

TOWN OF ESSEX

CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: 5/26/22

FEE: \$115.00 PDDMG (includes recording)

MAP/PARCEL/LOT: 2-010-057-205

NO. 2021-128

The undersigned herewith requests an inspection of the premises and the issuance of "Certificate of Occupancy" of premises, or portion thereof, for use or habitation.

This request is for use only of existing land or buildings.

This request is for new construction or rehabilitated or altered structure which was done under authority of zoning permit # 2021-128

issued to Todd + Heather Connolly on 6/29/21.

Premises are at 11 Indian Brook Rd

Water service installation inspected and approved by Bill Superneau see attached

Driveway location inspected and approved by D. Gregoire P. Works

Sanitary sewer connection or septic system inspected and approved by:

Name: _____ Date: Bill Superneau see attached

Construction was begun July 28, 2021 and completed June 4, 2022

Approval granted by _____ P.C. or Z.B.A. _____ on _____, 20____.

Use of premises intended Residential
(type of use)

Applicant's Signature: Heather Connolly Telephone: _____ Cell: 802 338 2926

Email Address: sunflower_hg@yahoo.com

By issuance of this Occupancy Permit, the Town of Essex Zoning Administrator hereby acknowledges that the use and/or building construction is in complete conformity with the Zoning Regulations, unless otherwise noted. Field measurements and similar dimensions for setbacks are based in part on evidence supplied by owner. The Town of Essex is not liable for errors or mistakes when it is found that information submitted by the applicant is erroneous or inaccurate.

Certificate of Occupancy has been approved with _____ without conditions.
If with conditions, see attachment outlining same.

Certificate of Occupancy denied _____. Please see attachment with reasons for denial.

6/7/22
Date

Sharon A. Kelley
Zoning Administrator

Department of Environmental Conservation

Wastewater System & Potable Water Supply

Installation Certification Signature Sheet

Instructions:

 The Submission Number and Version of the online Installation Certification being signed **must** be entered in the field below.

Hand Signatures - This signature sheet can be downloaded, printed, signed by hand, and then scanned and uploaded to the **Signatures** section of the online form.

Digital Signatures - This signature sheet can be signed using the certificate-based digital signature capability available in Adobe Acrobat/Reader (or other PDF software with similar capability) and then uploaded to the **Signatures** section of the online application form. If this sheet contains one or more digital signatures, it **must** be uploaded in a format that does not compromise the ability to click on the applied signature and validate it. The digital signature applied must include the signer's full name, email address, and the date and time of signing. Because the Signature Sheet needs to be submitted in a format that allows the signatures to be validated, a Signature Sheet cannot contain both digital and hand signatures.

Note: If you digitally sign this sheet, please don't enter a date in the Signature Date field. The date and time must be included in the digital signature that is applied as described above.

ANR Online Submission Number & Version

ANR Online Submission Number and Version (for example: #20J-65KQ-R1ZF, version 1)

HPJ-7N5S-1699K

Permit and Lot Number

Permit Number and Lot Number, if applicable

Lot 5

Select the type of installation(s) being certified on this ANR Online Submission:

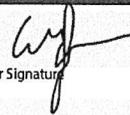
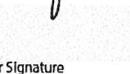
- | | |
|--|---|
| <input checked="" type="radio"/> Wastewater System | <input checked="" type="radio"/> Water Supply |
| <input type="radio"/> Wastewater System Requiring Record Drawing | <input type="radio"/> Water Supply Requiring Record Drawing |
| <input type="radio"/> No Wastewater System Installation | <input type="radio"/> No Water Supply Installation |

Insert Certification Language

Check the appropriate installations above and click the 'Insert Certification Language' button to include the appropriate verification text.

I hereby certify that, in the exercise of my reasonable professional judgement, the installation-related information submitted is true and correct and that the potable water supply and wastewater system were installed in accordance with the permitted design and all the permit conditions, were inspected, were properly tested, and have successfully met those performance tests.

Designer(s)/Installer(s) Certification

WW/WS Installer <small>Designer/Installer Role</small>	Superneau Custom Homes inc <small>Print Designer/Installer Name</small>	 <small>Designer/Installer Signature</small>	6/6/22 <small>Signature Date</small>
 <small>Designer/Installer Role</small>	 <small>Print Designer/Installer Name</small>	 <small>Designer/Installer Signature</small>	 <small>Signature Date</small>

Town Record Filing Information

If using this form to provide the Town with certification information for filing in land records, fill out the appropriate/available information below. Other Identifiers might include SPAN, Landowner name(s), 911 Address, etc.

Parcel ID <input type="text"/>	Town Clerk may indicate receipt here <input style="width: 100%; height: 100%;" type="text"/>
Subdivision Name/Lot # <input type="text"/>	
Other Identifier(s) <input type="text"/>	
Other Identifier(s) <input type="text"/>	

Sharon Kelley

From: Bill Superneau <bill@schvt.com>
Sent: Tuesday, June 7, 2022 1:39 PM
To: Sharon Kelley
Subject: Re: 11 Indian Brook Road

This email originated from **OUTSIDE** our organization. **STOP & CONSIDER** before responding, clicking on links, or opening attachments.

