STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

OFFICE OF WATER RESOURCES PERMITTING SECTION
235 PROMENADE STREET
PROVIDENCE, RI 02908

April 02, 2019

TO: James Carey
119 Sayles Hill Road
North Smithfield, RI 02896

SITE INFORMATION

Application No.: 1125-1487
Street: 111 Sayles Hill Road
Town: North Smithfield
Plat: 17
Lot: 127
Subdivision:
Subdivision Lot No:

CERTIFICATE OF CONFORMANCE

This Certificate of Conformance means that the Onsite Wastewater Treatment System (OWTS), which has been installed under the above application number, appears to substantially conform with the design requirements and other requirements as indicated on the application, and associated plans and specifications. **PERMISSION IS THEREFORE GRANTED FOR UTILIZATION OF THE SEWAGE DISPOSAL SYSTEM.** A copy of this certificate has been forwarded to the building official of the municipality having jurisdiction over the subject site; he/she may issue a Certificate of Occupancy for the building provided all other local requirements have been met. The building official must receive a copy of the Certificate of Conformance prior to his or her issuing any required certificate of occupancy for the building or facility to be served by the OWTS.

This Certificate is based upon the representations of the Owner and his/her agents, who are responsible for the proper installation of this system. This Department has approved the OWTS installation in reliance upon those representations and is not responsible for any of the construction, design details, specifications, distances or elevations indicated on the application, plan or specifications.

This approval is subject to future suspension and revocation in the event that: subsequent examination reveals that any of the data indicated on the application, plan or specifications is incorrect or not in compliance with applicable regulations; or the OWTS system discharges sewage to the surface of the ground or to any watercourse, fails to otherwise operate satisfactorily or is altered in a manner which deviates from the terms of the approved application.

Mohamed J. Freij, PE, PLS, Supervising Sanitary Engineer
Authorized Agent: _____

ONSITE WASTEWATER TREATMENT SYSTEM SECTION

SEE REVERSE SIDE FOR IMPORTANT INFORMATION ON CARE AND MAINTENANCE

cc: Building Inspector
Owner

DEM COPY

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF WATER RESOURCES
PERMITTING SECTION
INDIVIDUAL SEWAGE DISPOSAL SYSTEMS PROGRAM

DESIGNER'S CERTIFICATE OF CONSTRUCTION FOR ISDS

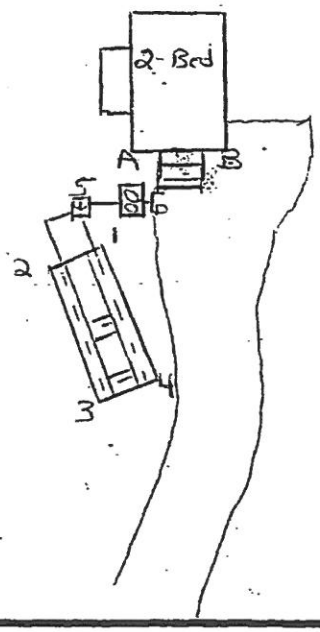
Permit No. 1125-1487

I, Josh Angell, as the designer of record for the ISDS installation located at (Street) 111 Sayles Hill Rd. in the City or Town of N. Smithfield hereby certify that the installation of the ISDS was performed by the installer named below, and to the best of my information, knowledge and belief, was witnessed and inspected in accordance with RIDEM/ISDS Rules and Regulations, and that, in my professional opinion, the installation of the ISDS conforms with the plans, specifications, applicable statutes, regulations, and construction tolerances as approved by the Director of the Rhode Island Department of Environmental Management. I further certify that I have documented the installation in accordance with RIDEM/ISDS Rules and Regulations. This certification is effective as of (date): 3-28-19

The septic tank, D-Box (if any) and leach field are located as set forth below:

APR 1 2019

	A	B
1.	17'8"	40'2"
2.	25'4"	50'6"
3.	51'	59'6"
4.	47'6"	51'4"
5.	16'6"	42'
6.	10'	31'



Installer's Name and License No. Josh Angell Lic# 1592

Designer License No. D- 1244

Designer's Signature Josh Angell Date Signed 3-28-19

Designer Request of Change (DROC) Approval Date(s) _____

DESIGNER: PLEASE RETAIN GREEN COPY FOR YOUR RECORDS

amm

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Department of Environmental Management
Office of Water Resources

