

Exemption Form for Construction of a Replacement Water Supply that serves only one Single Family Residence on its own Individual Lot

Drilled Wells

7-02-2007

For the property owned by (list all owners) Bruce Barry
Mailing Address 187 Thayer Bay Rd, Colchester VT. 05446
Property Location 5697 Ethan Allen Highway Town/City Charlotte VT. 05445
As described in deed 120 book and page 142-144
27 357
Parcel ID# (from the property tax bill – not the SPAN #) 00100-5697

Note: This exemption does not apply if there is any use of the residence for commercial use such as a registered day or home occupation. This exemption does not apply if there is more than one single family residence on the lot or if there are commercial operations in other buildings on the lot. This exemption does not apply if the proposed well will be used in conjunction with an existing well.

Note: There may be existing state and municipal permits for the future construction of wastewater disposal system, including both primary and replacement systems, on neighboring properties. These systems have a first in time right and may be constructed at a future time even if they will be located closer to your proposed replacement well than the standard isolation distances would allow. You are strongly encouraged to contact the state and municipal offices to determine if there are any existing permits which might influence your decision on where to locate your proposed replacement well

Note: There may be existing state and municipal permits for your property. You are strongly encouraged to determine if there are any state or municipal permits, and if so, consider the information in those permits when determining where to locate your proposed replacement well. The location of your proposed replacement well may affect your future options related to installing a replacement wastewater disposal system and/or other actions such as increasing the design flow by adding bedrooms or further subdivision of your property.

Important Notice

All pages of this form must be recorded and indexed in the land records of the town in which this property is located. Failing to file this form is a violation of the Wastewater System and Potable Water Supply Rules and will result in an encumbrance against your property. This encumbrance may be determined to be a defect in your property title that may prevent any sale or refinancing of your property until corrected.

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Landowner's Certification:

I certify that I have read this form and have discussed the proposed replacement well construction with the well driller who has certified below. I understand that a variance from standard isolation distances is _____ or is not required. If a variance is required, the well driller has explained the reasons for the variance and the proposed construction methods, if any, to offset the reduction in isolation distance. I understand that any drilled well that is abandoned must be closed in accord with the requirements of the Water Supply Rules.

I also certify that I understand that the proposed replacement well location may be in conflict with a wastewater system that has been permitted but has not been built. In the event that there are problems with my well as a result of construction of the permitted wastewater system, any problems and/or contamination of my well are not the responsibility of the state.

I also certify that I understand that the proposed replacement well location may be in conflict with the construction of a replacement wastewater system for my residence. In the event that there are problems with my ability to construct a replacement wastewater system for my residence, those problems are not the responsibility of the state.

I also certify that if there is a well location that has been approved under the Wastewater System and Potable Water Supply Rules, or their predecessor rules, and the replacement well is installed in another location, the approved well location will no longer be protected under the State permit.