Hi Sharon,

1. I will send a driveway cert today
2. The State now allows me to certify my own work as a Installing Certifier. I had to go on the VT ANR website and get approved. I have already done several in other Towns.
- 3 Let me know about the curb cut. I have no way of cleaning a culvert. If it's full it's due to winter sand and constant road grading awaking into the ditch.
- 4 Owners are moving the number
- 5 I will look at the stairs

Thank you.

Bill Superneau, President
Superneau Custom Homes, inc.
1037 Buck Hollow road
Fairfax VT 05454
Phone: 802-849-9984
Cell: 802-782-9964
Fax: 802-849-9310
Email: bill@schvt.com

On Jun 7, 2022, at 12:40 PM, Sharon Kelley <skelley@essex.org> wrote:

Bill,

Minor issues that need to be addressed as result of CO today:

1. Bill, please certify that the driveway meets the access standards listed in Section 3.1(G) of the Zoning Regulations.
2. Please have the WW engineer sign the certification that installation was approved by the engineer.
3. I have Dan checking the curb cut. It appears that the culvert needs cleaning out, but Dan will confirm the needs resulting from the curb cut.
4. Move, or add the house number so that it is clearly visible when you are driving up to the house.
5. The stairs in the garage (going into the house) seem temporary as they are wobbly and do not set completely on the ground; also it looks like they are pulling-off from the house. Needs to be corrected so that it is stable.

Please advise when completed and I will proceed with the CO.



Residential Testing Chain of Custody

2205-12455



2205-12455

Chevalier Drilling Co., Inc.
11 Indian Brook Road

Customer Name: Chevalier Drilling, Inc. 100132
Address: PO Box 164
City: Highgate Springs State: VT Zip: 05460

Ei
Phone Number: 802-868-7709
Sampler: Charlie Lavery

911 Designated Sample Address: 11 Indian Brook Rd
City: Essex State: Vt Zip: _____

Source: New Well Tag Number 60212
Existing Well Spring Surface Water Unknown Public Other

Was the water chlorinated within the past two weeks? Y/N If so, Chlorine Residual? _____

First Draw Sample: _____ Date: _____ Time: _____
(Lead-Copper Only ex: Kitchen.)

Flush Sample: Outdoor Spicket Date: 5/17/22 Time: 11:35
(Kitchen, bathroom, etc.)

Additional Sample: _____ Date: _____ Time: _____

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

Bacteriological Total Coliform/e. coli 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, Nitrite, 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, Uranium
Metals 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	Common Health Risk Total Coliform / E.coli Nitrate, Nitrite, Fluoride, Arsenic, First Draw Lead, Uranium, Gross Alpha*	Common Aesthetics pH, Chloride, Hardness, Calcium, Magnesium, Sodium, Iron, Manganese	
Physical Properties Alkalinity Conductivity, Langelier's Corrosivity, pH, TDS, Turbidity, UV Trans	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, Uranium, Gross Alpha*	Other (please indicate)	

Table 11-5 & 11-6 New Well
Total Coliform / E. coli, Fluoride, Nitrate, Nitrite, Arsenic, Chloride, Iron, Manganese, Sodium, Lead (First Draw) Odor, pH, Uranium,
Gross Alpha*

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

Relinquished By: [Signature] Date/Time: 5/17/22 14:40
Received By: [Signature] Date/Time: 5/17/22 14:40
Temp Check: 14.5 Delivered by: Client
Amt. Paid: _____ Cash _____ Check # _____ Credit Card _____



Laboratory Report

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

PROJECT: 11 Indian Brook Road
 WORK ORDER: 2205-12455
 DATE RECEIVED: May 17, 2022
 DATE REPORTED: May 18, 2022
 SAMPLER: Charlie Lavery

VTP

- 001 Site: Outdoor Spigot Date Sampled: 5/17/22 Time: 11:20

Property Address (911): 11 Indian Brook Road Essex VT

Parameter	Result	Units	Method	Analysis Date/Time	Lab/Tech	Qualifiers
Total Coliform	< 1.0	MPN/100mls	SM20 9223B(04)	5/17/22 16:40	W AKJ	
E. coli	< 1.0	MPN/100mls	SM20 9223B(04)	5/17/22 16:40	W AKJ	

Endyne's interpretation of the Federal SDWA considers this water bacteriologically **Acceptable** for consumption.

EPA Coliform Acceptance Criteria MCL

Total Coliform < 1.0 MPN/100ml or Absent
 e. coli < 1.0 MPN/100ml or Absent

The column heading "Lab" denotes the laboratory facility where the testing was performed . "W" designates the Williston, VT lab under NELAC certification ELAP 11263; and ISO/IEC:2017 accredited "R" designates the Lebanon, NH facility under certification NH 2037. This analysis meets NELAC requirements except as noted. Test results are representative of the samples as they were received at the laboratory.

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





Driveway Certificate

I certify that the construction of the shared driveway leading to lots 4 & 5 off Indian Brook rd Essex meets the access standards listed in Section 3.1(G) of the Zoning Regulations and that the driveway was built with the best quality materials.

Sincerely,

William R Superneau

Superneau Custom Homes Inc.