Plat No. 7

Plat No. 16

Plat No. 12

(SEACONNET RIVER)

SAKONNET HARBOR

SAKONNET POINT ROAD

WEST MAIN ROAD (State Hwy. Plat 338)

WARRENS POINT ROAD

NEW YORK ROAD (State Hwy. Plat 338)

"NEIGHBOR'S LANE"

"CALIFORNIA ROAD"

BAILEY'S LEDGE ROAD PRIVATE R.O.W.

25' PRIVATE R.O.W.

20' PRIVATE R.O.W.

TRAVELLED WAY

R.I. ROUTE 77

1 1.980A.	2 3.468 A.	3 23,640 23,320A.	4-1 1.800 A.	4-2 1.896A.	5 3.325 A.	6 1.855A.	7 10.9±A.
8 3.4±A.	9 7.2±A. (7.614±A.)	10-1 2.27±A.	10-2 2.0±A. (2.20±A.)	11 29,175±	12 3300±	13 37,700±	14 1.0 A.
15 2.3±A.	16 3.9±A. (3±A.)	17 36.8±A.	18 19.44±A.	19 (15.96±A.)	20 1.7±A.	21 1.5±A.	22-1 (2.1±A.)
22-2 (2.1±A.)	23 6.0±A.	24 3.0±A. (2.3±A.)	25 7.8±A. (6±A.)	26 51,000±	27 49,050±	28 2.0±A.	29 43,000±
30 45,000±	31 1.0±A.	32 2.3±A.	33 41,630	34 41,632±	35 1.1±A.	36 54,580±	38 2.2±A. (2.00 A.)
40 43,400	41 50,175±	42-1 43,714	42-2 21,857±	43 65,571±	44 43,714	45 44,606	46 44,606
47 40.8±A. (37±A.)	48 3.5±A. (3±A.)	49 1.5±A.	50 42,000±	51 1.1±A.	52 2.5±A.	53 9400±	56 8.5±A.
57 (2.94±A.)	58 2.5±A.	59 3.34±A.	60 1.781±A.	61 2.0±A.	62 2.21A.	63 2.0±A.	64 45,300±
65 0.8±A.	66 1.3±A.	67 35,000±	68 10,350±	69 15,800±	70 14,400±	71 25,000±	74 32,400±
78 14,275±	80 14,525±	82 7200	83 7200	85 7200	86 7200	87 7200	88 7200
89 7200	90 7200	91 32,400±	93 7200	94 7200	95 7200	96 9000±	97 7200
98 7200	99 13,727±	100 13,076±	101 7200	102 7200	103 9000±	104 9000±	105 7200
106 7200	107 7200	108 12,231±	109 11,479±	110 7200	111 7200	112 9000±	113 11,500±
114 (12,000±)	115 10,277±	116 11,519±	117 11,000±	118 (12,240±)	119 (29,900±)	120 16,000±	121 1.24A.

Locus

N 143,000 E 384,000

N 141,000 E 384,000

N 143,000 E 385,000

N 141,000 E 385,000

NOTE:
This plat is a graphical representation of property boundaries and does not establish title nor legal boundaries.

Last revision to master: (1989) 1-9-90

GRAPHIC SCALE

FEET 0 100 200 300 400 500 600 700 800 900 1000
METERS 0 25 50 100 (1:2400) 200 300

LITTLE COMPTON

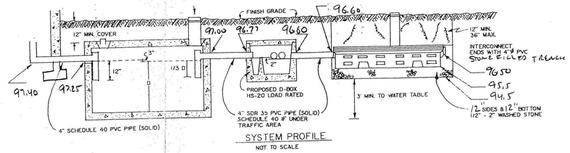
SCALE - 1" = 200'

PREPARED BY STANLEY ENGINEERING, INC.

PLAT 8

(OLD 16 & Portions 17/18)

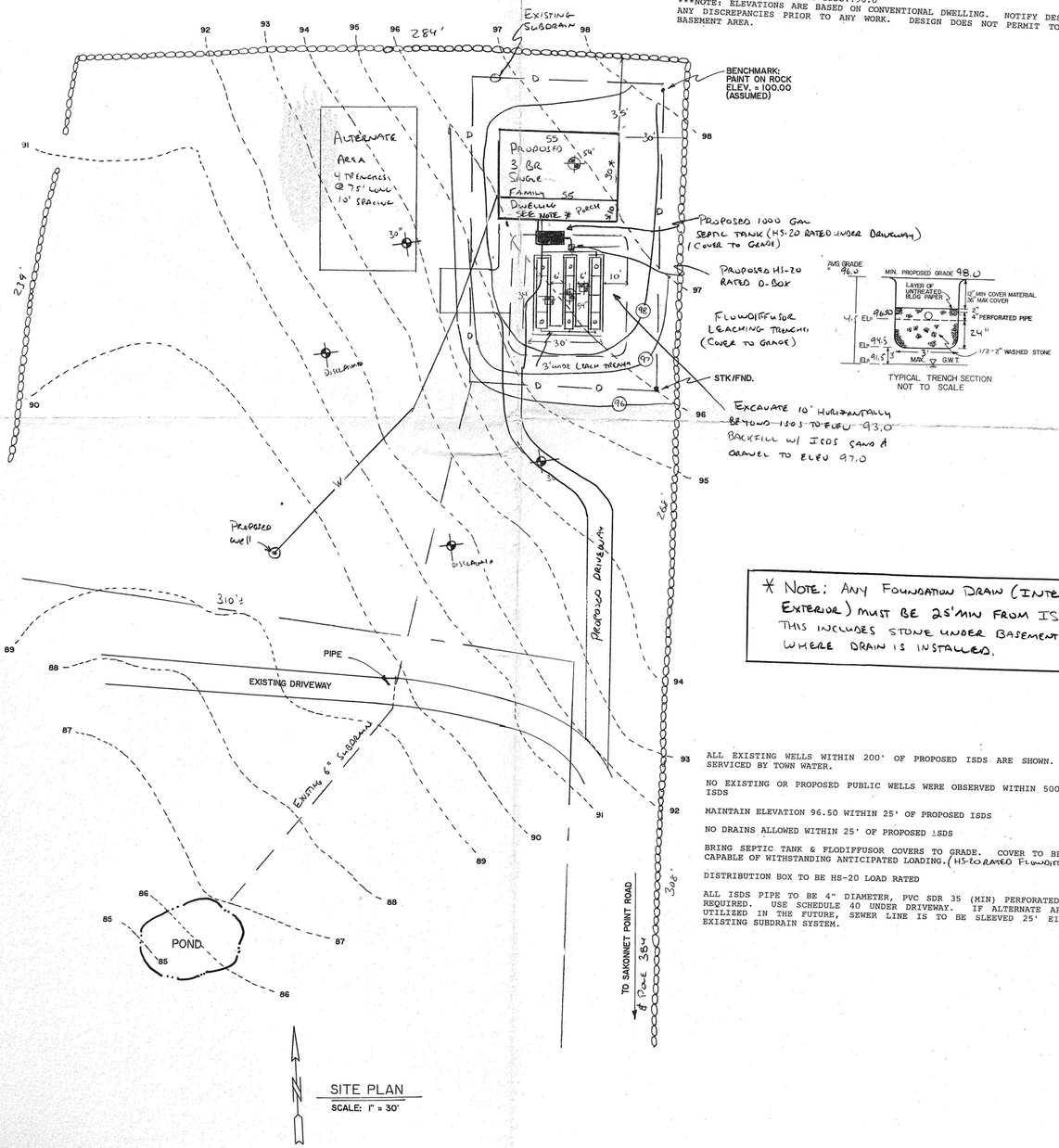
RECEIVED
MAR 22 '91
U.S.A.C. OF ENGINEERS



SYSTEM PROFILE
NOT TO SCALE

BASIS OF SANITARY DESIGN
NUMBER OF BEDROOMS: 3
GARBAGE GRINDER: NOT ALLOWED
ESTIMATED SEWAGE FLOW: 450 GALLONS PER DAY
SIZE OF SEPTIC TANK: 1000 GALLON TANK
PERCOLATION RATE: 30 MIN / INCH, 34 MIN/INCH
DESIGN RATE: 40 MIN. PER INCH
LEACHING AREA PROVIDED: 3 FLOWDIFFUSOR TRENCHES 34' LONG, W/ 12" STONE UNDER
= 908 SF INCLUDING ENDS (870 SF REQUIRED)
SYSTEM CAPACITY: 908 SF X .52 GALLONS/SF/DAY
= 510 GALLONS/DAY

FINISHED FIRST FLOOR.....101.0
TOP OF FOUNDATION.....100.0
FINISHED BASEMENT FLOOR.....92.5
INVERT AT DWELLING.....97.40
INVERT INTO SEPTIC TANK.....97.25
INVERT OUT OF SEPTIC TANK.....97.00
INVERT INTO D-BOX.....96.77
INVERT OUT OF D-BOX.....96.60
INVERT AT BEGINNING OF FLODIFF..96.60
INVERT AT END OF FLODIFFUSOR....96.50
BOTTOM OF FLOWDIFFUSOR.....95.5
BOTTOM OF STONE.....94.5
ELEVATION OF WATER TABLE.....91.5
EXISTING AVERAGE GRADE AT ISDS..96.0
***NOTE: ELEVATIONS ARE BASED ON CONVENTIONAL DWELLING. NOTIFY DESIGNER OF ANY DISCREPANCIES PRIOR TO ANY WORK. DESIGN DOES NOT PERMIT TOILETS IN BASEMENT AREA.



