

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



**For Office Use Only:**

Application# WW-138-1515	PIN#	Date Complete Application Received
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**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 Volk		2 First Name (and Middle Initial if appropriate) Mary + Tim (Trustees)	
3 Mailing Address Line 1 3160 Mt. Philo Rd		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 metna@GMAVT.net			10 Telephone 802-425-2374
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 Mary M. Volk Revocable Trust			2 Telephone 802-425-2374
3 Mailing Address Line 1 3160 Mount Philo Road		4 Mailing Address Line 2	
5 Town/City Charlotte	6 State/Province Vermont	7 Country United States	8 Zip/Postal Code 05445
<b>Certifying Official</b> The Certifying Official must be a person who has signatory authority for the legal entity or organization that is the Applicant.			
9 Certifying Official Last Name Volk		10 Certifying Official First Name (and MI if appropriate) Timothy R. & Mary M.	
11 Certifying Official Title Trustee(s)			
12 Certifying Official Email Address metna@gmavt.net			13 Telephone 802-425-2374
Remove This Applicant			

Add Another Applicant

**RECEIVED**

SEP 23 2015

CHARLOTTE  
PLANNING & ZONING

Section C - Primary Contact Information (if other than Applicant)			
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	8 Zip/Postal Code
		United States	
9 Email Address			10 Telephone

Section D - Building/Business Owner Information			
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	8 Zip/Postal Code
		United States	
9 Email Address			10 Telephone

Part II Certifying Designer(s) Information			
1 Designer Last Name		2 Designer First Name (and Middle Initial if appropriate)	
Willis		Justin T.	
3 Designer License#	4 Company Name		
344	Willis Design Assoc., Inc.		
5 Mailing Address Line 1		6 Mailing Address Line 2	
P.O. Box 1001			
7 Town/City	8 State/Province	9 Country	10 Zip/Postal Code
Jericho	Vermont	United States	05465-1001
11 Email Address			12 Telephone
willisdesignvt@gmail.com			(802) 858-9228
13 Designer Role(s) (check all that apply)			
<input checked="" type="checkbox"/> Water Supply Designer			
<input checked="" type="checkbox"/> Wastewater Disposal System Designer			
Remove This Designer			

**Add Another Designer**

Part III Property Location Information	
Section A - Property Location	
1 Please provide the property Town and the property address or a brief description of the location.	
(a) Town or City	(b) Street or Road Location
Charlotte	3160 Mount Philo 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 (in decimal degrees to five decimal places, ex. 44.38181°)	(b) Longitude (in decimal degrees to five decimal places, ex. -72.31392°)
N <input style="width: 80px;" type="text" value="44.30994"/> °	W (-) <input style="width: 80px;" type="text" value="-73.22518"/> °

**Part IV Project Information**

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

1 Project Name (if applicable) <input style="width: 95%;" type="text" value="N/A"/>	2 Total Acreage of Property <input style="width: 95%;" type="text" value="5.4"/>
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3 Business Name (if applicable)

4 Detailed Project Description  
Proposed detached 1 bedroom accessory dwelling (apartment) to share existing drilled well and new mound system with existing 3 bedroom single family residence.

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  (b) Date of Visit (m/d/yyyy)

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)
X	Charlotte	00027-3160	127	597-599

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	S1	Site Plan, Wastewater System & Water Supply	9/9/2015	
X	D1	Details, Wastewater System & Water Supply	9/9/2015	

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
N/A	5.4	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?
X	House	Residential	Pre-1970	N/A	<input type="radio"/> Yes <input checked="" 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.

1 Lot#	2 Lot Size (acres)	3 Proposed Use of the Lot
N/A	5.4	Residential (no change)

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
X	House		<input type="checkbox"/>	Residential (no change)
X	Accessory Dwelling		<input checked="" type="checkbox"/>	1 Bedroom Apartment

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 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 Drilled Well	2 Water Supply Owner (if not Applicant)
3 Water Source Type Non-Public Drilled Bedrock Well	4 Type of Change to Supply New Connection or Increased Flow

5 Lots/Buildings Served by this Water Supply System

	(a) Lot#	(b) Building ID	(c) Type of Change to the Building's Supply	Design Flows (Gallons Per Day)			(g) Rule or Meter Based Flows
				(d) Existing	(e) Change	(f) Total	
X	N/A	House	No Change	420	0	420	Rule-based
X	N/A	Accessory Dwelling	Connection to Existing System	0	140	140	Rule-based
Add Another Lot/Building Served by this Supply				6	7	8	
				420	140	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.*

**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	Design Flows (Gallons Per Day)		
	(b) Existing	(c) Change	(d) Total
X Drilled Well	420	140	560
<input type="button" value="Add Another Water Supply"/>	2	3	4
	420	140	560

**Part VI Wastewater Disposal System Information**

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

1 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

2 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

3 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**

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 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

