telephone
<input type="text"/>			<input type="text"/>
<input type="button" value="Remove This Applicant"/>			

Section C - Primary Contact Information (if other than Applicant)

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

Section D - Building/Business Owner Information

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

Part II Certifying Designer(s) Information

1 Designer Last Name		2 Designer First Name (and Middle Initial if appropriate)	
Crandall		Trafton M.	
3 Designer License#	4 Company Name		
08136	Trafton Engineering Associates LLC		
5 Mailing Address Line 1		6 Mailing Address Line 2	
343 Orchard Road		<input type="text"/>	
7 Town/City	8 State/Province	9 Country	10 Zip/Postal Code
Charlotte	VT	United States	05445
11 Email Address			12 Telephone
traftonmc@gmavt.net			(802) 425-7761

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13 Designer Role(s) (check all that apply)

Water Supply Designer

Wastewater Disposal System Designer

Remove This Designer

Add Another Designer

Part III Property Location Information

Section A - Property Parcel ID#(s) and Location(s)

1 Please provide the property location information including Town or City Parcel ID#, Town/City, and Street or Road location in the table below:

	(a) Town/City Parcel ID#	(b) Town or City	(c) Street or Road Location
X	03-01-31.000	Charlotte	250 Plouffe Lane

Add Another Property

Section B - Center of Property GPS Coordinates

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 <i>(in decimal degrees to five decimal places, ex. 44.38181°)</i>	(b) Longitude <i>(in decimal degrees to five decimal places, ex. -72.31392 °)</i>
N <input type="text" value="44.34389"/> °	W (-) <input type="text" value="73.18986"/> °

Part IV Project Information

Section A - General Project Information & Questions

1 Project Name (if applicable)	2 Total Acreage of Property
<input type="text"/>	<input type="text" value="10.4"/>

3 Business Name (if applicable)

4 Detailed Project Description

Replacement of failed in-ground wastewater trench leach field serving Lot 2. A 4-Bedroom SFR residence, 600GPD permitted flow. Replacement area is off-site on easement area designated on Lot 6 (Owner G. Beldock). Replacement to be conventional in-ground stone & pipe gravity distribution from D-box to 2 trenches. Wastewater to be conveyed to D-box by existing 2" forcemain from existing pump station.

5 Were all buildings or structures, campgrounds, and their associated potable water supplies and wastewater systems substantially completed before January 1, 2007 and all 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 Wastewater Management 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	(b) Date of Visit
<input type="text"/>	<input type="text"/>

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 Water Quality Division at (802) 241-3770.

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 Water Quality 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 Water Quality Division at:

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

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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
X		
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, Book, and Page reference for the current landowner's deed(s) to this property in the table below:

	(a) Town	(b) Book	(c) Page(s)
X	Charlotte	94	191-195
Add Another Deed Reference			

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
X	1 of 2	Site Plan, Frantz Lot 2 WW Replacement	09-02-2010	
X	2 of 2	Wastewater Details, Frantz Lot 2 WW Replacement	09-02-2010	
Add Another Plan Reference				

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
02	10.4	Residence 4-bedroom

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?
X	Bldg 1	Residential	01-20-1998	97-59-CB	<input checked="" type="radio"/> Yes <input type="radio"/> No
Add Another Building					
Remove This Lot					
Add Another Lot					

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.

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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
02	10.4	replacement of leach field

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?	(c) Proposed Use
X			<input type="checkbox"/>	

Add Another Building

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 for this project? Yes No

2 Are you proposing changes to an existing water supply for this project? Yes No

3 Is there a connection to an existing water supply for the project? Yes No

If you answered No to all three of the above questions, skip to Part VI. Otherwise, proceed with Part V.

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 Water Supply Division at (802) 241-3400 for source, construction and operating

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 Water Supply 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 Water Supply 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 Water Supply Division? Yes No

If in areas of known interference issues, please contact the Water Supply Division at (802) 241-3400.