Bruce Barry
Name/s: Printed Include all names of all owners of this parcel

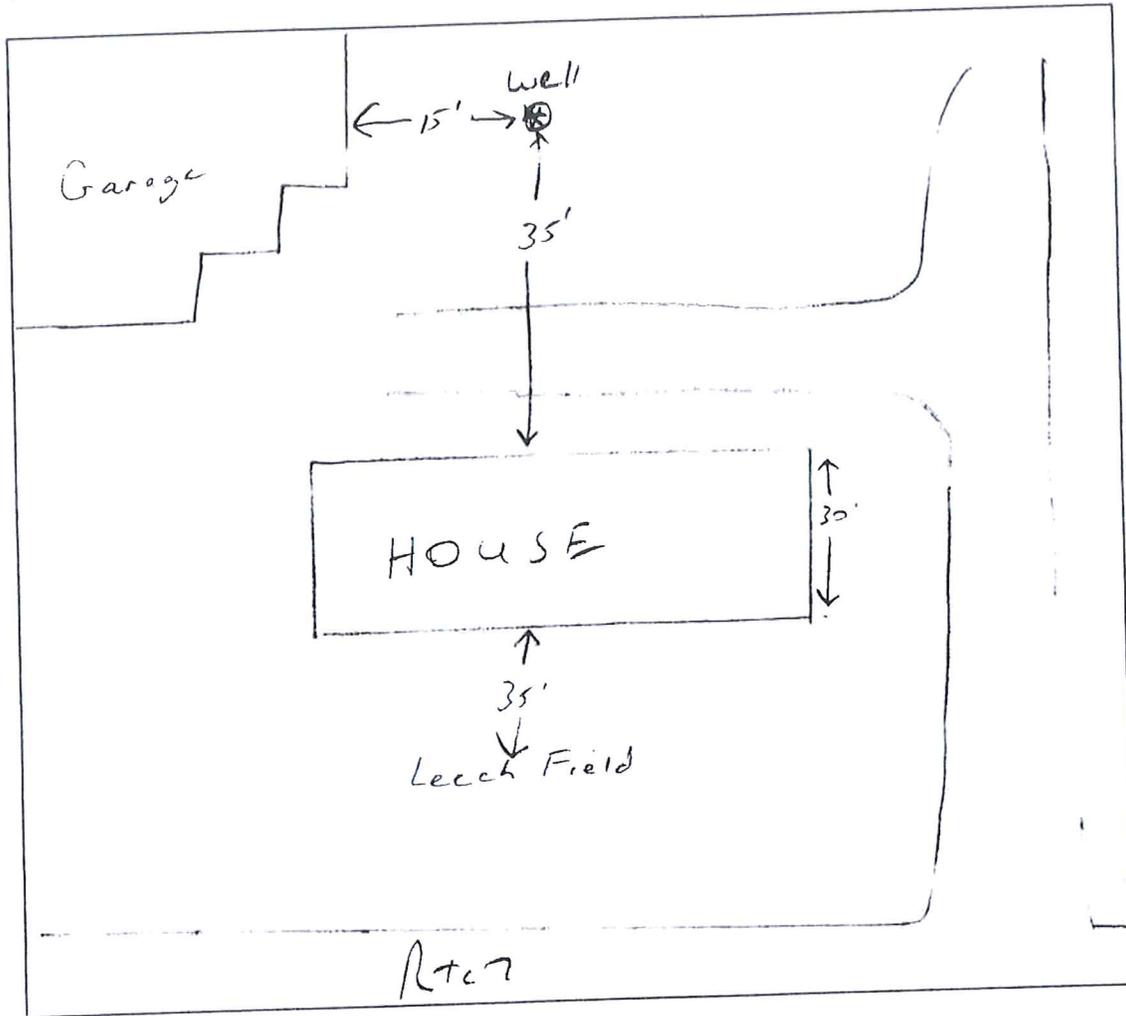
Bruce Barry
Signature/s of all owners of this parcel

5-30-14
Date

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Parcel ID# 00100-5697, Town of Charlotte

This plan represents the known features of this, and adjacent, properties subject to the isolation distance requirements in Appendix A, Part 11 the Water Supply Rules. This plan is not required to be a scale drawing, but all labeled distances must be accurate. The required information may be shown using another base plan, in which case the reference line above must be included and both the landowner and the well driller must sign that plan.



Bruce Barry
Landowner's Name Printed

Bruce Barry 5-30-14
Landowner's Signature Date

Claude Cleveland
Well Driller's Signature

190 5/27/14
Well Driller's License # Date

Well Driller's Certification: I hereby certify that in the exercise of my reasonable professional judgment the installation-related information submitted is true and correct and that the potable water supply has been installed in accordance with Appendix A, Part 11 of the Vermont Water Supply Rules, as revised December 1, 2010 and the attached record drawings that have been signed by the homeowner and myself. A well identification tag has been attached to the well casing. All required isolation distances, except those for wastewater systems and potable water supplies that have been permitted but that were not built at the time of the installation of the replacement water supply, and all construction standards in the Rules have been met except as discussed below. Any variances included in the design are the minimum required by the physical site limitations.

