



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

www.dem.ri.gov/septic

Environmental Management

SEP 06 2024

Office of Water Resources

APPLICATION No. 2132-1800 DATE RECEIVED 09/06/24 AMOUNT RECEIVED \$ 300.00

CHECK # 0577 NOTE 03A

TYPE OF APPLICATION (CHECK ALL THAT APPLY)

- NEW BUILDING CONSTRUCTION
- ALTERATION
- REPAIR
- TRANSFER
- A/E TECHNOLOGY TYPE AX-20
- VARIANCE
- REDESIGN
- JOINT OWTS / WETLANDS PD

SITE INFORMATION

380 Camp Fuller Road South Kingstown
 NO. STREET CITY/TOWN
 PLAT NUMBER 76-1 LOT NUMBER 3 SUBDIVISION LOT NUMBER B
 LOT SIZE 2.03 SF/ACRES Existing lot is 4.68 acres
 SUBDIVISION NAME
 SUBDIVISION SITE SUITABILITY CERTIFICATION #

OWNER INFORMATION

Robbins Jeffrey D + Kathy C M.I.
 LAST NAME FIRST NAME
380 CAMP FULLER RD SKIDSDOWN RI 02879
 NO. STREET CITY/TOWN ZIP CODE

RIDEM APPLICATION HISTORY

PREVIOUS SITE TESTING YES NO APPLICATION # 2132-1800
 DEPTH TO APPROVED WATER TABLE 7 HOW DETERMINED Soil Probe
 TEST HOLE # 21 DATE EXCAVATED 12/10/21 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 Bed
 UNIT DESIGN FLOW 115 gallons per Bed (unit) TOTAL DAILY FLOW 345 gallons
 TANK SIZE 1500 gallons DESIGN LOADING RATE 0.70 gpd/sf
 MINIMUM REQUIRED LEACHFIELD AREA 492.85 square feet
 LEACHFIELD TYPE Flow Diffusers w/12" of Stone
 TOTAL AREA OF LEACHFIELD PROVIDED 284* square feet
 * 50% Reduction allowed w/AX-20 treatment

CERTIFICATION

I, Marcus Chavell (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 # D2109
 Designer's Email atlaslandsurveying@yahoo.com Phone # 263-7353
 Business/Company Name Atlasland Surveying, LLC

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 401-741-3581
 Owner's Email [Signature]
 Owner(s) Signature [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 Operator/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 _____ Date of Approval 9/23/24 Date of Expiration 9/23/29

OWNER