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 Drinking Water & Groundwater Protection 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 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 <input type="text" value="Shared WW System"/>	2 Wastewater Disposal System Owner (if not Applicant) <input type="text"/>
3 Wastewater Disposal System Type <input type="text" value="Mound"/>	4 Type of Change to System <input type="text" value="Replacement of Failed 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)			(g) Total	(h) Rule or Meter Based Flows
				(d) Existing	(e) Change	(f) Infiltration		
<input checked="" type="checkbox"/>	<input type="text" value="N/A"/>	<input type="text" value="House"/>	<input type="text" value="Replacement of Failed System"/>	<input type="text" value="420"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="420"/>	<input type="text" value="Rule-based"/>
<input checked="" type="checkbox"/>	<input type="text" value="N/A"/>	<input type="text" value="Accessory Dwelling"/>	<input type="text" value="Connection to New System"/>	<input type="text" value="0"/>	<input type="text" value="140"/>	<input type="text" value="0"/>	<input type="text" value="140"/>	<input type="text" value="Rule-based"/>
<b>Add Another Lot/Building Served by this System</b>				6 <input type="text" value="420"/>	7 <input type="text" value="140"/>	8 <input type="text" value="0"/>	9 <input type="text" value="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.

	(a) Wastewater Disposal System Name/Identifier	Design Flows (Gallons Per Day)			
		(b) Existing	(c) Change	(d) Infiltration	(e) Total
X	Shared WW System	420	140	0	560
	Add Another Wastewater System	2	3	4	5
		420	140	0	560

**Part VII Application Fees**

1 Fee Amount \$500.00

2 Fee Calculation Details

New system = \$500

**Part VIII Designer Certification & Copyright License**

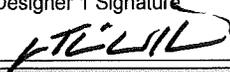
**Section A - Certifying Designer 1 Certification & Copyright License**

"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 Justin T. Willis	2 Designer 1 Signature 	3 Signature Date 9/16/2015
---------------------------------------	---	-------------------------------

**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.*

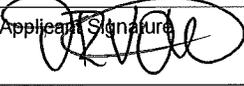
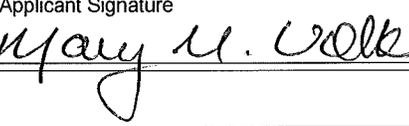
1 If we do visit your property, do you have any special instructions?

*"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 Timothy R. Volk, Trustee	3 Applicant Signature 	4 Signature Date 9/23/15
<input checked="" type="checkbox"/>	2 Print Applicant Name Mary M. Volk, Trustee	3 Applicant Signature 	4 Signature Date 9/23/15
<b>Add Applicant Signature Block</b>			

**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

Name (Printed)

Property Address or Property Tax ID

Timothy & Mary Volk, Trustees

3160 Mount Philo Road, Charlotte, VT

Date of this certification

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 **Neal & Patricia Rodar**  
Address **3130 Mount Philo Road  
Charlotte, VT 05445**

Name **Dennis & Sharron Delaney**  
Address **P.O. Box 145  
3133 Mount Philo Road  
Charlotte, VT 05445-0145**

Name **Thomas & Elizabeth Oliver**  
Address **3231 Mount Philo Road  
Charlotte, Vermont 05445**

7014 0510 0001 2961 7589

**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

CHARLOTTE VT 05445 **OFFICIAL USE**

Postage	\$ 3.45
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	N/A
Total Postage & Fees	\$ 7.67

0696  
06 Postmark  
Here  
09/10/2015

Sent To **RODAR**

Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0001 2961 7596

**U.S. Postal Service™**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

CHARLOTTE VT 05445 **OFFICIAL USE**

Postage	\$ 3.45
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	N/A
Total Postage & Fees	\$ 7.45

0696  
06 Postmark  
Here  
09/10/2015

Sent To **OLIVER**

Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7014 0510 0001 2961 7602

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For delivery information visit our website at [www.usps.com](http://www.usps.com)

CHARLOTTE VT 05445 **OFFICIAL USE**

Postage	\$ 3.45
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	N/A
Total Postage & Fees	\$ 7.67

0696  
06 Postmark  
Here  
09/10/2015

Sent To **DELANEY**

Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions



Mary Volk  
3160 Mt Philo Rd 100725  
Charlotte, VT 05445

PROJECT: 3160 Mt Philo Rd  
WORK ORDER: 1509-18982  
DATE RECEIVED: September 03, 2015  
DATE REPORTED: September 15, 2015  
SAMPLER: Mary

VTP

### Laboratory Report

Enclosed please find the results of the analyses performed for the samples referenced on the attached chain of custody. All required method quality control elements including instrument calibration were performed in accordance with method requirements and determined to be acceptable unless otherwise noted.

The column labeled Lab/Tech in the accompanying report denotes the laboratory facility where the testing was performed and the technician who conducted the assay. A "W" designates the Williston, VT lab under NELAC certification ELAP 11263; "R" designates the Lebanon, NH facility under certification NH 2037 and "N" the Plattsburgh, NY lab under certification ELAP 11892. "Sub" indicates the testing was performed by a subcontracted laboratory. The accreditation status of the subcontracted lab is referenced in the corresponding NELAC and Qual fields.