Landowner's name Bruce Barry

Is the proposed replacement well location in compliance with the standard isolation distances? Yes No

If the answer is no, specify each instance in which the isolation distance not met, and specify both the standard isolation distance and the proposed isolation distance.

Specify the proposed measures, if any, that will be used to offset the reduction in isolation distance, such as grouting of the well casing.

Well tag #
49243

Well Driller's Name - Printed
Claude Chevaller

License #
190

Well Driller's Signature

Claude Chevaller



1410-20954

Residential Testing

Chain of Custody

Customer Name: Chevalier Drilling, Inc 100132

Phone Number: 802-868-7709

Email/Fax: chevalierdrilling@comcast.net

Address: PO Box 164

City: Highgate Springs State: VT Zip: 05460

Sampler: Claude

Property Owner: Bruce Barry

911 Designated Sample Address: Rte 7

City: Charlotte State: VT Zip: _____

Source: Spring ___ Well Surface Water ___ Unknown ___

Was the water chlorinated within the past two weeks? Y / N

Cl₂ Residual: _____

Is the sample from a potable drinking water source in VT? N If YES, read back of form before proceeding.

Sample Location (Kitchen, bathroom, etc.): _____

Is this a **First Draw**? (lead/copper only) Y / N Sample Date: _____ Time: _____

Flush Sample Location: Sink Date: 10/7/14 Time: 4:00

Analyses Requested (Please circle) Parameters available by group or individually.			
Bacteriological <input checked="" type="checkbox"/> Total Coliform/e. coli <input type="checkbox"/> HPC	Radiological Gross Alpha* Uranium* Radium 226/228*	FHA/VA Kit Total Coliform / e. coli, Nitrate, Nitrite, First Draw Lead	Kit C Arsenic, Chloride, Copper, Iron, Lead, Manganese, Sodium, Nitrate, Hardness, Uranium*, Fluoride
Anions Nitrate, Nitrite, Fluoride, Chloride, Bromide, Sulfate, o-Phosphate	Organics VOC (EPA 524) Diesel Range Organics PCBs Pesticides Herbicides	Table A11-5 & A11-7 Total Coliform / e. coli, Nitrate, Nitrite, Arsenic, Chloride, Iron, Manganese, Sodium, Odor, pH, Uranium*	Water Conditioning Package Alkalinity, pH, Chloride, Sulfate, Calcium, Barium, Magnesium, Sodium, Potassium, Hardness
Metals Antimony Arsenic Barium Beryllium Boron Cadmium Calcium Chromium Cobalt Copper Iron Lead Magnesium Manganese Mercury Molybdenum Potassium Nickel Selenium Sodium Thallium Vanadium Zinc	Common Health Risk Total Coliform / e. coli Nitrate, Nitrite, Fluoride, Arsenic, First Draw Lead, Gross Alpha*	Common Aesthetics pH, Chloride, Hardness, Calcium, Magnesium, Sodium, Iron, Manganese	
Physical Properties Alkalinity (no headspace), Conductivity, Langelier's Corrosivity, pH, TDS, Turbidity, UV Trans	Other (please indicate)	Comprehensive Package 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

1 Bacti 2oz p 4oz p 8oz p 16oz p 1L p 1/2 gal p
40ml HCL vial 4oz g 8oz g 8oz g (amber) 16oz g (amber) 1L g (amber)

Relinquished By: Claude Chevalier Date/Time: 10/7/14

Received By: Eileen Poiry Date/Time: 10/7/14 1035

Temp Check: 9.8 Delivered by: _____

Amt. Paid: _____ Cash _____ Check # _____ Credit Card _____



Laboratory Report

Chevalier Drilling Co., Inc. 100132
 PO Box 164
 Highgate Springs, VT 05460
 Atten: Claude Chevalier

