



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



2032.0031

www.dem.ri.gov/septic

**FOR RIDEM USE ONLY**

APPLICATION No. 2032.0031 DATE RECEIVED 1/10/20 AMOUNT RECEIVED \$ 90000<sup>(3)</sup> CHECK # 4111 NOTE \_\_\_\_\_

**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, \_\_\_\_\_ (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 # 3105

Designer's Email \_\_\_\_\_ Phone # 401.516.5385

Business/Company Name \_\_\_\_\_

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.

**SITE INFORMATION**

NO. STREET \_\_\_\_\_ CITY/TOWN \_\_\_\_\_ POLE # \_\_\_\_\_  
 PLAT NUMBER 47-2 LOT NUMBER 26 SUBDIVISION LOT NUMBER 2  
 LOT SIZE 2900 SF/ACRES \_\_\_\_\_  
 SUBDIVISION NAME \_\_\_\_\_  
 SUBDIVISION SITE SUITABILITY CERTIFICATION # \_\_\_\_\_

**OWNER INFORMATION**

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

Owner's Phone Number 401.741.3569

Owner's Email \_\_\_\_\_

Owner(s) Signature \_\_\_\_\_

**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 representations. 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 \_\_\_\_\_

Office of Water Resources

**RIDEM APPLICATION HISTORY**

PREVIOUS SITE TESTING  YES  NO APPLICATION # 1936-0835  
 DEPTH TO APPROVED WATER TABLE \_\_\_\_\_ HOW DETERMINED Sub 2  
 TEST HOLE # 12 DATE EXCAVATED 7/1/19 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 115 gallons per 2 (unit) TOTAL DAILY FLOW 230 gallons  
 TANK SIZE \_\_\_\_\_ gallons DESIGN LOADING RATE 0.52 gpd/sf  
 MINIMUM REQUIRED LEACHFIELD AREA 462.46 square feet  
 LEACHFIELD TYPE Flbio (24' leach)  
 TOTAL AREA OF LEACHFIELD PROVIDED 672 square feet

Signature of RIDEM Official \_\_\_\_\_ Date of Approval 1/15/20 Date of Expiration 1/15/25

DESIGNER

LD2019-18