## TOWN OF GRANVILLE

APPLICATION FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM PERMIT

| TQ  | WWN OF GRANVILLE, VERMONT APPLICATION NO  |
|-----|---|
| 1.  | (Note: Applicant must be the individual who holds legal title to the property)          |
|     | Mailing Address POBOX / GRANDILLE VT. 05747   |
| 2.  | Individual Handling Application, if not Applicant:                                      |
|     | NameTelephone   |
|     | Mailing Address   |
| 3.  | Engineer's Plan required: Must include a sketch showing proposed                        |
|     | location of system as it pertains to location of house, water                           |
|     | supply, buildings, and any buried lines.  |
| 4 - | Specific directions for driving to lot  |
|     |   |
| _   |   |
| 5.  | a. Deed to this Property is recorded in Book No. 26 Page No. 332  Date of Deed 10/18/87 |
|     | b. If the lot is less than 10 acres, does it have a State sub-                          |
| b   | division Permit? Yes No Permit No   |
|     | c. Is this an existing residence? Yes No  |
|     | d. Size of lot  |
|     | e. Type of Building: Single Family Home, Mobile Home                                    |
|     | Other No. Of Bedrooms Maximum Expected Occupants  |
|     | f. Garbage Disposal? Yes No   |
|     | g. Water System: Drilled Well, Spring, Shallow Well                                     |
|     | h. Are there any water supplies or water rights within 400-500                          |
|     | feet of the proposed site? If yes, list who owns them and                               |
|     | show on Plot Plan. The of a mite on But 2 Rd from                                       |
|     | intersection of Batz Rd and North Hollow  |
|     | <u>Rd.</u>  |
|     | i. Are there any water lines within 100 feet of proposed site?                          |
|     | On the property NO Off the property   |
|     | j. Are there any buried gas, electric or phone lines within                             |
|     | 25 feet of the proposed site? YesNo   |
|     | k. Are there any used or abandoned septic tanks, drywells,                              |
|     | cesspools, or leachfields within 25 feet of the proposed                                |
|     | site? Yes No.   |
|     | Is this subject to the use of an easement? Yes No                                       |
|     | (If yes, attact a copy)   |
| , ( | The above information is correct:  Macie Wildes Date See 3, 1996                        |
|     | (Signature of applicant)  |

-2-

| 8.  | d  | lle, Vermont or any of                |
|-----|--|---------------------------------------|
|     | Officers for the Town, responsible or  | liable in any way for                 |
|     | failure of the Septic System as described Plans attached to this Application.    | bed in the Engineered                 |
|     | Dat  | í                                     |
|     | (Signature of Landowner)   |                                       |
| 9.  | •  | Within two years of                   |
|     | the date of Application approval, the d  | lesion must be today                  |
|     | tified by a Licensed Engineer or an On-  | Site Specialist with                  |
|     | the Conservation District On-Site Sewag  | e Program, and Appli-                 |
|     | cation must be made again. All State r   | egulations regarding                  |
|     | Sewage Systems must be followed.   | , , , , , , , , , , , , , , , , , , , |
|     |  | Signed:                               |
|     | •  |                                       |
|     |  | Health Officer                        |
|     |  | <u> </u>                              |
|     | ×  | Chairman, Board of                    |
|     | ,  | Selectmen                             |
|     | •  | •                                     |
|     |  |                                       |
|     | ≈  | Selectman                             |
|     |  |                                       |
|     |  |                                       |
|     | •  | Selectmen                             |
| 10. | I hereby certify that this Sewage System and that the construction complies with |                                       |
|     | Engineered Plans for this Sewage System.   |                                       |
|     | (/ ) /   | ate: 18 1 , 30,1996                   |
|     | Licensed Engineer  |                                       |
|     | License Number 3428  | -                                     |
|     |  |                                       |
|     |  | •                                     |
|     | ,  | :                                     |

## TOWN OF GRANVILLE

SSF43

## APPLICATION FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM PERMIT

| TOWN OF GRANVILLE, VERMONT APPLICATION NO. SSF-43  | •        |
|--|----------|
| 1. Applicant's Name Marie Waldrin Telephone 802-767-4163  (Note: Applicant must be the individual who holds legal title to the property)   | 1        |
| Mailing Address PO: BOX ( G PANO; LLEVI, 03 177.  2. Individual Handling Application, if not Applicant:  | •        |
| Mailing Address Must include a sketch showing proposed   | I        |
| 3. Engineer's Plan required: Must Into location of house, water location of system as it pertains to location of house, water supply, buildings, and any buried lines.  4. Specific directions for driving to lot The famile on Butz   | 1        |
| N. Hollow Rd-<br>With Property is recorded in Book No. 26 Page No. 33.   | <u>2</u> |
| Date of Deed $\frac{12/18/6}{1}$   | ,        |
| division Permit? Yes No Permit No.  c. Is this an existing residence? Yes No  d. Size of lot /O acres  |          |
| d. Size of lot // access  e. Type of Building: Single Family Home,  Other No. Of Bedrooms_3 Maximum Expected Occupants_2  f. Garbage Disposal? Yes No  Shallow Well  |          |
| f. Garbage Disposal? Yes, Spring, Shallow Well, Spring, Spring, Shallow Well, Spring, Spring |          |
| show on Plot Plan  |          |
| i. Are there any water lines within 100 feet of proposed site?  On the property NO Off the property NO  j. Are there any buried gas, electric or phone lines within  |          |
| 25 feet of the proposed site? Yes  |          |
| k. Are there any used of abandoned separation of the proposed cesspools, or leachfields within 25 feet of the proposed site? Yes No  6. Is this subject to the use of an easement? Yes No  |          |
| (If yes, attact a copy)  7. The above information is correct:  Maus Walding  Date Just 3, 1996   |          |
| (Signature of applicant)   |          |

| 8.  | I agree to not hold the Town of Granville, Vermont or any of |
|-----|--|
|     | Officers for the Town, responsible or liable in any way for  |
|     | failure of the Septic System as described in the Engineered  |
|     | Plans attached to this Application.                          |
|     | Mariet Waldin Date June 3, 1996                              |
|     | (Signature of Landowner)                                     |
| 9.  | o y and the med the first two years of                       |
|     | the date of Application approval, the design must be recer-  |
|     | tified by a Licensed Engineer or an On-Site Specialist with  |
|     | the Conservation District On-Site Sewage Program, and Appli- |
|     | cation must be made again. All State regulations regarding   |
|     | Sewage Systems must be followed.                             |
|     | Date Application Approved Jane 1996 Signed:                  |
|     | 91 1   |
|     | · (la ( roma a   |
|     | Health Officer   |
|     |  |
|     | An / Ho-   |
|     | Chairman, Board of   |
|     | Selectmen  |
|     | 00111 1 2  |
|     | Tellacon   |
|     | Selectman  |
|     | $\Omega$ . $\Omega$  |
|     | Hermen Drown   |
|     | Selectman  |
| 1.0 | I horoby corrife that this car                               |
| 10. | I hereby certify that this Sewage System has been completed, |
|     | and that the construction complies with and duplicates the   |
|     | Engineered Plans for this Sewage System.                     |
|     | Signed:Date:   |
|     | Licensed Engineer  |
|     | License Number   |
|     |  |
|     |  |

١