PROJECT: Bruce Barry
 WORK ORDER: 1410-20954
 DATE RECEIVED: October 07, 2014
 DATE REPORTED: October 08, 2014
 SAMPLER: Claude

Parameter	Result	Units	Method	Analysis Date/Time	Lab/Tech	Qualifiers
- 001 Site: Sink Date Sampled: 10/7/14 Time: 16:00						
Total Coliform	< 1	MPN/100mls	SM20 9223B(97)	10/7/14 18:40	W KMB	
e. coli	< 1	MPN/100mls	SM20 9223B(97)	10/7/14 18:40	W KMB	

The Federal SDWA considers this water bacteriologically **Acceptable** for consumption.

EPA Coliform Acceptance Criteria MCL

Total Coliform < 1 MPN/100ml or Absent
 e. coli < 1 MPN/100ml or Absent

Property:

Route 7
 Charlotte, VT

Reviewed by:

Harry B. Locker Ph.D.
 Laboratory Director

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





ENDYNE Inc.
Environmental Laboratories

1410-20954

Chain of Custody

Residential Testing

Customer Name: Chevalier Drilling, Inc 100132

Phone Number: 802-868-7709

Email/Fax: chevalierdrilling@comcast.net

Address: PO Box 164

City: Highgate Springs State: VT Zip: 05460

Sampler: Colander

Property Owner: Bruce Barry

911 Designated Sample Address:

Rte 7

City: Charlotte State: VT Zip: _____

Source: Spring ___ Well Surface Water ___ Unknown ___

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Bacteriological <u>Total Coliform/e. coli</u> HPC	Radiological Gross Alpha* Uranium* Radium 226/228*	PHAVA Kit Total Coliform / e. coli, Nitrate, Nitrite, First Draw Lead	Kit C Arsenic, Chloride, Copper, Iron, Lead, Manganese, Sodium, Nitrate, Hardness, Uranium*, Fluoride
Anions Nitrate, Nitrite, Fluoride, Chloride, Bromide, Sulfate, o-Phosphate	Organics VOC (EPA 524) Diesel Range Organics PCBs Pesticides Herbicides	Table A11-5 & A11-7 Total Coliform / e. coli, Nitrate, Nitrite, Arsenic, Chloride, Iron, Manganese, Sodium, Odor, pH, Uranium*	Water Conditioning Package Alkalinity, pH, Chloride, Sulfate, Calcium, Barium, Magnesium, Sodium, Potassium, Hardness
Metals Antimony Arsenic Barium Beryllium Boron Cadmium Calcium Chromium Cobalt Copper Iron Lead Magnesium Manganese Mercury Molybdenum Potassium Nickel Selenium Sodium Thallium Vanadium Zinc		Common Health Risk Total Coliform / e. coli Nitrate, Nitrite, Fluoride, Arsenic, First Draw Lead, Gross Alpha*	Common Aesthetics pH, Chloride, Hardness, Calcium, Magnesium, Sodium, Iron, Manganese
Physical Properties Alkalinity (no headspace), Conductivity, Langelier's, Corrosivity, pH, TDS, Turbidity, UV Trans	Other (please indicate)	Comprehensive Package 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.

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/ Bactl ___ 2oz p ___ 4oz p ___ 8oz p ___ 16oz p ___ 1L p ___ 1/2 gal p
___ 40ml HCL vial ___ 4oz g ___ 8oz g ___ 8oz g (amber) ___ 16oz g (amber) ___ 1L g (amber)

Relinquished By: Chandi Chen Date/Time: 10/7/14

Received By: Elean Pomeroy Date/Time: 10/7/14 1035

Temp Check: 9.8 Delivered by: _____
Amt. Paid: _____ Cash Check # _____ Credit Card



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Property:

Route 7
 Charlotte, VT

Reviewed by:

Harry B. Looker Ph.D.
 Laboratory Director

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