



**RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
ONSITE WASTEWATER TREATMENT SYSTEM CONSTRUCTION PERMIT**



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FOR RIDEM USE ONLY

APPLICATION No. 1932-0835 DATE RECEIVED 1/10/20 AMOUNT RECEIVED \$ 9000.00 CHECK # 4111 NOTE 03

TYPE OF APPLICATION (CHECK ALL THAT APPLY)

- | | |
|---|--|
| <input checked="" type="checkbox"/> NEW BUILDING CONSTRUCTION | <input type="checkbox"/> A/E TECHNOLOGY TYPE _____ |
| <input type="checkbox"/> ALTERATION | <input type="checkbox"/> VARIANCE |
| <input type="checkbox"/> REPAIR | <input type="checkbox"/> REDESIGN |
| <input type="checkbox"/> TRANSFER | <input type="checkbox"/> JOINT OWTS / WETLANDS PD |

CERTIFICATION

I, John Perrine (print), the undersigned licensed OWTS designer, certify that I prepared this application and accompanying forms, submittals, plans and sketches in accordance with the RULES of the RIDEM pertaining to OWTS and that all the information provided on this application and accompanying forms, submittals, plans and sketches is true and accurate.

Designer's Signature _____ License # 3165

Designer's Email _____ Phone # 401-916-9365

Business/Company Name Perrine Environmental Services

I certify that a) I am the owner of the property indicated under the site information on this application, b) I will hire a licensed OWTS installer to install the system proposed herein, c) the system will be installed in strict accordance with this application, d) I will hire and retain the licensed OWTS designer of record to witness and inspect the installation of the system, e) I assume all responsibility for the truth and accuracy of this application and all liability and responsibility for any improper installations of the system on this site and agree to hold the RIDEM harmless from any and all claims relating whatsoever to the system. In the case of a transfer application, I acknowledge that the permit application and plans previously approved and accompanying this application are the operative documents subject to certification.

Owner's Phone Number 401-741-3569

Owner's Email _____

Owner(s) Signature _____

SITE INFORMATION

NO. STREET 697 Moon Lane Beach Rd CITY/TOWN South Kingstown POLE # 43
 PLAT NUMBER 47-2 LOT NUMBER 33 SUBDIVISION LOT NUMBER 1
 LOT SIZE 0.256 SF/ACRES
 SUBDIVISION NAME _____
 SUBDIVISION SITE SUITABILITY CERTIFICATION # _____

OWNER INFORMATION

LAST NAME Dibon FIRST NAME John M.I. T
 NO. STREET 697 Moon Lane Beach Rd CITY/TOWN South Kingstown ZIP CODE 02879

RIDEM APPLICATION HISTORY

PREVIOUS SITE TESTING YES NO APPLICATION # 1932-0835
 DEPTH TO APPROVED WATER TABLE 48" HOW DETERMINED Soil Test
 TEST HOLE # SH DATE EXCAVATED 1/7/20 WETLANDS within 200' OF OWTS YES NO
 WETLAND DETERMINATION YES NO RIDEM FILE # _____ DATE _____/_____/_____
 LARGE SYSTEM YES NO OCI FILE # IF APPLICABLE _____

DESIGN INFORMATION

BUILDING USE: Residential Commercial _____
 Other _____
 WATER SUPPLY: public water public well private well
 # OF DESIGN UNITS 3 Bedrooms
 UNIT DESIGN FLOW 110 gallons per 2 (unit) TOTAL DAILY FLOW 315 gallons
 TANK SIZE 1100 gallons DESIGN LOADING RATE 0.52 gpd/sf
 MINIMUM REQUIRED LEACHFIELD AREA 1603.46 square feet
 LEACHFIELD TYPE Open (2 units)
 TOTAL AREA OF LEACHFIELD PROVIDED 672 square feet

PERMIT APPROVAL SECTION: DO NOT WRITE BELOW THIS LINE

Based upon the representations of the owner and the owner's agents, including the representations of the owner's OWTS designer, and the truth and accuracy of all information submitted, this application for an OWTS is hereby approved. The RIDEM assumes no responsibility or liability for the future safe operation or maintenance of the aforesaid system, of the fitness or suitability of this system to this site, nor does it assume any responsibility for the accuracy and truth of the owner's, or the owner's agent's representation. This approval is subject to future suspension or revocation in the event that subsequent examination reveals any data indicated on any application, form, submittal, plan or sketch to be incorrect, or not in compliance with the RULES or any conditions at the site are such that the approved design is not in accordance with the RULES, or in the event that the system discharges inadequately treated wastewater to waters of the State or fails to operate satisfactorily in any other manner.

IMPORTANT: Additional terms of approval as circled.

- A. Bottom of leaching area excavation must be inspected by the RIDEM prior to placement of any gravel or stone.
- B. System installation must be inspected by RIDEM prior to covering any component of the system with backfill.
- C. Applicant shall comply with all requirements, conditions and stipulations of variance(s) approved on _____.
- D. Joint Permit: Designer of record must contact RIDEM prior to start of any site construction.
- E. A/E Technology: additional installation, operation or maintenance requirements may apply (see A/E Technology Certification.)
- F. Copy of this form and Operation/Maintenance contract must be filed in land evidence records prior to conformance.
- G. Proposed construction falls within "Coastal Zone". Contact Rhode Island Coastal Resources Management Council.
- H. Proper erosion and sedimentation controls must be installed prior to start of construction.
- I. Transfer: See original permit for all applicable conditions.
- J. Other

| | | |
|---|------------------------------------|--------------------------------------|
| Signature of RIDEM Official <u>Katey M. Murphy</u> | Date of Approval <u>1/15/20</u> | Date of Expiration <u>1/15/25</u> |
|---|------------------------------------|--------------------------------------|

DESIGNER

LD-2019-18