



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



APPLICATION NO. 01/15/09 DATE RECEIVED 4/1/09 FOR RIDEM USE ONLY

TYPE OF APPLICATION (CHECK ALL THAT APPLY)

- NEW BUILDING CONSTRUCTION
- ALTERATION
- REPAIR
- TRANSFER
- A/E TECHNOLOGY
- TYPE OF SYSTEM _____
- VARIANCE
- REDESIGN

SITE INFORMATION

NO. STREET MASAMQUON RD CITY/TOWN LITTLE COMPAN POLE # _____
 PLAT NUMBER 9 LOT NUMBER 100-249 SUBDIVISION LOT NUMBER _____
 LOT SIZE 507.100 SQUARE FEET N/A
 SUBDIVISION NAME _____
 SUBDIVISION SITE SUITABILITY CERTIFICATION # _____

OWNER INFORMATION

LAST NAME STAR of Carolyn R. Hassenbrenner of No. 1 FIRST NAME _____ M.I. _____
SO Kennedy Plaza Providence, RI CITY/TOWN _____ ZIP CODE _____
 NO. STREET WATER 1500 CITY/TOWN _____ ZIP CODE _____

RIDEM APPLICATION HISTORY

PREVIOUS SITE TESTING YES NO APPLICATION # 0412-0200
 DEPTH TO APPROVED WATER TABLE 24 HOW DETERMINED dry season
 TEST HOLE # 2-2 DATE EXCAVATED 4/29/04 WETLANDS within 200' OF OWTS YES NO
 WETLAND DETERMINATION YES NO RIDEM FILE # _____ DATE 1/1
 LARGE SYSTEM YES NO

DESIGN INFORMATION

BUILDING USE: Residential Commercial
 WATER SUPPLY: public water public well private well
 # OF DESIGN UNITS _____ gallons per _____ (unit) TOTAL DAILY FLOW _____ gallons
 UNIT DESIGN FLOW 15 gallons per _____ (unit) TOTAL DAILY FLOW 690 gallons
 TANK SIZE 5000 gallons DESIGN LOADING RATE _____ gpd/sf
 MINIMUM REQUIRED LEACHFIELD AREA 700 square feet
 LEACHFIELD TYPE 500' x 600' of 4" PVC CONCRETE
 TOTAL AREA OF LEACHFIELD PROVIDED 480 square feet

FOR RIDEM USE ONLY

AMOUNT RECEIVED \$ 3000 CHECK # 1522 NOTE 03A
 CERTIFICATION

I, LAUREN KARRASSI (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.

Signature of Designer _____

Designer License Number D-7071 Phone # (401) 773-6600

Business/Company Name COMMERCIAL ENGINEERS

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) Signature _____ Phone Number 309-292-2525

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 approved 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 (variances) approved on _____.
- D. A/E Technology: additional specific installation, operation, or maintenance requirements may apply (see RIDEM A/E Technology certification for this system type).
- E. Copy of this form and Operation/Maintenance contract must be filed in hand evidence records prior to conformance.
- F. Proposed construction falls within Coastal Zone. Contact: Rhode Island Coastal Resources Management Council.
- G. Paper, erosion and sedimentation controls must be installed prior to start of construction.
- H. Transfer: See original permit for all applicable conditions.
- I. Other: _____

Signature of RIDEM Official _____ Date of Approval 4/15/09 Date of Expiration 4/15/14
 DESIGNER