

Drinking Water & Groundwater Protection Division - Permit Application

Wastewater System & Potable Water Supply

**For Office Use Only:**

Application#	PIN#	Date Complete Application Received

General Information:

IMPORTANT: This application form **IS NOT** intended to be printed and filled out by hand. Because of the dynamic nature of the form, it is required that the information be typed directly into the fields using a computer.

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: <http://dec.vermont.gov/sites/dec/files/dwgwp/wastewater/pdf/WWApplInstructionsRules.pdf>.

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

A. Prior Permits

1 Please enter any prior or related WW permit or Act 250 permit number(s) (if applicable)

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B. Project Name

1 Please enter a name that can be used as a reference for the project

Wells

C. Landowner Information**Landowner Name**

1 Legal Entity/Organization Name (if the Landowner is a legal entity or organization rather than a person)

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2 Landowner First Name (and Middle Initial if appropriate)

James R.

3 Landowner Last Name

Wells

Landowner Contact Information

4 Mailing Address Line 1

93 North Olde Carriage Road

5 Mailing Address Line 2

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6 City

Charlotte

7 State/Province

VT

8 Country

United States

9 Zip/Postal Code

05445

10 Email Address

wells@GMAVT.NET

11 Telephone

(802) 425-4928

Landowner Certifying Official Information (if applicable)

12 First Name (and MI if appropriate)

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13 Last Name

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14 Title

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15 Email Address

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16 Telephone

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C. Landowner Information**Landowner Name**

1 Legal Entity/Organization Name (if the Landowner is a legal entity or organization rather than a person)

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2 Landowner First Name (and Middle Initial if appropriate)

Stephanie V.

3 Landowner Last Name

Wells

Landowner Contact Information

4 Mailing Address Line 1

93 North Olde Carriage Road

5 Mailing Address Line 2

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6 City

Charlotte

7 State/Province

VT

8 Country

United States

9 Zip/Postal Code

05445

10 Email Address	11 Telephone
	(802) 425-4928

Landowner Certifying Official Information (if applicable)

12 First Name (and MI if appropriate)	13 Last Name	
14 Title	15 Email Address	16 Telephone

Add Another Landowner

D. Primary Contact Information (if other than Landowner)

1 First Name (and Middle Initial if appropriate)	2 Last Name		
3 Company/Organization Name			
4 Mailing Address Line 1	5 Mailing Address Line 2		
6 City	7 State/Province	8 Country	9 Zip/Postal Code
		United States	05468
10 Email Address		11 Telephone	

E. Lot(s) Affected by this Project

1 Please list any and all proposed lots or existing parcels that are directly affected by this project. If this application is an amendment to a previous project, please use consistent lot numbers.

(a) Existing or Proposed Lot	(b) Lot Number	(c) SPAN	(d) Parcel ID	(e) Acres	<input checked="" type="checkbox"/>
Existing	1	138-043-11555	00082-0093	56	
(f) Book Number (ref. 1)	(g) Page Number(s) (ref. 1)	(h) Book Number (ref. 2)	(i) Page Number(s) (ref. 2)	(j) Book Number (ref. 3)	(k) Page Number(s) (ref. 3)
86	338-339				

(l) Comments

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Add Another Lot

F. Project Information

1 Project Description		
Replacement wastewater system for an existing 4 bedroom house with on-site drilled well.		
2 Total Acreage of Property	3 Town (primary)	4 Town (secondary - if located in more than one town)
1	Charlotte	
5 Street Address (911 address if available, otherwise a brief description of the location)		
93 North Olde Carriage Road		
6 Center of property GPS coordinates - Enter the approximate center of the project 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°)	
44.32978	-73.16849	
7 If someone from the Drinking Water & Groundwater Protection Division's Regional Office has been to the property for a site visit, please indicate who visited the property and the date of the visit.		
(a) Name of Staff Person	(b) Date of Visit (m/d/yyyy)	

G. Application Fee

Please refer to the [Application Fee Schedule](#) prior to selecting the Application Fee Code for your project below.

1 Select Application Fee Code (RO1) 560 gpd or less	2 Fee Amount Due \$306.25
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H. Wastewater System and Water Supply Component Details

Component Information:

PLEASE READ: The purpose of this section is to provide supplementary information to system components when there are proposed changes to existing conditions or previous permits. In the case that the application includes site plans, the component names on this worksheet must match those on the site plans. If there is a prior permit, the component names on this worksheet must match those on the site plans. If there is a prior permit, the component names must also be labeled consistent with plans from the prior permit(s). It is required that component detail information is provided below for the following component types at a minimum: final disposal, pre-treatment (if applicable), building units, water treatment (if applicable), and water source. To add components after the first entry, click the green button labeled "Add Another Component". You may also insert components between components you've already added by clicking the "Insert Component Between" button. For large projects with many components, you may consider using the "Show/Hide Component Set Separator" button to separate sets (or groups) of connected components by naming each set. For additional instructions, please review the appendix to the application instructions: <http://dec.vermont.gov/sites/dec/files/dwgwp/wastewater/pdf/WWApplInstructionsRules.pdf>.

