



RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
 Onsite Wastewater Treatment Systems Program
 Office of Water Resources
 235 Promenade Street, Providence, RI 02908-5767
 www.dem.ri.gov/septic



2132-0015

100

11-23-20

447

SYSTEM SUITABILITY DETERMINATION APPLICATION RESIDENTIAL / COMMERCIAL

SITE INFORMATION

Site Location (Town) South Kingstown Plat: 50-4 Lot: 12 Water supply (please check one)
 Street Address of Building / Dwelling 4780A Tower Hill Road Public or Private
 Owner's Name Legion of Christ (RI) Inc
 Mailing Address (street/PO Box) 30 Mansell Ct. Ste 103 City/Town Roswell State GA Zip 30076-1580

Was the System installed after April 9, 1968 Yes No
 If Yes, Application # 0232-2532 (Attach 3 copies of approved permit and plan)
 Was a Change of Use or System Suitability Determination previously requested? Yes No
 If Yes, Application # _____ Date approved: _____
 Are there any Deed Restrictions on occupancy, building size or other items which may impact sewage flow?
 If so, explain: _____
 Is this property part of a condominium? YES No If yes, provide approval from Condo Association

BUILDING USE	CURRENT	PROPOSED
A. Building use	Boarding school	Hotel
B. Number of Design units (bedrooms, patrons, seats, etc)	_____	Restaurant/Bar
C. Number of People	_____	_____
D. Water Consumption	7500	7500

CHARACTERISTIC OF EXISTING SEWAGE DISPOSAL SYSTEM

Size of Septic Tank see attached _____ Size of grease tank see attached _____ approximate size of leachfield 136' x 9'1" square feet 2040 s.f.
 Type of Leachfield Trench chambers bed seepage pit other Shallow narrow trenches
 The owner assumes all responsibility for the truth and accuracy of the representations hereon, and on all forms, submittals, plans and sketches attached hereto, and assumes all liability and responsibility for the future failure of the OWTS system on this site, and agrees to hold the RI Department of Environmental Management harmless from any and all claims against it for such future failures.

I agree and understand that should this onsite wastewater treatment system malfunction, I will take immediate steps to legally correct the problem in accordance with RIDEM OWTS rules. 11/6/20

Signature of Legal owner(s) [Signature] Date 11/6/20

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|----------------------|--|---|--|
| DETERMINATION | <input checked="" type="checkbox"/> Approved | <input type="checkbox"/> Increase in Flow | <input type="checkbox"/> New System - Apply for Permit |
| | <input type="checkbox"/> Denied | <input type="checkbox"/> Change in Use | <input type="checkbox"/> Alternation of System |
| | <input type="checkbox"/> Engineering Analysis Required | | <input type="checkbox"/> Field work required/ Retain a OWTS designer |

COMMENTS: Per ISDS/OWTS #0232-2532 and attached letter from

Dr. Fred Engineering dated 11/12/20
 Date 11/6/20 Date of expiration 11/6/25

DEM representative signature [Signature]