

Sent

TOWN OF ESSEX CERTIFICATE OF OCCUPANCY APPLICATION

DATE OF REQUEST: 7/5/2020 FEE: \$90.00 Paid (includes recording)

MAP/PARCEL/LOT: #3 201005 7203 NO. 2019-167

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 # 2019-167

issued to Eric & Deirdre Pierce on 9/13/19

Premises are at 17 Indian Brook Road, Essex

Water service installation inspected and approved by Private

Driveway location inspected and approved by PCW

Sanitary sewer connection or septic system inspected and approved by:

Name: Tuchape Date: March 2020

Construction was begun July, 2019 and completed March, 2020

Approval granted by P.C. or Z.B.A. on 2015-2017, 2017

reference
2015-22-7
2017-7
2017-44
Kaplan

Use of premises intended Single family 3 bedroom, 2 car garage, porch, deck, unfinished basement
(type of use)

Applicant's Signature: [Signature] Telephone: _____ Cell: 802-683-9803

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.

4-11-20
Date

[Signature]
Zoning Administrator



Laboratory Report

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

PROJECT: 19 Indian Brook Road
 WORK ORDER: 2003-06139
 DATE RECEIVED: March 16, 2020
 DATE REPORTED: March 17, 2020
 SAMPLER: Charlie Lavery

VTP

- 001

Site: Pressure Tank Date Sampled: 3/16/20 Time: 10:55

Property Address (911): 19 Indian Brook Road Essex VT

Parameter	Result	Units	Method	Analysis Date/Time	Lab/Tech	Qualifiers
Total Coliform	< 1.0	MPN/100mls	SM20 9223B(04)	3/16/20 12:15	W RJL	
E. coli	< 1.0	MPN/100mls	SM20 9223B(04)	3/16/20 12:15	W RJL	

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





2003-06139



Chevalier Drilling Co., Inc.
19 Indian Brook Road

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

Email/Fax: chevalierdrilling@comcast.net
Phone Number: 802-868-7709
Sampler: Charlie Lavery

911 Designated Sample Address: 19 Indian Brook Rd
City: Essex State: VT Zip: _____

Source: New Well Tag Number 57768
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: Pressure Tank Date: 3/16/20 Time: 10:55
(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: 3/16/20 11:22 am

Received By: [Signature] Date/Time: 3/16/20 11:23

Temp Check: 6.2 Delivered by: Client

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

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)

HNY-CWR1-ERDWO VERSION 1:15

Permit Number

Permit Number

WW-4-4538-1

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

- Wastewater System
- Wastewater System Requiring Record Drawing
- No Wastewater System Installation
- Water Supply
- Water Supply Requiring Record Drawing
- 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 Designer Designer/Installer Role	David A Tudhope Print Designer/Installer Name	David A Tudhope Digitally signed by David A Tudhope Date: 2020.03.20 12:48:03 -04'00' Designer/Installer Signature	Signature Date

Town Record Filing Information

If using this form to provide the Town with certification information for filing in land records, fill out the appropriate information below.

Parcel ID 2010057000	and or	Subdivision Name Indian Brook Properties, LLP	and or	Other Identifying Information
		Lot Number 3		