SITE PLAN
SCALE: 1" = 30'

TYPICAL TRENCH SECTION
NOT TO SCALE

* NOTE: ANY FOUNDATION DRAIN (INTERIOR OR EXTERIOR) MUST BE 25' MIN FROM ISDS SYSTEM. THIS INCLUDES STONE UNDER BASEMENT FLOOR WHERE DRAIN IS INSTALLED.

ALL EXISTING WELLS WITHIN 200' OF PROPOSED ISDS ARE SHOWN. SITE WILL BE SERVICED BY TOWN WATER.

NO EXISTING OR PROPOSED PUBLIC WELLS WERE OBSERVED WITHIN 500' OF PROPOSED ISDS

MAINTAIN ELEVATION 96.50 WITHIN 25' OF PROPOSED ISDS

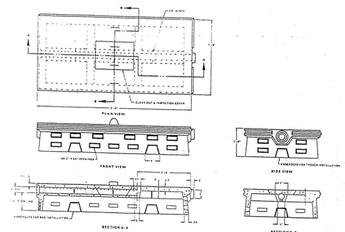
NO DRAINS ALLOWED WITHIN 25' OF PROPOSED ISDS

BRING SEPTIC TANK & FLODIFFUSOR COVERS TO GRADE. COVER TO BE 18" MIN AND CAPABLE OF WITHSTANDING ANTICIPATED LOADING. (HS-20 RATED FLOWDIFFUSERS)

DISTRIBUTION BOX TO BE HS-20 LOAD RATED

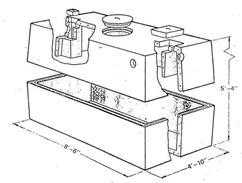
ALL ISDS PIPE TO BE 4" DIAMETER, PVC SDR 35 (MIN) PERFORATED OR SOLID AS REQUIRED. USE SCHEDULE 40 UNDER DRIVEWAY. IF ALTERNATE AREA IS TO BE UTILIZED IN THE FUTURE, SEWER LINE IS TO BE SLEEVED 25' EITHER SIDE OF EXISTING SUBDRAIN SYSTEM.

PRECAST LEACHING CHAMBER FD 4 X 8 — L FLOWDIFFUSOR®



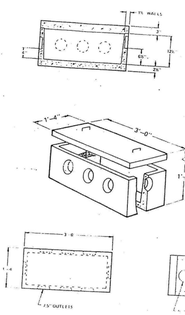
ROTONDO & SONS, INC.
PRECAST CONCRETE PRODUCTS

PRECAST SEPTIC TANK
ST 1000
1,000 GALLONS



ROTONDO & SONS, INC.
PRECAST CONCRETE PRODUCTS

PRECAST DISTRIBUTION BOX
DB-7



NOTES

1. ALL CONSTRUCTION SHALL CONFORM TO THE STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS DEPARTMENT OF ENVIRONMENTAL MANAGEMENT- RULES AND REGULATIONS ESTABLISHING MINIMUM STANDARDS RELATING TO LOCATION, DESIGN, CONSTRUCTION AND MAINTENANCE OF INDIVIDUAL SEWAGE DISPOSAL SYSTEMS MOST RECENTLY AMENDED.

2. ALL WORK SHALL BE DONE IN A WORKMANLIKE MANNER WITH LINES LAID AS STRAIGHT AS POSSIBLE AND JOINTS MADE WATERTIGHT. ALL WORK TO BE DONE BY AN INSTALLER LICENSED IN THE STATE OF RHODE ISLAND.

3. SEPTIC TANK TO BE ROTUNDO MODEL ST 1000 WITH 1000 GALLON CAPACITY. SEPTIC TANK COVERS TO BE BROUGHT TO FINISH GRADE. TANK TO BE WATERTIGHT. RECOMMEND THAT AN OUTLET SCREEN BE INSTALLED ON TANK.

4. DISTRIBUTION BOX TO BE ROTUNDO MODEL # DB-7 OR APPROVED EQUALS. ALL DISTRIBUTION LINES 2' MINIMUM FROM BOX TO BE LAID LEVEL AND AT THE SAME ELEVATION. BAFFLES OR INLET TEE REQUIRED.

5. LEACHING AREA EXCAVATION SHALL BE LEVEL AND SCARIFIED. CARE SHALL BE TAKEN TO AVOID COMPACTION OF THE LEACHING AREA. EXCAVATION SHALL BE TO THE EXTENT DESIGNATED ON THE PLANS. ALL AREAS OF EXCAVATION SHALL BE STRIPPED OF ALL BRUSH, TREES, TOPSOIL, SUBSOIL AND OTHER UNDESIRABLE MATERIAL AND BACKFILLED WITH CLEAN COARSE SAND, GRAVEL OR STONE, AS DESIGNATED ON THE PLAN. SAND AND GRAVEL TO HAVE A MINIMUM PERCOLATION RATE OF 5 MIN/INCH. MAX STONE SIZE IS 6". LIMIT 10% OF 2" - 6" STONES.

6. ALL BACKFILL MATERIAL PLACED OVER THE SEPTIC SYSTEM SHALL BE FREE OF LARGE STONES, RUBBISH, OR OTHER DELETERIOUS MATERIALS. HEAVY EQUIPMENT SHALL NOT BE ALLOWED TO RUN OVER THE LEACHING AREA.

7. CONTRACTOR SHALL NOTIFY THE ISDS SECTION FOR INSPECTION AT VARIOUS STAGES OF CONSTRUCTION AS DESIGNATED ON THE APPROVAL APPLICATION. WORK SHALL NOT CONTINUE UNTIL VARIOUS STAGE IS APPROVED.

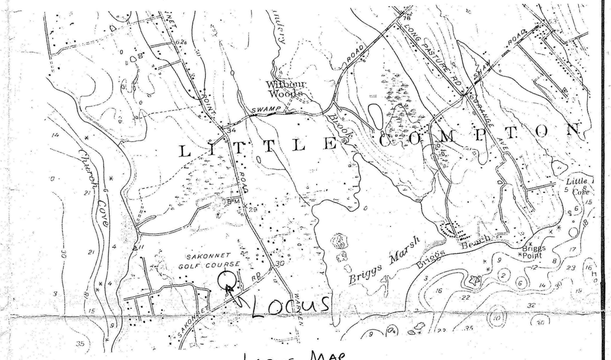
8. THE SYSTEM IS NOT DESIGNED TO ACCOMMODATE A GARBAGE GRINDER.

9. FOR PROPER OPERATION, THE SEPTIC TANK SHALL BE INSPECTED ANNUALLY AND PUMPED AT NO GREATER THAN 2 YEAR INTERVALS.

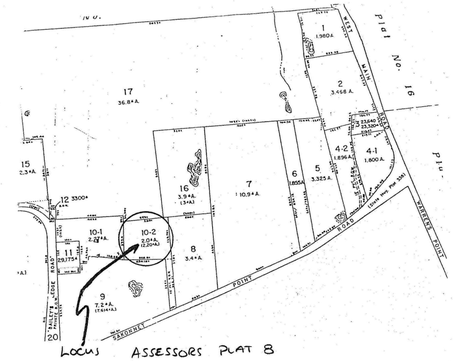
10. NO PARKING IS PERMITTED IN THE VICINITY OF THE ISDS.

11. DIG SAFE NOTIFICATION IS REQUIRED PRIOR TO ANY EXCAVATION.

12. CONTRACTOR TO INSTALL 12" MINIMUM COVER OVER ISDS. CONTRACTOR IS TO INSURE 6" LOAM AND SEED OVER ALL DISTURBED AREAS UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE FOR FINISH LANDSCAPING.



LOCUS MAP
SCALE 1"= 2080'



LOCUS ASSESSORS PLAT 8
NOT TO SCALE

IMPORTANT
You must call this office for an inspection of the bottom of the leaching area excavation after stripping but prior to the placement of any gravel or stone.

DESIGNER SUPERVISION REQUIRED

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DIVISION OF GROUNDWATER & ISDS
ISDS SECTION
PLAN # 94/8-721 DATE 12-6-95
APPROVED Brian M. Sullivan
NO CHANGES ALLOWED WITHOUT PRIOR APPROVAL
APPROVED PLANS MUST BE KEPT AT CONSTRUCTION SITE

WILLIAM F. SMITH
12/6/95
No. #5084
REGISTERED PROFESSIONAL ENGINEER

12/19/95 REVISED SEPTIC TANK, DRAIN NOTE

WM. TRUSCOTT
SAKONNET POINT ROAD, LITTLE COMPTON, RI
LOT 10-2, PLAT 8

SCALE: AS NOTED	APPROVED BY	DRAWN BY
DATE: 10/27/95		WFS

CIVIL ENGINEERING CONCEPTS, INC
P.O. BOX 262, ADAMSVILLE, RI 02801
(401) 635-8695

INDIVIDUAL SEWAGE DISPOSAL SYSTEM
NEW CONSTRUCTION

DRAWING NUMBER
1 OF 1

Designers Affidavit of Continuing Validity of Field Data

Nov 2 '95
DIV. OF ... RESOURCES
I.S.D.S. SECTION

FOR DEM USE
DATE 11-2-95
CK NO. 224
AMT. $130—
No.