Component 1 Information

Show/Hide Component Set Separator

Remove This Component

Component Group Type (WW) Final Disposal	Component Type Mound
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--Component 1 Details--

Component Name	Replacement Area		
Lot # Physical Location	1	Change Type	Replacement of Failed System
WW Design Flow	490	Changes	
I/A Dispersal Type	General Dispersal	Comments	
Variance Requested	<input type="checkbox"/>		
Design Approach (select all that apply, press Ctrl and Click to select multiple)	Alternative Toilets Constructed Wetlands Existing - Unknown Filtrate Flow equalization No discharge (other than holding tank) Performance based Prescriptive Store and dose Subsurface drip distribution Time dosing Wastewater strength		
Manufacturer			
Model Name			
Model Number			
As-Built Latitude			
As-Built Longitude			

Insert Component Between

Component 2 Information

Show/Hide Component Set Separator

Remove This Component

Component Group Type (WW) Conveyance	Component Type Pump Station
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--Component 2 Details--

Component Name	Pump Station		
Lot # Physical Location	1	Change Type	Connection to New System
Municipal WW System		Changes	
		Comments	

Insert Component Between

Component 3 Information Show/Hide Component Set Separator Remove This Component

Component Group Type	(WW) Tanks	Component Type	Septic Tank
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--Component 3 Details--

Component Name	Septic Tank		
Lot # Physical Location	1	Change Type	Connection to New System
		Changes	
		Comments	

Insert Component Between

Component 4 Information Show/Hide Component Set Separator Remove This Component

Component Group Type	Building	Component Type	Building-Unit
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--Component 4 Details--

Component Name	House		
Lot # Physical Location	1	Change Type	No Change
WW Permitted Flow		Changes	
WS Permitted Flow			
Flow Basis		Comments	

Insert Component Between

Component 5 Information Show/Hide Component Set Separator Remove This Component

Component Group Type	(WS) Source	Component Type	Potable
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--Component 5 Details--

Component Name	Drilled Well		
Lot # Physical Location	1	Change Type	No Change
Source Type	Drilled/Driven Well	Changes	
WS Design Flow	490	Comments	
Allocation Approval	<input type="checkbox"/>		
Construction Approval	<input type="checkbox"/>		
Variance Requested	<input type="checkbox"/>		
As-Built Latitude			
As-Built Longitude			

I. Project Plan Reference

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

(a) Sheet#	(b) Title	(c) Plan Date	(d) Last Revision Date
1	Wastewater Plan	6/29/2017	

J. Project Scoping Questions

- 1 Does this project involve the replacement of a failed wastewater system? Yes No
- 2 Does this project involve the replacement of a failed water supply? Yes No
- 3 Does this project involve construction within the buffer for a Class 2 Wetland? Yes No
- 4 Does this project involve construction within a river corridor? Yes No
- 5 Is the property within 250 feet of the mean water level of lakes greater than 10 acres in size? Yes No
- 6 Will the project require a public water supply permit? Yes No
- 7 Is any portion of the proposed wastewater system located in a Water Source Protection Area (SPA) as designated by the Drinking Water & Groundwater Protection Division? Yes No
- 8 Does this project require an Underground Injection Control Permit? Yes No
- 9 Is this project located in a Class A Watershed? Yes No
- 10 If this project is in a Class A Watershed, does the design flow for the project exceed 1,000 gpd or is the project located on the same lot as other buildings, structures, or campgrounds where the total design flow for the lot is greater than 1,000 gpd? Yes No NA

K. Consultant/Designer Certification

Consultant/Designer 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."

WW Designer
 Consultant/Designer Role


 Consultant/Designer Signature

Signature Date

L. Signatures & Acknowledgements of Landowner(s)

This application must be signed by each Landowner listed on the property deed or by individuals with legal authority to sign on behalf of each Landowner. In order to insure compliance with the requirements of the regulations administered by the Department of Environmental Conservation, Drinking Water and 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.

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

"By signing this application, I certify that I am a landowner listed on the property deed or that I have the legal authority to sign on behalf of the landowner. I understand that by signing this application I am granting permission for the Department employees to enter the property, during normal business 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."

James Wells

Print Landowner Name

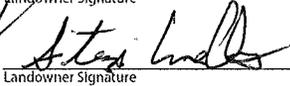

Landowner Signature

7/10/17
Signature Date



Stephanie Wells

Print Landowner Name


Landowner Signature

7/6/17
Signature Date



Add Landowner Signature Block

Department of Environmental Conservation
Wastewater System & Potable Water Supply Permit Application

ANR Form 5: Certification Statement for Wastewater System & 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.

Landowner Certification		
<i>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.</i>		
	James Wells Stephane Wells	7/9/17
Landowner Signature	Print Landowner Name	Certification Date
93 North Olde Carriage Road, Charlotte, Vermont 05445		
Property Address or Property Tax ID#		