Site Evaluation Form
Part A - Soil Profile Description

Application Number _____

Property Owner: James Carey
Property Location: 111 Saylor Hill Rd
Date of Test Hole: 12/12/11
Soil Evaluator: Nicholas J Piampiano License Number: D4074
Weather: Sunny 40° Shaded: Yes ☐ No ☑ Time: 11:45 AM

TH 01 Horizon	Depth	Horizon Boundaries Dist	Horizon Boundaries Topo	Soil Colors Matrix	Soil Colors Re-Dox Features	Re-Dox Description Ab. S. Con.	Texture	Structure	Consistence	Soil Category
F/A	2'-0	—	—	10yr 3/2	—	—	fSl	w sbk	vfr	4
Ap	0-8	C	S	10yr 2/2	—	—	fSL	w sbk	vfr	4
Bw1	8-16	C	S	10yr 4/6	—	—	fSL	w sbk	vfr	4
Bw2	16-32"	C	S	10yr 5/6	10yr 5/8 @ 30"	f n d	fSL	w sbk	vfr	4
C	32"-	—	—	2.5y 5/3	—	—	Sl	Ø m	fr	8

TH_____ Horizon	Depth	Horizon Boundaries Dist	Horizon Boundaries Topo	Soil Colors Matrix	Soil Colors Re-Dox Features	Re-Dox Description Ab. S. Con.	Texture	Structure	Consistence	Soil Category

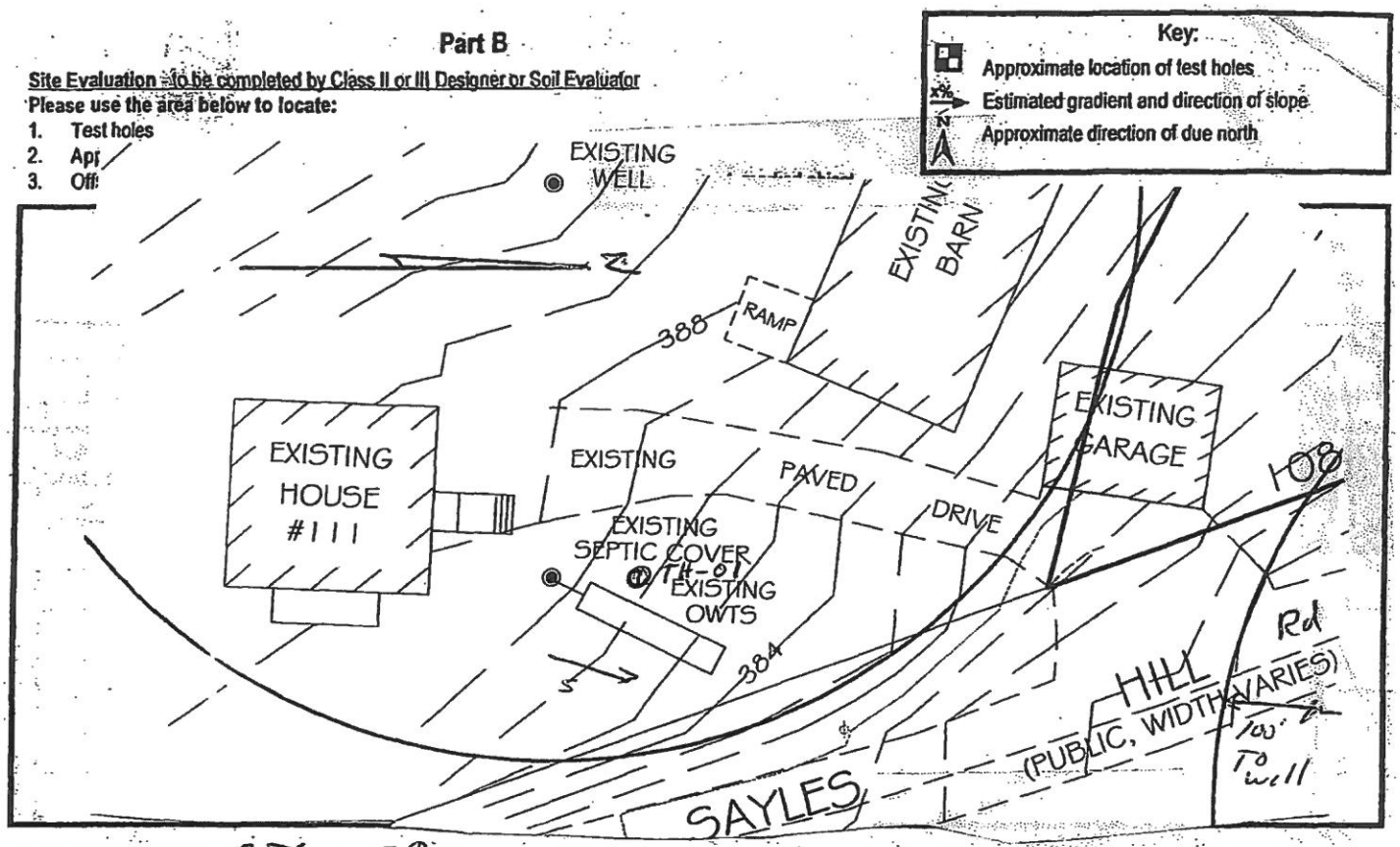
Soil Class: _____ Total Depth of each Test Hole: 84"
Depth to Groundwater Seepage: 16" From EG Depth to Impervious or Limiting Layer: _____
Estimated Seasonal High Water Table: _____ Comments: _____