RE: OWNER'S NAME: WILLIAM TRUSCOTT (P&S AGREEMENT) DATE: 10/29/95

PLAT: 8 LOT: 10-2 SUBDIVISION NAME: N/A LOT #

SITE LOCATION (STREET, POLE#): POLE 384 SAKONNET POINT ROAD

TOWN: LITTLE COMPTON

WATER TABLE VERIFICATION CARD NUMBER: W9018-23

PERCOLATION TESTS DATE(S): N/A

RESULTS:

DRY SEASON TEST HOLE DATE: N/A

ISDS APPLICATION # (where above data used, if any): N/A (NOT ISSUED YET)

SUBDIVISION SUITABILITY REPORT # (for subdivision affidavit): N/A

I hereby certify that I have reviewed the above referenced test results, determinations and/or data and have inspected the subject property and its surroundings and do hereby attest that the results of such tests, determinations and/or data are still valid and there have been no significant changes to the property and/or surrounding properties that would adversely affect the validity of the tests, determinations, and/or data previously submitted.

(STAMP)

WILLIAM F. SMITH
10/29/95
STATE OF RHODE ISLAND
No #5084
REGISTERED PROFESSIONAL ENGINEER

SIGNATURE OF DESIGNER (ENGINEER/LAND SURVEYOR):

NAME (printed) WILLIAM F SMITH

TITLE: PRESIDENT

REPRESENTING: Civil Engineering Concepts, Inc.
P.O. Box 262
Adamsville, RI 02801

REVISED 7/7/95 **(SEE INSTRUCTIONS ON REVERSE SIDE)** FIELDDAT.FM1

XII. DOSING TANKS AND SIPHONS (SD 7.00)

97 Distribution lines > 500', one siphon or two alternating pumps req'd

98 Distribution lines > 1000'. two siphons or two alt. pumps to separate fields req'd

99 Proper dose volume with calculations

100 MH to grade

101 Proper high GWT design

102 3.05 minimum distances

103 All min. distances met

XIII. PUMPS (SD 8.00)

104 Located after septic tank

105 Head curves and calculations req'd

106 2" Diam. solids (min.) capacity

107 Proper design and sizing of discharge pipes

108 Commercial system, dual alternating pumps req'd

109 Alarm required, properly located

110 Standby power req'd (Commercial Systems Only)

111 Proper sized D-Box and outlet (SD 9.06)

XIV. DISTRIBUTION BOX (SD 9.00)

112 Proper location

113 Baffle or Inlet Tee req'd

114 Inlet elev. 2" above outlet

115 Outlet elev. 4" above floor

116 Dist. pipe SDR-35, unperforated for 2' beyond outlet

117 HS-20 loading

118 Min. bottom area of 3 sf

119 3.05 Minimum distances

120 All min. distances met

XV. SEWAGE SEEPAGE SYSTEMS (SD 10.00, 11.00 & 13.00)

121 3 Bedroom design (min.) or 2 BR Deed Restriction

122 3 'Above water table

123 5' Above impervious formation

124 25' Horizontal separation to impervious material

125 3.05 Minimum distances

126 Private well - 100'

127 Water Supply line (Pressure) - 25'

128 Water Supply line (Suction) - 40'

129 Property Line - 10'

130 Dwelling - 15' (8' if slab)

131 M N/A Surface Drinking water supply-200'

132 Watercourse- 50'

133 Drains-25' (Statement req'd on plan)

134 Maintain Inv. elevation - 25'

135 M N Public well - 400'

136 Minimum leaching area required

137 Perc. rate < 40 MPI

138 M N/A 150' Setback from Moon High Tide in erosion prone area

139 M N/A Non-Domestic Wastes, UIC permit req'd

140 11.00 Disposal Trenches

141 Min. lines per field - 2

142 Max. Length w/o dosing - 75'

143 Max. Length w/ dosing - 100'

144 Min. pipe diameter - 4"

145 Grade of D-lines - 2-4" per 100'

146 Max. trench width - 3'

147 Min. trench spacing - 5'

148 Min. cover over invert - 1.5 '

149 Max. cover over invert - 3.5'

150 Proper D-Lines, ends inter-connected, SDR-35

151 Proper strip and gravel fill

152 Leach Field shall not be paved

153 Vehicle parking or traffic prohibited

154 Commercial system parking must be curbed or fenced

155 Parking areas graded to divert runoff

156 < 2' Stone below invert on commercial system in welled area

157 13.00 Leaching Chambers

158 13.02(a) Shallow Chambers (Flow Diffussers)

159 WT > 4'

160 Min. Leaching Area

161 Trench Width < 6'

160 Min. Leaching Area

161 Trench Width < 6'

162 13.02(b) Deep Chambers (Galleys)

163 WT > 8'

164 Min Leaching Area

165 Trench Configuration only

166 MH to w/in 1' every 50'

167 6' Min. Trench spacing

168 Distribution Line every 25' w/o internal line in chamber

169 Trenches Interconnected

170 Min. cover over invert - 1.5'

171 Max. cover over invert - 3.5'

172 Paving over system, 25% max.

173 Structures under parking HS-20 loading

174 M N/A MH'S to grade in paved area

175 M N Vents req'd, protected and screened in paved areas

XVI. CRITICAL SITES (15.02(b), 2'-4'WT/4'-6' LEDGE)

176 Disposal Trenches only

177 10' Trench Spacing, no sidewall credit

178 Perc Rate > 10 mpi

179 2 Verified Soil Exploration Holes in area of system

180 Installation supervised by PE or PLS

181 ISDS prohibited, WT<2' or Ledge<4'

XVII. SOIL EXPLORATION HOLES (15.04)

182 Test Pit(s) in area of Leaching Field

183 5' Below system

184 Soil Strata Reported

185 Soil Densities

186 M N/A Test pits for Ledge

187 M N/A Soil holes to be witnessed by ISDS Section

XVIII. PERCOLATION TEST (16.00)

188 2 Percs in area of Leaching Field

189 Min. 10' apart

190 Proper depths

191 Perc Test in original ground

XIX. GROUNDWATER TABLE ELEVATION DETERMINATION (17.00)

192 17.01 Wet Season Determination

193 Multiple Readings (3 min.)

194 < 5 yrs. old

195 17.02(a) Dry Season Determination

196 12' Dry Hole

197 Unconsolidated sand or gravel outwash

198 17.02(b) Dry Season Determination

199 > 4' WT

200 > 6' to impervious

201 < 2000 GPD

202 No variances req'd

203 Water Table not verified

XX. CRITICAL RESOURCE AREAS (19.00)

204 19.00 Critical Resource Area

205 19.01 Alterations < 150 GPD

206 19.02.1 Large System > 2000 GPD

207 > 5' WT

208 > 7' to impervious

209 Perc Rate < 3 MPI

210 Horizontal Distance 3X on wells and surface water

211 Alt. Area Testing

212 Environmental Impact Assessment req'd

213 Preliminary and final reports req'd

214 RIDEM Groundwater Section Submission req'd

215 Min. Distances in Table 19.1 met

216 19.02.4 ISDS < 2000 GPD

217 Min. Distances in Table 19.1 met

218 > 5' WT

219 > 7' to impervious

220 2'-5' WT

221 2 Test Holes in area of system

222 All Horizontal distances met per Table 19.1 and SD 3.05

223 No 2' WT within 25'

RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DIVISION OF GROUNDWATER & ISDS
INDIVIDUAL SEWAGE DISPOSAL SYSTEM
APPLICATION / REVIEW CHECKLIST

Nov Dec 2 '95

FOR OFFICE USE

OWNER: WM. TRUSCOTT

DESIGNER: W F SMITH

Civil Engineering Concepts, Inc.
P.O. Box 262
Adamsville, RI 02801

APPLICATION NO. 9418-721

DATE: 11-2-95

The following checklist is to be completed by the designer to verify conformance with ISDS regulation and policy.

I. SUBMISSION REQUIREMENTS (CHECK APPROPRIATE SUBMISSION)

NEW CONSTRUCTION

- ✓ Application Form
- ✓ 4 Sets of Plans
- ✓ Proper Fee 130

ALTERATION

- _ Application Form
- _ 4 Sets of Plans
- _ Proper Fee

REDESIGN

- _ Application Form
- _ 4 Sets of Plans
- _ Proper Fee

RENEWAL

- _ Application Form
- _ Approved Plan
- _ Proper Fee
- ✓ Recertification of Field Data for sites w/5 yr. old Data

TRANSFER

- _ Application Form
- _ Proper Form
- _ Proper Fee

VARIANCE

- _ Variance Form
- _ Application Form
- _ 4 Sets of Plans
- _ Proper Fee
- _ List of Abutters w/in 200' of system
- _ Radius Map

NOTE: If a particular item does not fit the circumstances or characteristics of this design, indicate by entering NA (Not Applicable). In addition, enter V (Variance) for each item that requires a variance. Please type or print on the lines provided.

CHKLIST.FRM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

February 13, 2002

TO: William Truscott
(Under P & S Agreement
301 East 63rd Street Apt. 16K
New York, NY 10021-

SITE INFORMATION

Application No.: 9418-0721
Street: Sakonnet Point Rd.
Town: Little Compton
Plat: 8
Lot: 2 10
Subdivision:
Subdivision Lot No:

CERTIFICATE OF CONFORMANCE

This Certificate of Conformance means that the Individual Sewage Disposal System (ISDS), 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 ISDS.

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 ISDS 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 ISDS 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.

Authorized Agent: BRIAN M. MOORE, P.E.

INDIVIDUAL SEWAGE DISPOSAL SYSTEM SECTION

SEE REVERSE SIDE FOR IMPORTANT INFORMATION ON CARE AND MAINTENANCE
cc: Building Inspector

DEM COPY

CIVIL ENGINEERING CONCEPTS, INC

1723 STAFFORD ROAD
TIVERTON, RI 02878
(401) 624-7611

19 September, 2001

RI Department of Environmental Management
Office of Water Resources
235 Promenade Street
Providence, RI 02908

Subj: STATEMENT OF FINDINGS ON INSTALLATION OF 9418-721
FOR WILLIAM TRUSCOTT, SAKONNET POINT ROAD, LITTLE COMPTON, RI

Dear Sirs;

Inspections of the subject ISDS during construction were conducted by Civil Engineering Concepts, Inc. The various stages of septic tank & pump installation were inspected and found to be in substantial compliance with the approved design plans with the following exceptions:

a. Location and orientation of septic tank was modified in the field.

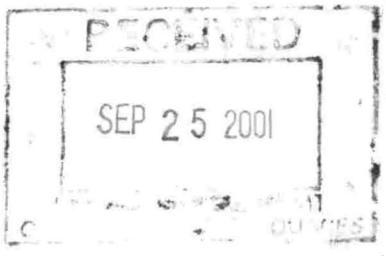
GENERAL EXCEPTIONS:

1. No expressed or implied warranty is given as to the capability or life expectancy of the system in the future due to variables beyond the control of the designer or the installer. Certain activities such as yearly inspection of the septic tank and pumping as required, utilizing plain (non- dyed) toilet paper, restricting grease from entering the system, not using chemical additives in the system, etc. can help prolong the life of the septic system and should be followed as much as possible.
2. Maintenance inspection of septic system should be performed semi-annually, with pumping to occur as necessary or every 2 years.

respectfully submitted,

William F. Smith, P.E.
President

copy to:
William Truscott



Rhode Island Department of Environmental Management
Individual Sewage Disposal System Section
Phone: 401-222-6820
Fax: 401-222-6177

INSPECTION REPORT

54

APPLICATION NUMBER: 9418-0721	
STREET: Sakonnet Point Rd.	INSPECTOR: DeRiso
CITY/TOWN: Little Compton	INSPECTION DATE: 08/15/2001
PLAT/LOT: 8 2 10 / POLE NO:	ARRIVAL TIME:
ISDS INSTALLER: Lannan L1194	Designer: WEATHER CONDITIONS:
PHONE NO: 401-254-4345	INSPECTION NUMBER: 1
TYPE OF INSPECTION: Bottom Inspection	

FINDINGS/COMMENTS

BOTTOM OK

DESIGNER SUPERVISION ROAD

RESULTS OF INSPECTION/ACTION REQUIRED

☒ **PERMIT - PRE-DESIGNER LICENSING:**

- ☒ Bottom Bed OK-Construct system and call for cover inspection
- ☐ Cover system
- ☐ (COC) Installer submit Certificate of Construction
- ☐ (RFAD) STOP CONSTRUCTION. Contact Designer. **DO NOT CONTINUE**
- ☒ (SOS) Designer Supervision and Statement required

☐ **PERMIT - DESIGNER LICENSING:**

- ☐ Bottom Inspected - Proceed After Designer acceptance
- ☐ Cover Inspected - Proceed After Designer acceptance
- ☐ (COC) Designer submit Certificate of Construction
- ☐ (RFAD) STOP CONSTRUCTION. Contact ISDS office. **DO NOT CONTINUE**

Signature of Inspector _____

☐ **ADDITIONAL REQUIREMENTS:**

- ☐ (RFA) Address items listed and call for re-inspection.
- ☐ Correct items listed.
- ☐ (ASB) Designer must submit As-Built plans.
- ☐ (RPREQ) Redesign required. Submit new application.
- ☐ SOIL EVALUATION - Concur
- ☐ SOIL EVALUATION - Do not concur
- ☐ SOIL EVALUATION - Inconclusive
- ☐ ALTERATION test hole - Verified
- ☐ ALTERATION test hole - Unacceptable
- ☐ LEDGE/FILL Testing Completed
- ☐ (Fee) - A $50 fee is required before re-inspection. Submit copy of this inspection form with the check.
- ☐ (O&M) O&M Agreement and Permit must be recorded in Land Evidence Records.

INSPECT FRM REV. 1/01

DEM COPY

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
INDIVIDUAL SEWAGE DISPOSAL SYSTEM APPLICATION (2/79)

APPLICATION NUMBER: 9418-721

PURPOSE OF APPLICATION: [X] NEW BUILDING CONSTRUCTION [ ] ALTERATION OF EXISTING SYSTEM [ ] REPAIR TO MALFUNCTIONING SYSTEM

APPLICATION DATE: 10-1-97

SITE LOCATION: 45 STREET: Salthonnet Point Rd CITY/TOWN: Little Compton

PLAT NUMBER		LOT NUMBER	LOT SIZE	WETLANDS DETERMINATION REQUEST ATTACHED?
8	[X] ASSESSORS [ ] RECORDED	10-2	2 acres	[ ] YES [ ] NO

SUBDIVISION NAME	SUBDIVISION LOT NUMBER	REVIEWED BY STATE?	WATER SUPPLY
		[ ] YES [X] NO	[ ] PUBLIC [X] WELL

OWNER'S NAME: LAST: Truscott FIRST: William (under P&S Agreement) INIT:

MAILING ADDRESS: 301 East 63rd ST CITY/TOWN: Apt 16K NYNY ZIP CODE: 10021

BUILDING USE: Single Family

ANY PREVIOUS APPLICATION FOR THIS SITE? [X] YES [ ] NO APP. NO. 9416-721 DATE 12/6/96

NO. DESIGN UNITS	DESIGN FLOW			TOTAL DAILY FLOW
3 Bedroom	150	GALLONS PER	BR UNIT	450 GALS.

REQ'D. TANK SIZE	TYPE SYSTEM				
1000 GALS.	[ ] TRENCH	[X] CHAMBER	[ ] BED	[ ] OTHER: DESCRIBE	

NUMBER OF LINES	WIDTH	LENGTH	TOTAL SQ. FEET	
3	6'	34	908 SF	Includes Ends (870 SF Req'd)

SOIL DESCRIPTION BY STRATA - SEE REVERSE SIDE FOR CODES AND INSTRUCTIONS.

DEPTH	0 TO 11	11 TO 20	20 TO 43	43 TO 59
SOIL TEXTURE	LM	SL	3C FS MS ST) 2CS 1SR	4C FS MS CSST) SR
DENSITY	LC BR	LC BR Tan	m-MC BR Gray	mc Gray
DEPTH	59 TO 89	89 TO 110	DEPTH HOLE: 110	DEPTH IMPERVIOUS: 110
SOIL TEXTURE	3C FS ST) 4MS 1BBCS SR		DATE HOLE EXCAVATED: 1990 BY E. SIMPSON	
DENSITY	m-HC Gray	Lmc Gray Tan		

WATER TABLE DATA

	DEPTH	(A)	DATE
1.	78"		12/15/89
2.	75"		12/18/89
3.	79"		12/23/89
4.			
5.			

MULTIPLE READINGS

	DEPTH	(B)	DATE
1.	96"		12/15/89
2.	87"		12/18/89
3.	92"		12/23/89
4.			
5.			

PERCOLATION RATES

	RATE	DEPTH	DATE
1.	30 m/in	24"	10/1/95
2.	34 m/in	36"	10/1/95
3.			

DESIGN PERC. RATE: 40 m/in

DESIGN APP. RATE: .52 G/SF/D

MINIMUM REQUIRED LEACHING AREA: 870 SF

WET SEASON DESIGN DEPTH: 4.5 FEET

EXPLAIN HOW DETERMINED: GWT W 9018-23 By Simpson

The undersigned, William F. Smith, Engineer/Surveyor, hereby certifies that he has conducted certain percolation tests, subsoil explorations and ground water table elevation determinations on the property identified in and by this application and accompanying forms, submittals, plans and sketches; that said tests have been conducted in accordance with the rules and regulations of the Rhode Island Department of Environmental Management pertaining to individual sewage disposal systems; that he has prepared all of the aforementioned documents; and that all information on this application and accompanying forms, submittals, plans and sketches are true and accurate and represent truthfully and accurately what the information hereon and the information and designs on the accompanying forms, submittals, plans and sketches purport to represent.

SIGNATURE OF ENGINEER/SURVEYOR: W F Smith TITLE: President

REGISTRATION NUMBER: PE-5084 REPRESENTING: Civil Eng Concepts Inc. TELEPHONE NO.: 635-8695

The Owner certifies that the system will be installed in strict accordance with this application and attached forms, submittals, plans and sketches. The Owner further certifies that he 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 any improper installation of the system on this site, and agrees to hold the Department of Environmental Management harmless from any and all claims against it for any future failure of the system.