Section C - Individual Water Supply Details

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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 <input style="width:90%;" type="text"/>		2 Water Supply Owner (if not Applicant) <input style="width:90%;" type="text"/>	
3 Water Source Type Select <input style="width:80%;" type="text"/>		4 Type of Change to Supply Select <input style="width:80%;" type="text"/>	
5 Lots/Buildings Served by this Water Supply System			
9 Is this water supply located off-lot? <input type="radio"/> Yes <input checked="" type="radio"/> No			
10 Is this water supply shared? <input type="radio"/> Yes <input checked="" type="radio"/> No			
<i>If the water supply is located off-lot or shared, submit a copy of the agreement to provide an easement prior to construction.</i>			
11 Is a variance being requested for this water supply? <input type="radio"/> Yes <input checked="" type="radio"/> No			
<i>If Yes, please submit additional details related to the variance request.</i>			
Remove This Water Supply <input type="button" value="Remove This Water Supply"/>			
Add Another Water Supply <input type="button" value="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.

	(a) Water Supply Name/Identifier	(b) Existing	(c) Increase	(d) Total
X	<input style="width:90%;" type="text"/>	0	0	0
Add Another Water Supply <input type="button" value="Add Another Water Supply"/>		2	3	4
	<input style="width:90%;" type="text"/>	0	0	0

Part VI Wastewater Disposal System Information

Section A - Wastewater Disposal System Screening Questions

1 Are you proposing a new wastewater disposal system or replacement area for this project? Yes No

2 Are you proposing changes to an existing wastewater disposal system for this project? Yes No

3 Is there a connection to an existing wastewater disposal system for the project? Yes No

If you answered No to all three of the above questions, skip to Part VII. Otherwise, proceed with Part VI.

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Section B - General Wastewater Disposal System Questions

1 Does this project involve a failed wastewater disposal system? Yes No

2 Do any of the systems require a curtain or dewatering drain as part of the design? Yes No

3 Is a hydrogeologic study required for this project? Yes No

4 If the project has a soil-based wastewater disposal system with design flows that exceed 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

5 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

6 If the project utilizes an Innovative/Alternative System or Product, has the applicant received a copy of the Wastewater Management Division's approval letter? Yes No NA

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

If Yes, contact the Water Supply 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 Lot 2		2 Wastewater Disposal System Owner (if not Applicant) <input type="text"/>					
3 Wastewater Disposal System Type In-ground		4 Type of Change to System Replacement of Failed System					
5 Lots/Buildings Served by this Wastewater Disposal System							
Basic Flows (Gallons Per Day)							
(a) Lot#	(b) Building ID	(c) Type of Change to the Building's System	(d) Existing	(e) Increase	(f) Infiltration	(g) Total	(h) Rule or Meter Based Flows
X 02	Bldg 1	Replacement of Failed System	600		0	600	Rule-based
Add Another Lot/Building Served by this System				6	7	8	9
			600		0	600	

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

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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.
 Storage and Dose Filtrate

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.

	(a) Wastewater Disposal System Name/Identifier	(b) Existing	(c) Increase	(d) Infiltration	(e) Total
X	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
	<input type="button" value="Add Another Wastewater System"/>	2	3	4	5
		<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Part VII Application Fees

1 Fee Amount

2 Fee Calculation Details

 Fee = \$250.00 Town of Charlotte

Part VIII Designer Certification & Copyright License		
Section A - Certifying Designer 1 Certification & Copyright License		
<p><i>"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.</i></p> <p><i>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."</i></p>		
<p>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.</p> <p><input type="checkbox"/> Water Supply Designer</p> <p><input checked="" type="checkbox"/> Wastewater Disposal System Designer</p>		
<p>1 Designer 1 Name</p> <p>Trafton M. Crandall P.E.</p>	<p>2 Designer 1 Signature</p> 	<p>3 Signature Date</p> <p>09/09/10</p>
Section B - Certifying Designer 2 Certification & Copyright License		
<p><i>"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.</i></p> <p><i>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."</i></p>		
<p>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.</p> <p><input type="checkbox"/> Water Supply Designer</p> <p><input type="checkbox"/> Wastewater Disposal System Designer</p>		
<p>1 Designer 2 Name</p> <p> </p>	<p>2 Designer 2 Signature</p> <p> </p>	<p>3 Signature Date</p> <p> </p>

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Part IX Applicant(s) Signature & Acknowledgements

In order to insure compliance with the requirements of the regulations administered by the Department of Environmental Conservation, Wastewater Management 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?

Contact Trafton Crandall P.E. (802) 425-7761

"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 Wastewater Management 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 Randolph Frantz	3 Applicant Signature 	4 Signature Date 9/6/10
<input checked="" type="checkbox"/>	2 Print Applicant Name Page Frantz	3 Applicant Signature 	4 Signature Date 9/6/10

Add Applicant Signature Block