

TOWN OF WARREN HEALTH PERMIT

This is an application for a health permit for a sewage disposal system in the Town of Warren. Please attach a copy of all pertinent drawings, calculation, etc., relating to the design and construction of the proposed sewage disposal system.

APPLICANT:

Name of Landowners(s): David Irish
Address: PO Box 33 Warren, VT 05674
Town State Zip
Telephone Number: 802-583-4450
Location of Property: E. Warren Rd.

DISPOSAL SYSTEM DESIGNER:

Name: Charles Grenier
Address: Box 445 Waterbury, VT 0
Town State Zip
Telephone Number: 244-6413
Type of Certification(or number): Professional Eng. # 3242

The holder of this permit affirms and certifies that he/she will comply in all respects with the plans and specifications for the subsurface disposal system, the design of which accompanies the application thereof. The holder hereof further certifies and affirms that the said system will not be covered over without the approval inspection thereof by the Warren Health Officer or his/her representative. Upon failure of either of these events, the holder hereof agrees to indemnify and hold harmless the Town of Warren for and on account of any expenses incurred in the determination of conformity of the said system with the plans.

David K Irish 10-2-97
Applicant (signature) Date

This Health Permit is valid and approved with conditions stated below when signed by the Health Officer or his duly authorized agent. It expires two years from the date of approval.

Conditions: 4 Bedroom House
[Signature] Health Officer 10/6/97
Signature (Health Officer/Authorized Agent) Title Date

Town of Warren Health Permit Number: 1997-24-PC