Part B

Site Evaluation - to be completed by Class II or III Designer or Soil Evaluator

Please use the area below to locate:

1. Test holes
2. Apr
3. Off



1. Relief and Slope: 386 5%
2. Presence of any watercourse, wetlands or surface water bodies, within 200 feet of test holes: YES☐ NO☑ If yes, locate on above sketch.
3. Presence of existing or proposed private drinking water wells within 200 feet of test holes: YES☑ NO☐ If yes, locate on above sketch.
4. Public drinking water wells within 500 feet of test holes: YES☐ NO☑ If yes, locate on above sketch.
5. Is site within the watershed of a public drinking water reservoir or other critical area defined in SD 19.00? YES☐ NO☑
6. Has soil been excavated from or fill deposited on site? YES☑ NO☐ If yes, locate on above sketch.
7. Site's potential for flooding or ponding: NONE☑ SLIGHT☐ MODERATE☐ SEVERE☐
8. Landscape position: Back Slope
9. Vegetation: Grass
10. Indicate approximate location of property lines and roadways.
11. Additional comments, site constraints or additional information regarding site:

Environmental Management
DEC 2 2011
Office of Water Resources

Certification

The undersigned hereby certifies that all information on this application and accompanying forms, submittals and sketches are true and accurate and that I have been authorized by the owner(s) to conduct these necessary field investigations and submit this request.

Part A prepared by: _____ Signature — D4079 License # — Part B prepared by: _____ Signature — D.3059 License #

FOR OFFICE USE ONLY

Decision: Approved ☐ Disclaimed ☐

Comments:

Signature Authorized Agent Date

revised 5/8/01

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

FOR RIDEM USE ONLY

APPLICATION No. 1125-~~0957~~ 1487 **DATE RECEIVED** 12/27/18 **AMOUNT RECEIVED $** 100 **CHECK #** 696 **NOTE** 074

TYPE OF APPLICATION (CHECK ALL THAT APPLY)

- ☐ NEW BUILDING CONSTRUCTION
- ☐ ALTERATION
- ☑ REPAIR
- ☐ TRANSFER
- ☐ A/E TECHNOLOGY TYPE _____
- ☐ VARIANCE
- ☐ REDESIGN
- ☐ JOINT OWTS/WETLANDS PD

SITE INFORMATION

111 Saxles Hill Rd N. Smithfield RI 82
NO. STREET / CITY/TOWN / POLE #

PLAT NUMBER 17 LOT NUMBER 12T SUBDIVISION LOT NUMBER _____

LOT SIZE 3.42 ~~SQUARE FEET~~ Acres

SUBDIVISION NAME _____

SUBDIVISION SITE SUITABILITY CERTIFICATION # _____

Office of Water Resources
DEC 07 2018
Environmental Management

OWNER INFORMATION

Carey James
LAST NAME / FIRST NAME / M.I.

