

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

ANR Form 4: Certification Statement for Notification of Overshadowed Property Owners pursuant to the Wastewater System & 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.

Landowner Certification		
<p><i>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.</i></p>		
 Landowner Signature	Alexa Lewis Print Landowner Name	10/2/2017 Certification Date
Tax ID# 00054-0158 Property Address or Property Tax ID#		

Property Owners Notified by Certified Mail		
Please list all of the property owners who were sent a notification by certified mail.		
Martha Perkins Property Owner Name	138 Pinnacle Lane, Charlotte, VT 05445 Property Owner Address	<input checked="" type="checkbox"/>
Estate of Shirley Bruce Property Owner Name	715 Cedar Beach Rd, c/o 167 Bittersweet Circle, Williston, VT 05495 Property Owner Address	<input checked="" type="checkbox"/>

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Estate of Shirley Bruce
 c/o 167 Bittersweet Circle
 Williston, VT 05495

2. Article Number

(Transfer from service label)

7006 0810 0003 8178 6151

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Loni Bruce*

Agent

Addressee

B. Received by (Printed Name)

Loni Bruce

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Martha Perkins
 138 Pinnacle Lane
 Charlotte, VT 05445

2. Article Number

(Transfer from service label)

7006 0810 0003 8178 6144

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Martha Perkins*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

8/31/07

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes