



**RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
ON-SITE WASTEWATER TREATMENT SYSTEM CONSTRUCTION PERMIT**



2032-0032

www.dem.ri.gov/septic

FOR RIDEM USE ONLY

APPLICATION No. 0032-0032 DATE RECEIVED 1/10/20 AMOUNT RECEIVED \$ 90000^(P) CHECK # 4111 NOTE 035

TYPE OF APPLICATION (CHECK ALL THAT APPLY)

- | | |
|--|---|
| <input type="checkbox"/> NEW BUILDING CONSTRUCTION | <input checked="" type="checkbox"/> A/E TECHNOLOGY TYPE <u>Etgens</u> |
| <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 Principe (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 [Signature] License # 3105

Designer's Email _____ Phone # 411-811-5385

Business/Company Name Principe Engineering

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 401-791-3569

Owner's Email john@principeeng.com

Owner(s) Signature [Signature]

SITE INFORMATION

NO. STREET Curtis Rogers Road South Kingstown CITY/TOWN South Kingstown POLE # 42
 PLAT NUMBER 47-2 LOT NUMBER 32 SUBDIVISION LOT NUMBER 3
 LOT SIZE 1.75 SF/ACRES
 SUBDIVISION NAME _____
 SUBDIVISION SITE SUITABILITY CERTIFICATION # _____

OWNER INFORMATION

LAST NAME D'Agostino FIRST NAME John M.I. T
 NO. STREET 697 Hamshire Beach Rd. CITY/TOWN South Kingstown ZIP CODE 02879

RIDEM APPLICATION HISTORY

PREVIOUS SITE TESTING YES NO APPLICATION # 1932-0032
 DEPTH TO APPROVED WATER TABLE 4' HOW DETERMINED Soil Anal.
 TEST HOLE # 3/4 DATE EXCAVATED 1/9/20 WETLANDS within 200' OF OWTS YES NO
 WETLAND DETERMINATION YES NO RIDEM FILE # 20-0008 DATE 3/13/20
 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
 UNIT DESIGN FLOW 115 gallons per (unit) TOTAL DAILY FLOW 345 gallons
 TANK SIZE 1,000 gallons DESIGN LOADING RATE _____ gpd/sf
 MINIMUM REQUIRED LEACHFIELD AREA 663.46 square feet
 LEACHFIELD TYPE Engineered (Perforated)
 TOTAL AREA OF LEACHFIELD PROVIDED 1672 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 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 _____

Signature of RIDEM Official [Signature] Date of Approval 3/16/20 Date of Expiration 3/16/25

DESIGNER