The NELAC column also denotes the accreditation status of each laboratory for each reported parameter. "A" indicates the referenced laboratory is NELAC accredited for the parameter reported. "N" indicates the laboratory is not accredited. "U" indicates that NELAC does not offer accreditation for that parameter in that specific matrix. Test results denoted with an "A" meet all National Environmental Laboratory Accreditation Program requirements except where denoted by pertinent data qualifiers. Test results are representative of the samples as they were received at the laboratory

Endyne, Inc. warrants, to the best of its knowledge and belief, the accuracy of the analytical test results contained in this report, but makes no other warranty, expressed or implied, especially no warranties of merchantability or fitness for a particular purpose.

Reviewed by:

Harry B. Locker, Ph.D.  
Laboratory Director

[www.endynelabs.com](http://www.endynelabs.com)

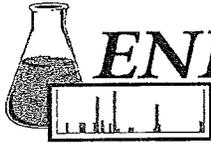


160 James Brown Dr., Williston, VT 05495  
Ph 802-879-4333 Fax 802-879-7103

56 Etna Road, Lebanon, NH 03766  
Ph 603-678-4891 Fax 603-678-4893



# Residential Testing



**ENDYNE Inc.**  
Environmental Laboratories

1509-18982  
**Chain of Custody**

Customer Name: Mary Volk  
Address: 3160 Mt. Philo Rd  
City: Charlotte State: VT Zip: 05445

Email/Fax: metna@GMAVT.net  
Phone Number: 802-425-2374  
Sampler: Mary Volk

Project Description or  
911 Designated Sample Address: 3160 Mt. Philo Road  
City: Charlotte State: VT Zip: 05445  
Source: Spring  Well  Surface Water  Unknown   
Was the water chlorinated within the past two weeks? Y  N   
First Draw Sample: Kitchen (Kitchen, bathroom, etc.) Date: 9/3/15 Time: 3:20  
Flush Sample: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Additional Sample: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Analyses Requested (Please circle) Parameters available by group or individually.**

Metals samples must be preserved with acid for 24 hours prior to analysis

<b>Bacteriological</b> Total Coliform/e. coli \$22 HPC \$55	<b>Radiological</b> Gross Alpha* \$60 Uranium* \$50 Radium 226/228* \$175	<b>FHA/VA Kit \$75</b> Total Coliform / e. coli, Nitrate, Nitrite, First Draw Lead	<b>Kit C \$140</b> Arsenic, Chloride, Copper, Iron, Lead, Manganese, Sodium, Nitrate, Nitrite, Hardness, Uranium*, Fluoride
<b>Anions \$15-20/each</b> Nitrate, Nitrite, Fluoride, Chloride, Bromide, Sulfate, o-Phosphate	<b>Organics</b> VOC (EPA 524) \$125 Diesel Range Organics \$75 PCBs \$125 Pesticides \$150 Herbicides \$150	<b>Table A11-5 &amp; A11-7 \$175</b> Total Coliform / e. coli, Nitrate, Nitrite, Arsenic, Chloride, Iron, Manganese, Sodium, Odor, pH, Uranium*	<b>Water Conditioning Package \$65</b> Alkalinity, pH, Chloride, Sulfate, Calcium, Barium, Magnesium, Sodium, Potassium, Hardness
<b>Metals \$12-\$35/each</b> Aluminum Antimony Arsenic Barium Beryllium Boron Cadmium Calcium Chromium Cobalt Copper Iron Lead Magnesium Manganese Mercury Molybdenum Potassium Nickel Selenium Silver Sodium Thallium Vanadium Zinc	<b>Common Health Risk \$120</b> Total Coliform / e. coli Nitrate, Nitrite, Fluoride, Arsenic, First Draw Lead, Gross Alpha*	<b>Common Aesthetics \$60</b> pH, Chloride, Hardness, Calcium, Magnesium, Sodium, Iron, Manganese	
<b>Physical Properties</b> Alkalinity (no headspace), Conductivity, Langelier's Corrosivity, pH, TDS, Turbidity, UV Trans	<b>Other (please indicate)</b>	<b>Comprehensive Package \$200</b> Total Coliform / e. coli, pH, Conductivity, Total Hardness, Alkalinity, Chloride, Fluoride, Nitrate, Nitrite, Sulfate, Arsenic, Iron, Manganese, Lead (First Draw), Copper, Potassium, Sodium, Gross Alpha*	

\*Indicates parameter will be sub-contracted to an outside certified laboratory.

Bottles Received: Bacti \_\_\_\_\_ 2oz p \_\_\_\_\_ 4oz p \_\_\_\_\_ 8oz p \_\_\_\_\_ 16oz p \_\_\_\_\_ 1L p \_\_\_\_\_ 1/2 gal p \_\_\_\_\_  
40ml vial \_\_\_\_\_ 16oz g (amber) \_\_\_\_\_ 1L g (amber) \_\_\_\_\_ Other \_\_\_\_\_

Relinquished By: Mary H. Volk Date/Time: 9/3/15 4:00 PM

Received By: Eilee Roney Date/Time: 9/3/15 @ 10:00

Temp Check: 17.5 on ice Delivered by: Client

Amt. Paid: 175.00 Cash \_\_\_\_\_ Check # 5577 Credit Card \_\_\_\_\_