119 Saxles Hill Rd. N. Smithfield, RI 02896
NO. STREET / CITY/TOWN / ZIP CODE

RIDEM APPLICATION HISTORY

PREVIOUS SITE TESTING ☑ YES ☐ NO APPLICATION # 1125-095T

DEPTH TO APPROVED WATER TABLE 30" HOW DETERMINED Soil Eval

TEST HOLE # 01 DATE EXCAVATED 3/13/11 WETLANDS within 200' OF OWTS ☐ YES ☑ NO

WETLAND DETERMINATION ☐ YES ☑ NO RIDEM FILE # _____ DATE __/__/__

LARGE SYSTEM ☐ YES ☐ NO

DESIGN INFORMATION

BUILDING USE: ☑ Residential ☐ Commercial _____

☐ Other _____

WATER SUPPLY: ☐ public water ☐ public well ☐ private well

OF DESIGN UNITS 2 Bdrm

UNIT DESIGN FLOW 115 gallons per Bdrm (unit) TOTAL DAILY FLOW 230 gallons

TANK SIZE 1,000 gallons DESIGN LOADING RATE 0.46 gpd/sf

MINIMUM REQUIRED LEACHFIELD AREA 500 square feet

LEACHFIELD TYPE Elgeo

TOTAL AREA OF LEACHFIELD PROVIDED 504 square feet

CERTIFICATION

I, Josh Angell (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 # D-1244

Designer's Email Angellexcavation@gmail.com Phone # 401-647-4331

Business/Company Name Angell Excavation / Septic

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 508 294-0282

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	Date of Approval	Date of Expiration
	1/24/19	1/24/20

DEM SEE INSTRUCTIONS ON REVERSE SIDE

RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
ONSITE WASTEWATER TREATMENT SYSTEM CONSTRUCTION PERMIT
www.dem.ri.gov/septic

FOR RIDEM USE ONLY

APPLICATION No. 1125-0957 DATE RECEIVED 9/5/19 AMOUNT RECEIVED $ 150 CHECK # 766 NOTE 03

TYPE OF APPLICATION (CHECK ALL THAT APPLY)

- ☑ NEW BUILDING CONSTRUCTION
- ☐ ALTERATION
- ☐ REPAIR
- ☐ TRANSFER
- ☑ A/E TECHNOLOGY TYPE ELJEN
- ☐ VARIANCE
- ☐ REDESIGN
- ☐ JOINT OWTS / WETLANDS PD

SITE INFORMATION

SAYLES HILL ROAD — NORTH SMITHFIELD — 83
NO. STREET — CITY/TOWN — POLE #

PLAT NUMBER 17 LOT NUMBER Part of 127 SUBDIVISION LOT NUMBER _____

LOT SIZE 50,916 SF/ACRES

SUBDIVISION NAME _____

SUBDIVISION SITE SUITABILITY CERTIFICATION # _____

OWNER INFORMATION

CAREY — JAMES
LAST NAME — FIRST NAME — M.I.

119 SAYLES HILL ROAD — North Smithfield — 02896
NO. STREET — CITY/TOWN — ZIP CODE

RIDEM APPLICATION HISTORY

PREVIOUS SITE TESTING ☑ YES ☐ NO APPLICATION # 1125-0957

DEPTH TO APPROVED WATER TABLE 28" HOW DETERMINED SOIL EVAL

TEST HOLE # 1 DATE EXCAVATED 7/3/19 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 _____ SEP 5 2019

WATER SUPPLY: ☐ public water ☐ public well ☑ private well

OF DESIGN UNITS 3 bedrooms

UNIT DESIGN FLOW 115 gallons per bed (unit) TOTAL DAILY FLOW 345 gallons

TANK SIZE 1000 gallons DESIGN LOADING RATE 0.52 gpd/sf

MINIMUM REQUIRED LEACHFIELD AREA 663 square feet

LEACHFIELD TYPE ELJEN

TOTAL AREA OF LEACHFIELD PROVIDED 672 square feet

CERTIFICATION

I, Marc N. Nyberg (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 Marc N. Nyberg License # 2033

Designer's Email lborbosa@nsitengineers.com Phone # 401 762-2870

Business/Company Name Nyberg + Associates

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 508-294-0282

Owner's Email JIMCAREY64@YAHOO.COM

Owner(s) Signature [signature]

PERMIT APPROVAL SECTION: DO NOT WRITE BELOW THIS LINE

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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	Date of Approval	Date of Expiration
[signature]	9/13/19	9/13/24

DESIGNER