TELEPHONE NO.: 401-635-2380

William F. Truscott
Owner's Signature

DISPOSITION OF APPLICATION (ENVIRONMENTAL MANAGEMENT DEPT. USE ONLY)
THIS APPLICATION ATTACHED PLAN AND SPECIFICATIONS ARE HEREBY:

[X] APPROVED	[X] RENEWED	[ ] TRANSFERRED OWNERSHIP	[ ] DENIED. SEE ATTACHED SHEET	PREVIOUS APP. NO.

If approved, renewed or transferred, the following applies:
Based upon the representations of the Owner, and the Owner's agents and/or servants, including the representations of the Owner's Engineer and/or Surveyor, regarding the truth and accuracy of all information submitted on the application and the accompanying forms submittals, plans and sketches, this application for an individual sewage disposal system is hereby approved. The Department of Environmental Management 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 agents' and/or servants' representations. This approval is subject to future suspension and revocation in the event that subsequent examination reveals any of the data indicated on any application, form, submittal, plan or sketch to be incorrect, or not in compliance with the regulations, or in the event that the system discharges sewage on or to the surface of the ground, or, on or to any watercourse or, fails to operate satisfactorily in any other manner.

This approval expires in 1 year if water supply is individual well, or in 2 years if public. This permit is valid for owner signed above only, change of ownership requires new permit. Exp 12-6-98

IMPORTANT: NOTE (Circled) ADDITIONAL TERMS OF APPROVAL

(A) Bottom of leaching area excavation must be inspected by the Dept. of Environmental Management prior to placement of any gravel or stone.
(B) Excavation work on leaching area must be performed during dry season only (June-November).
(C) It is essential that all distances and elevations be accurately set prior to the start of construction.
D. Approved per variance Board/Appeal Decision dated _____, all requirements, conditions and stipulations of which shall be strictly adhered to.
(E) All stages of construction must be supervised by the system designer, and a written statement of findings submitted to this office.
F. The discharge of laundry wastes into this system is prohibited.
(G) Other: DESIGNER MUST INSURE THAT ALL SETBACKS TO SUBDRAIN 26.1 130 ARE MAINTAINED

WATER RESOURCE OF ENVIRONMENTAL MANAGEMENT DEPARTMENT

PERMIT EXPIRES 12-6-98

SIGNATURE OF ENVIRONMENTAL MANAGEMENT DEPT. OFFICIAL: Brian M Moore DATE: 10-20-97 CONTROL NO.:

DEPT. OF ENVIRONMENTAL MANAGEMENT

RE-DE-WHL OF 9418-721 FEE PAID Mail Ck 1807 $30.00

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DIVISION OF LAND RESOURCES
INDIVIDUAL SEWAGE DISPOSAL SYSTEM APPLICATION (2/79)

APPLICATION NUMBER: 9418-721

APPLICATION DATE: 10-28-96

PURPOSE OF APPLICATION: [X] NEW BUILDING CONSTRUCTION [ ] ALTERATION OF EXISTING SYSTEM [ ] REPAIR TO MALFUNCTIONING SYSTEM

SITE LOCATION — STREET: Sakonnet Point Rd — CITY/TOWN: Little Compton

PLAT NUMBER: 8 — [X] ASSESSORS [ ] RECORDED — LOT NUMBER: 10-2 — LOT SIZE: 2 acres — WETLANDS DETERMINATION REQUEST ATTACHED? [ ] YES [ ] NO

SUBDIVISION NAME — SUBDIVISION LOT NUMBER — REVIEWED BY STATE? [ ] YES [X] NO — WATER SUPPLY [ ] PUBLIC [X] WELL

OWNER'S NAME — LAST: Truscott — FIRST: William (Under P&S Agreement) — MIDDLE INIT

MAILING ADDRESS: 301 East 63rd St. Apt. 16K — CITY/TOWN: New York NY — ZIP CODE: 10021

BUILDING USE: Single Family

ANY PREVIOUS APPLICATION FOR THIS SITE? [X] YES [ ] NO — APP. NO: 9418-721 — DATE: 12/6/95

NO. DESIGN UNITS	DESIGN FLOW	TOTAL DAILY FLOW
3 Bedroom	150 GALLONS PER BR UNIT	450 GALS.

REQ'D. TANK SIZE: 1000 GALS. — TYPE SYSTEM: [ ] TRENCH [X] CHAMBER [ ] BED [ ] OTHER: DESCRIBE

NUMBER OF LINES	WIDTH	LENGTH	TOTAL SQ. FEET	
3	6'	34	908 SF	Includes Ends (670 SF REQ'D)

SOIL DESCRIPTION BY STRATA - SEE REVERSE SIDE FOR CODES AND INSTRUCTIONS.

DEPTH	0 TO 11	11 TO 20	20 TO 43	43 TO 59
SOIL TEXTURE	LM	SL TAN	3CFS, MS, ST 2CS 1SR	4(FS MS CSST) SR
DENSITY	LC BR	LC BR	m-HC BR Gray	MC Gray
DEPTH	59 TO 89	89 TO 110	DEPTH HOLE: 110	DEPTH IMPERVIOUS: 110
SOIL TEXTURE	3CFS SL 2MS IRB CS SR	Gray TAN	DATE HOLE EXCAVATED: 1990 By S Simpson	
DENSITY	m-HC Gray	L MC		

WATER TABLE DATA

	DEPTH (A)	DATE
1.	76"	12/15/89
2.	75"	12/18/89
3.	79"	12/23/89
4		
5.		

MULTIPLE READINGS

	DEPTH (B)	DATE
1.	90	12/15/89
2.	87	12/18/89
3.	92"	12/23/89
4.		
5.		

PERCOLATION RATES

	RATE	DEPTH	DATE
1.	30 m/in	24"	10/1/95
2.	34 m/in	36"	10/1/95
3.			

DESIGN PERC. RATE: 40 m/in — DESIGN APP. RATE: .526 GPD/SF

MINIMUM REQUIRED LEACHING AREA: 570 SF

WET SEASON DESIGN DEPTH: 4.5 FEET — EXPLAIN HOW DETERMINED: By Simpson GWT W9018-23

The undersigned, William F. Smith, Engineer/Surveyor, hereby certifies that he has conducted certain percolation tests, subsoil explorations and ground water table elevation determinations on the property identified in and by this application and accompanying forms, submittals, plans and sketches; that said tests have been conducted in accordance with the rules and regulations of the Rhode Island Department of Environmental Management pertaining to individual sewage disposal systems; that he has prepared all of the aforementioned documents; and that all information on this application and accompanying forms, submittals, plans and sketches are true and accurate and represent truthfully and accurately what the information hereon and the information and designs on the accompanying forms, submittals, plans and sketches purport to represent.

SIGNATURE OF ENGINEER/SURVEYOR: Wm F Smith — TITLE: President

REGISTRATION NUMBER: PE 5084 — REPRESENTING: Civil Eng Concepts Inc. — TELEPHONE NO.: 635-8695

The Owner certifies that the system will be installed in strict accordance with this application and attached forms, submittals, plans and sketches. The Owner further certifies that he 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 any improper installation of the system on this site, and agrees to hold the Department of Environmental Management harmless from any and all claims against it for any future failure of the system.

TELEPHONE NO.: (508)647-0476

William F Truscott — Owner's Signature

DISPOSITION OF APPLICATION (ENVIRONMENTAL MANAGEMENT DEPT. USE ONLY)
THIS APPLICATION ATTACHED PLAN AND SPECIFICATIONS ARE HEREBY:

[X] APPROVED [X] RENEWED [ ] TRANSFERRED OWNERSHIP [ ] DENIED. SEE ATTACHED SHEET — PREVIOUS APP. NO.

If approved, renewed or transferred, the following applies:

Based upon the representations of the Owner, and the Owner's agents and/or servants, including the representations of the Owner's Engineer and/or Surveyor, regarding the truth and accuracy of all information submitted on the application and the accompanying forms submittals, plans and sketches, this application for an individual sewage disposal system is hereby approved. The Department of Environmental Management 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 agents' and/or servants' representations. This approval is subject to future suspension and revocation in the event that subsequent examination reveals any of the data indicated on any application, form, submittal, plan or sketch to be incorrect, or not in compliance with the regulations, or in the event that the system discharges sewage on or to the surface of the ground, or, on or to any watercourse or, fails to operate satisfactorily in any other manner.

This approval expires in 1 year if water supply is individual well, or in 2 years if public. This permit is valid for owner signed above only, change of ownership requires new permit. Exp 12-6-97

IMPORTANT: NOTE (Circled) ADDITIONAL TERMS OF APPROVAL

(A) Bottom of leaching area excavation must be inspected by the Dept. of Environmental Management prior to placement of any gravel or stone.

(B) Excavation work on leaching area must be performed during dry season only (June-November).

(C) It is essential that all distances and elevations be accurately set prior to the start of construction.

D. Approved per variance Board/Appeal Decision dated _____, all requirements, conditions and stipulations of which shall be strictly adhered to.

(E) All stages of construction must be supervised by the system designer, and a written statement of findings submitted to this office.

F. The discharge of laundry wastes into this system is prohibited.

(G) Other: DESIGNER MUST INSURE THAT ALL SETBACKS TO SUBDRAIN ARE MAINTAINED

PERMIT EXPIRES 12-6-97

SIGNATURE OF ENVIRONMENTAL MANAGEMENT DEPT. OFFICIAL: Brian M Moore — DATE: 10-29-96 — CONTROL NO.

DEPT. OF ENVIRONMENTAL MANAGEMENT

CK 224 B/30.40

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DIVISION OF LAND RESOURCES
INDIVIDUAL SEWAGE DISPOSAL SYSTEM APPLICATION (2/79)

APPLICATION NUMBER: 9418-721

APPLICATION DATE: 11-2-95

PURPOSE OF APPLICATION: [X] NEW BUILDING CONSTRUCTION [ ] ALTERATION OF EXISTING SYSTEM [ ] REPAIR TO MALFUNCTIONING SYSTEM

SITE LOCATION: STREET: SAKONNET POINT RD CITY/TOWN: LITTLE COMPTON

PLAT NUMBER		LOT NUMBER	LOT SIZE	WETLANDS DETERMINATION REQUEST ATTACHED?
8	[X] ASSESSORS [ ] RECORDED	10-2	2 ACRES	[ ] YES [ ] NO

SUBDIVISION NAME	SUBDIVISION LOT NUMBER	REVIEWED BY STATE?	WATER SUPPLY
		[ ] YES [X] NO	[ ] PUBLIC [X] WELL

OWNER'S NAME: LAST: TRUSCOTT FIRST: WILLIAM (INT. UNDER P&S AGREEMENT)

MAILING ADDRESS: 76 WINTER ST CITY/TOWN: NATICK ZIP CODE: MA 01760

BUILDING USE: SINGLE FAMILY

ANY PREVIOUS APPLICATION FOR THIS SITE? [ ] YES [X] NO APP. NO. _____ DATE _____

NO. DESIGN UNITS	DESIGN FLOW			TOTAL DAILY FLOW
3 BEDROOM	150	GALLONS PER	BR UNIT	450 GALS.

REQ'D. TANK SIZE	TYPE SYSTEM				
1000 GALS.	[ ] TRENCH	[X] CHAMBER	[ ] BED	[ ] OTHER: DESCRIBE	

NUMBER OF LINES	WIDTH	LENGTH	TOTAL SQ. FEET	
3	6'	34	908 SF	INCLUDES ENDS (870 SF REQ'D)

SOIL DESCRIPTION BY STRATA - SEE REVERSE SIDE FOR CODES AND INSTRUCTIONS.

DEPTH	0 TO 11	11 TO 20	20 TO 43	43 TO 59
SOIL TEXTURE	LM	SL	3(FS MS ST) 2CS 1SR	4(FS MS CS ST) SR
DENSITY	LC BR	LC TAN BR	M-MK BR GRAY	MC GRAY
DEPTH	59 TO 89	89 TO 110±	DEPTH HOLE: 110	DEPTH IMPERVIOUS: 110
SOIL TEXTURE	3(FS ST) 4MS 1B'S CS SR		DATE HOLE EXCAVATED: 1990 BY E SIMPSON	
DENSITY	M-MK GRAY	L-MC GRAY TAN		

WATER TABLE DATA

	DEPTH	(A) DATE
1.	78"	12/15/89
2.	75"	12/18/89
3.	74"	12/23/89
4.		
5.		

MULTIPLE READINGS

	DEPTH	(B) DATE
1.	90	12/15/89
2.	87	12/18/89
3.	92"	12/23/89
4.		
5.		

PERCOLATION RATES

	RATE	DEPTH	DATE
1.	30 MIN	24"	10/1/95
2.	34 MIN	36"	10/1/95
3.			

DESIGN PERC. RATE: 40 MIN DESIGN APP. RATE: .52 GAL/SF/D

MINIMUM REQUIRED LEACHING AREA: 870 SF

WET SEASON DESIGN DEPTH: 4.5 FEET

EXPLAIN HOW DETERMINED: GWT W9018-23 BY SIMPSON

The undersigned, W. F. SMITH Engineer/~~Surveyor~~, hereby certifies that he has conducted certain percolation tests, subsoil explorations and ground water table elevation determinations on the property identified in and by this application and accompanying forms, submittals, plans and sketches; that said tests have been conducted in accordance with the rules and regulations of the Rhode Island Department of Environmental Management pertaining to individual sewage disposal systems; that he has prepared all of the aforementioned documents; and that all information on this application and accompanying forms, submittals, plans and sketches are true and accurate and represent truthfully and accurately what the information hereon and the information and designs on the accompanying forms, submittals, plans and sketches purport to represent.

SIGNATURE OF ENGINEER/SURVEYOR		TITLE
		PRESIDENT
REGISTRATION NUMBER: PE5084	REPRESENTING: CIVIL ENG CONCEPTS INC	TELEPHONE NO.: 635-8695

The Owner certifies that the system will be installed in strict accordance with this application and attached forms, submittals, plans and sketches. The Owner further certifies that he 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 any improper installation of the system on this site, and agrees to hold the Department of Environmental Management harmless from any and all claims against it for any future failure of the system.

TELEPHONE NO.: (508) 647-0476

Katherine E. Truscott
Owner's Signature

DISPOSITION OF APPLICATION (ENVIRONMENTAL MANAGEMENT DEPT. USE ONLY)
THIS APPLICATION ATTACHED PLAN AND SPECIFICATIONS ARE HEREBY:

[X] APPROVED	[ ] RENEWED	[ ] TRANSFERRED OWNERSHIP	[ ] DENIED. SEE ATTACHED SHEET	PREVIOUS APP. NO.

If approved, renewed or transferred, the following applies:
Based upon the representations of the Owner, and the Owner's agents and/or servants, including the representations of the Owner's Engineer and/or Surveyor, regarding the truth and accuracy of all information submitted on the application and the accompanying forms submittals, plans and sketches, this application for an individual sewage disposal system is hereby approved. The Department of Environmental Management 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 agents' and/or servants' representations. This approval is subject to future suspension and revocation in the event that subsequent examination reveals any of the data indicated on any application, form, submittal, plan or sketch to be incorrect, or not in compliance with the regulations, or in the event that the system discharges sewage on or to the surface of the ground, or, on or to any watercourse or, fails to operate satisfactorily in any other manner.

This approval expires in 1 year if water supply is individual well, or in 2 years if public. This permit is valid for owner signed above only, change of ownership requires new permit. Permit expires on 12-6-96

IMPORTANT: NOTE (Circled) ADDITIONAL TERMS OF APPROVAL

(A) Bottom of leaching area excavation must be inspected by the Dept. of Environmental Management prior to placement of any gravel or stone.
(B) Excavation work on leaching area must be performed during dry season only (June-November).
(C) It is essential that all distances and elevations be accurately set prior to the start of construction.
D. Approved per variance Board/Appeal Decision dated _____, all requirements, conditions and stipulations of which shall be strictly adhered to.
(E) All stages of construction must be supervised by the system designer, and a written statement of findings submitted to this office.
F. The discharge of laundry wastes into this system is prohibited.
G. Other: → designer must insure that all set-backs to sub-drain are maintained.

DESIGNER SUPERVISION REQUIRED

SIGNATURE OF ENVIRONMENTAL MANAGEMENT DEPT. OFFICIAL	DATE	CONTROL NO.
Brian M. Sullivan	12-6-95	

DEPT. OF ENVIRONMENTAL MANAGEMENT

FEE PAID

FOR OFFICE USE ONLY
APPLICATION NUMBER 9418-721 APPLICATION DATE 3/22/94 AMT. 50.00 CK. NO 2312 CD

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

DIVISION OF GROUNDWATER & ISDS

REQUEST FOR VERIFICATION OF GROUNDWATER DEPTH
INDIVIDUAL LOT

TOWN	ADDRESS	POLE NO.
LITTLE COMPTON	SAKONNET POINT RD	POLE 384

PLAT NUMBER		LOT NUMBER	LOT SIZE	
8	☒ ASSESSORS ☐ RECORDED	10-2	2.0 ACRE	ARE THERE WETLANDS ON THIS SITE? YES ___ NO ✓ YES ADJACENT LOT

OWNER'S NAME LAST	FIRST	INIT
MACPHERSON	GORDON	B.

MAILING ADDRESS	CITY/TOWN	ZIP CODE
19 BAILEY'S LEDGE RD	LITTLE COMPTON RI	02837

SOIL DESCRIPTION BY STRATA - SEE REVERSE SIDE FOR CODES AND INSTRUCTIONS

TEST HOLE 1

DEPTH	0 TO 17	17 TO 26	26 TO 96	TO
SOIL TEXTURE	LM	STL	3ST IFS 1G ISR	
DENSITY	LC BROWN	LC BROWN	MC BLACK GRAY	
DEPTH	TO	TO	DEPTH HOLE 96"	DEPTH IMPERVIOUS NONE @ 96"
SOIL TEXTURE			DATE HOLE EXCAVATED 12/4/93	
DENSITY				

SOIL DESCRIPTION BY STRATA - SEE REVERSE SIDE FOR CODES AND INSTRUCTIONS

TEST HOLE 2

DEPTH	0 TO 12	12 TO 30	30 TO 90	TO
SOIL TEXTURE	LM	STL	3ST IFS 1G ISR	
DENSITY	LC BROWN	LC OLIVE BROWN	MC BLACK GRAY	
DEPTH	TO	TO	DEPTH HOLE 90"	DEPTH IMPERVIOUS NONE @ 90"
SOIL TEXTURE			DATE HOLE EXCAVATED 12/4/93	
DENSITY				

MULTIPLE READINGS

TEST HOLE NUMBER	1/22/94 DATE:	1/31/94 DATE:	2/5/94 DATE:
1	50"	48"	55"
2	44"	36"	36"

FOR OFFICE USE ONLY

	DATE: 3-24-94	DATE: 4-6-94
1	28" W	4.5' W
2	11" W	22" W
3	20" W	24" W
4	42" W	4.5' W

DESIGNER'S RECOMMENDED WATER TABLE DESIGN DEPTH

TEST HOLE 1 — 3' FT. 6" IN.

TEST HOLE 2 — 2' FT. 6" IN.

SITE HISTORY

1. TO YOUR KNOWLEDGE, HAVE THERE BEEN PREVIOUS SUBMISSIONS FOR WATER TABLE VERIFICATION AND/OR AN ISDS APPLICATION AT THIS SITE? YES ✓ NO ___

PREVIOUS WATER TABLE NUMBER 9018-23 DEPTH 4.5'

PREVIOUS ISDS APPLICATION NUMBER ___

2. HAS FILL BEEN PLACED ON THIS SITE? YES ___ NO ✓
IF YES, DEPTH ___

3. ARE THERE SUBDRAINS AT THIS SITE? YES ___ NO ✓
IF YES, SHOW EXACT LOCATION AND SUBMIT MULTIPLE READINGS THROUGH ENTIRE WET SEASON.

CERTIFICATION BY DESIGNER

I, WILLIAM F SMITH, TITLE PRESIDENT OF CIVIL ENG CONCEPTS INC, DO HEREBY CERTIFY THAT THE INFORMATION ABOVE AND ATTACHED HERETO WERE DETERMINED ACCORDING TO THE PROCEDURES PRESCRIBED IN "RULES AND REGULATIONS ESTABLISHING MINIMUM STANDARDS RELATING TO LOCATION, DESIGN, CONSTRUCTION AND MAINTENANCE OF INDIVIDUAL SEWAGE DISPOSAL SYSTEM", THAT THE FINDINGS ARE TRUE AND ACCURATE AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER(S) TO CONDUCT THESE NECESSARY FIELD INVESTIGATIONS AND SUBMIT THIS REQUEST.

DESIGNER'S SIGNATURE [signature] DATE 3/10/94

FOR OFFICE USE ONLY

✓ VERIFIED ___ ACCEPTED ___ DISCLAIMED

___ WETLANDS DETERMINATION ADVISED PRIOR TO SUBMISSION OF ISDS SYSTEM DESIGN.

REMARKS/NECESSARY ACTION TEST HOLES 2 & 3 DISCLAIMED
TEST HOLES 1 & 4 VERIFIED ONLY.

APPROVED WATER TABLE DESIGN DEPTH:

		FT.	IN.
TEST HOLE	1	2	6
	2	0	0
TEST HOLE	3	0	0
	4	3	0

DATE 4-8-94 ISDS STAFF [signature]

THIS GROUNDWATER TABLE VERIFICATION DOES NOT CONSTITUTE FINAL APPROVAL OR DENIAL OF THE SUITABILITY OF THIS SITE FOR AN ISDS SYSTEM. THIS DECISION DOES NOT AUTHORIZE YOU TO OFFER THE PROPERTY FOR SALE AS A BUILDABLE LOT UNDER RIGL 23-19.5.

APPLICATION NUMBER _____

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DIVISION OF GROUNDWATER & ISDS

REQUEST FOR VERIFICATION OF GROUNDWATER DEPTH
INDIVIDUAL LOT

ADDITIONAL TEST HOLE INFORMATION

TOWN: LITTLE COMPTON PLAT NUMBER 8 LOT NUMBER 10-2

ADDRESS: SAKONNET POINT RD POLE 384 DESIGNER: WILLIAM SMITH
CIVIL ENG CONCEPTS INC

TEST HOLE NO.	DATE EXCVTD	TOTAL DEPTH	SOIL DESCRIPTION BY STRATA	MULTIPLE READINGS (DEPTH TO WATER) DATE: 1/22/94	DATE: 1/31/94	DATE: 2/5/94	DESIGNER'S RECOMMENDED DEPTH	FOR OFFICE USE ONLY DATE:
3	12/4/93	96"	0-16 LM LC BROWN 16-30 STL LC BROWN 30-96 3ST, IFS, IG, ISR BLACK GRAY	40"	38"	42"	2'-6"	
4	12/4/93	90"	0-12 LM LC BROWN 12-29 STL LC BROWN 29-90 3ST IFS IG ISR BLACK GRAY	66"	61"	68"	4'-0"	

ADDWTV.FRM

STATE OF RHODE ISLAND W9018-23

INDIVIDUAL SEWAGE DISPOSAL SYSTEMS SECTION

REQUEST FOR VERIFICATION OF GROUND WATER TABLE

Individual lot ☒ Subdivision ☐

Owner's name GORDON B. MacPHERSON Plat 8 Lot 10-2

Site North side Sakonnet Point Rd. pole 38 Town Little Compton

Multi readings/Date taken A-78"/12-15;75"/12-18;79"/12-23-[illegible]

B-90"/ " ;97"/ ;92"/ "

Engineer/Surveyor Ernest I. Simpson Water table

Soil description by strata 0-11"L,I(LC)br;11-20 SL(LC)tan br;20-43 3(LS,MS,ST),2CS,1SR(M-C)br gry;43-56 4(LS,MS,CS,...)gry;56-60 3(LS,...),4(LS,...),1PB,...

INSTRUCTIONS: The engineer/surveyor completes the above information, **affixes his address and postage to the backside** of the copy and returns (both) with other required information. **DO NOT SEPARATE CARDS.** The duplicate copy will be mailed to the engineer with a disposition indicated below. The card (not a copy) should then be retained and re-submitted with the final application.

NOTICE: THIS CARD DOES NOT CONSTITUTE FINAL APPROVAL OR DENIAL

OFFICIAL USE ONLY: A.A.M.

Please be advised that the above data is: W9018-23

☑ VERIFIED ☐ ACCEPTED ☐ DISCLAIMED (See remarks)

REMARKS: W.T. Design T.H.A-45'w, T.H.B-45'w

DO NOT SEPARATE CARDS

CIVIL ENGINEERING CONCEPTS, INC.
P.O. Box 262
ADAMSVILLE, RHODE ISLAND 02801
(401) 635-8695

JOB GORDON MacPHERSON

SHEET NO. SAKONNET POINT OF ROAD

CALCULATED BY LITTLE COMPTON DATE

CHECKED BY DATE

SCALE

LOT 10-2
MAP 8

4-6-94 CD

	UPPER	LOWER
9018-23	5.5' W	5'4" W
4	4.5' W	
3	24" W	
2	22" W	
1	4.5' W	

N

EXIST DRAINAGE SYSTEM

280'±

56" W

42" W

120'± GWT

9018-23

4.5' DESIGN

48" W

3-24-94 CD

155'±

20" W

#3

28" W

50'±

#1

70'±

#2

11" W

M.H

300'±

300'±

195'

170'

100'

60'

DRAIN ?

268'±

POND

GWT ALSO SUBMITTED FOR LOT 10-1 AT THIS TIME

WILLIAM F. SMITH
3/10/94
No. #5084
REGISTERED
PROFESSIONAL ENGINEER

SAKONNET POINT RD

POLE 384

PRODUCT 204-1 NEBS Inc., Groton, Mass. 01471.

TO:

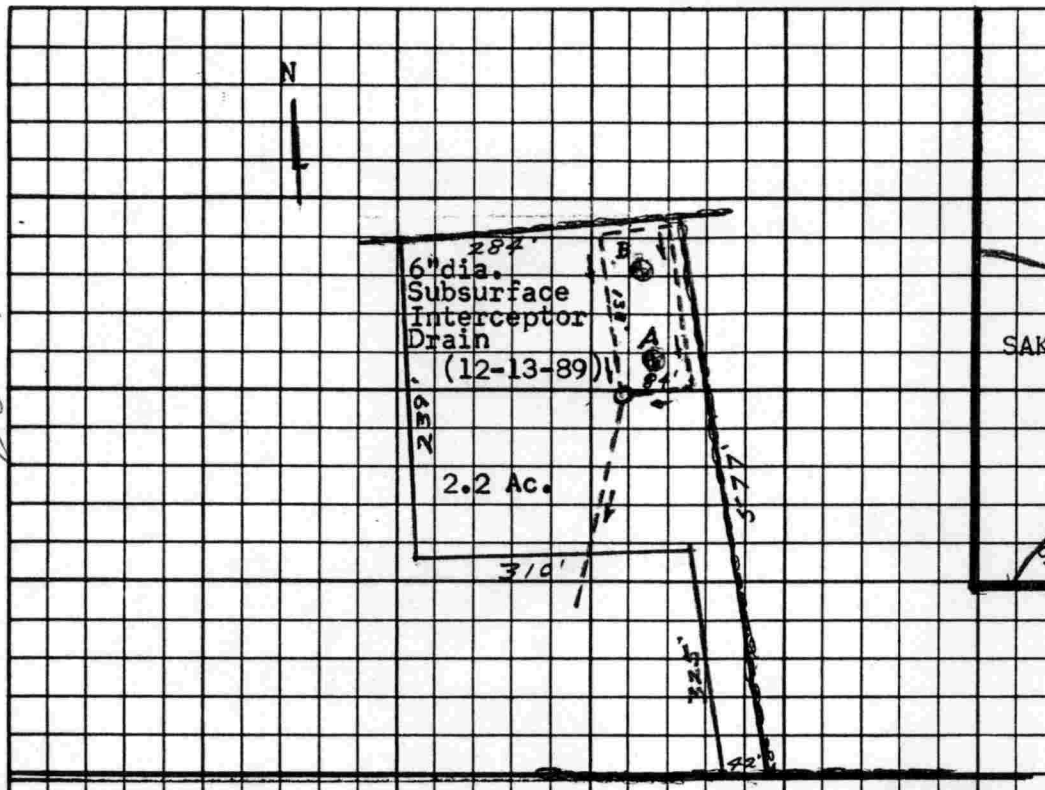
STATE of RHODE ISLAND

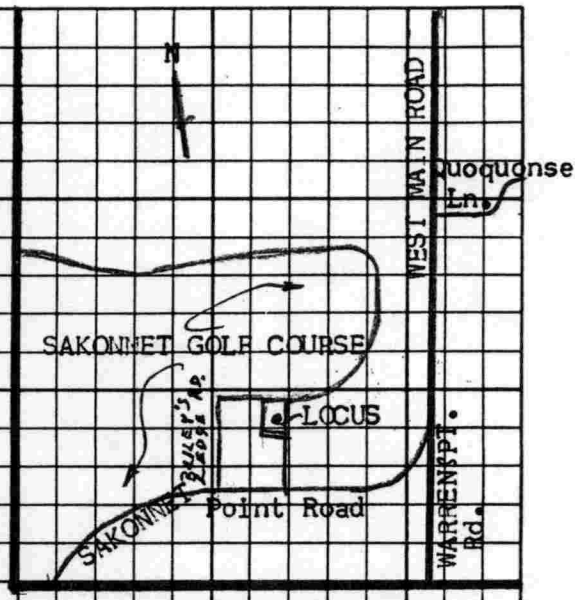
DEPARTMENT of ENVIRONMENTAL MANAGEMENT

Division of Land Resources

I.S.D.S. Section

W 9118-23





LOCATION MAP

PLAN OF PARCEL OF LAND
(no scale)

TEST HOLE EXCAVATED: date: 12-14-89
DEPTH: 9'+ (A+B) no ledge found

Water table:

A	B	Date:
78"	90"	12-15-89
75"	87"	12-18-89
79"	92"	12-23-89

WATER TABLE (CONTINUED)

A	B	DATE
		AAm 1-29-90

T.H A - 5.0'W + 6'F = 45'
T.H B - 5.0'W + 6'F = 45'

BY:

ERNEST L. SIMPSON
No. 1562
REGISTERED
LAND SURVEYOR

PRELIMINARY PLAN
for submittal and review only
for
GORDON B. MacPHERSON
Plot: 8 Lot: 10-2
SAKONNET POINT ROAD
LITTLE COMPTON, RHODE ISLAND
pole 384

Percolation tests results:

LOT#:

Rate: (min./inch)	Depth: (inches)	Date:
R_1 =		
R_2 =		

ERNEST L. SIMPSON
249 RIVERSIDE DRIVE
TIVERTON, R. I. 02878

II. ISDS PERMIT APPLICATION

1 2.02 (a) Proper application form
2 Owner Name and Address
3 Plat and Lot
4 Site Address
5 N/A Subdivision Name, Lot, Application No.
6 Design Data
7 Soil Data complete
8 Water Table Data and Multiple Readings (3 Min.)
9 Percolation Rates
10 Min. Leaching Area
11 Design Depth, Method of Determination
12 Signed by PE or PLS
13 Owner Signature
14 N/A 2.02(b) Freshwater Wetlands Approval (SD 2.16) If Required
15 N/A 2.17 CRMC Approval will be required

III. ISDS DESIGN PLAN REQUIREMENTS

16 2.02 (c) Basic Design Data
17 Designed, stamped and signed by PE or PLS
18 Plan to Scale; Lot Dimensions; Location Map
19 Size, Location of ISDS
20 Building Sewer, MH's, Clean Outs
21 All Invert Elevations
22 Fixed Bench Mark Within 150' of system
23 Pole Number (s) on Plan where applicable
24 2.02 (d) Required Information
25 Existing and Proposed Grades
26 Alternate Area per SD 2.14 (Welled Areas)
27 Results and Location of ALL W.T. Elevation Determinations (SD17.00)
28 Results and Location of ALL Percolation Tests (SD 16.00)
29 Max. GWT Elev. in Area of System (SD 17.00)
30 Size and location of all existing and proposed buildings with no. of bedrooms, employees or building features used to determine max. daily flow
31 No Any public sewer within 200' of property lines
32 Any drinking water supply main or service line within 25' of ISDS or alt. area
33 No Watercourse or wetland w/in 200' of ISDS or alt. area
34 Wells or drains, existing and proposed within 200' of ISDS or alt. area (Statement required)
35 N/A Location of ISDS or alt. area relative to any public water supply or crit. res. area (SD 19.00)
36 Public wells, existing and proposed within 500 feet of ISDS or alt. area (Statement required)
37 N/A Surface waters, tributaries, or drains discharging there to within 200 feet of ISDS or alt. area in crit. res. area (SD 19.00)
38 ISDS within 100 feet of any proposed well (Statement required)
39 Proposed well requires variance from Well Drilling Regulations
40 N/A Public well requires prior approval from RIDOH-Div. of Drinking Water Quality
41 Typicals of Septic tank, D-Box and Leach system

IV. ISDS > 2000 GPD

42 2.02 (f) Designed, stamped, and signed by PE
43 9.08 D-box MH to grade
44 13.05 Chamber MH to grade every 50'
45 17.01 Wet Season or 17.02 (a) Dry Season determination only

V. ISDS > 5000 GPD (IN ADDITION TO SECT.IV ABOVE)

46 2.02 (g) Names and addresses of local Building Official, Water Supply Agency, and Abuttors w/in 200' of ISDS
47 Notification of persons in 2.02 (g)
48 Submit Certified Receipts to ISDS with Letter requesting final determination

V. ISDS > 5000 GPD (IN ADDITION TO SECT.IV ABOVE)

46 2.02 (g) Names and addresses of local Building Official, Water Supply Agency, and Abuttors w/in 200' of ISDS
47 Notification of persons in 2.02 (g)
48 Submit Certified Receipts to ISDS with Letter requesting final determination
49 Plot map showing abuttors w/in 200' of ISDS, properly labeled

VI. FIELD DATA EXPIRATION

50 2.02 (j) 5 year Field Data affidavit required
51 2.02 (j) Field Data expired

VII. PERMIT EXPIRATION AND RENEWAL

52 2.03 (a) Field Data < 5 Yrs. old Some
53 Field Data Affidavit submitted
54 2.03 (b) Permit expires in 1 year (Welled areas)
55 N/A 2.03 (b) Permit expires in 2 years (Public water)
56 Renewal and fee submitted prior to expiration date
57 N/A Subdivision Site Suitability < 5 Yrs. old
Note: No Renewals on expired Field Data. All repairs expire in 1 year and cannot be renewed. Permit must remain valid through completion of ISDS and building foundation.
58 N/A Subdivision Site Suitability expires in 5 yrs. and cannot be renewed.

VIII. SUBSURFACE DRAINS

59 N/A 3.06 No subsurface drains located on property
60 3.06 Subsurface drains monitored by ISDS from January 1- April 30 1990 RESULTS
61 N/A 19.03 Subdrains prohibited in Scituate Reservoir Watershed
62 3.06 6" pipe w/proper washed stone construction

IX. BUILDING SEWER (SD 4.00)

63 3" Minimum, SDR-35 or Equiv. water-tight joints
64 Slope < 3% w/min velocity of 2 FPS
65 Proper alignment, MH as Req'd
66 3.05 Minimum distances
67 Private Well - 50'
68 Water Supplyline (Pressure)-10'
69 Water Supplyline (Suction)-25'
70 Property Line - 10'
71 Dwelling - 3'(on Parallel Run)
72 N/A Surface drinking water supply - 200'
73 N/A Watercourse - 25'
74 Drains - 25'
75 Maintain Inv. elevation - N/A
76 N/A Public well - 400'

X. GREASE TRAPS (SD 5.00)

77 Proper installation, location, elevations
78 1000 gal. minimum, 24-hr. detention capacity
79 Inlet Tee (mid-depth), Outlet Tee (12" off bottom), SDR-40 with proper support
80 24" MH to grade
81 Outlet Tee 12" above GWT, tank designed not to float

XI. SEPTIC TANKS (SD 6.00)

82 Proper capacity and dimensions
83 Proper Inlet Tee or Baffle and Outlet Tee
84 MH to grade, grade to divert surface runoff
85 Proper High GWT Design
86 3.05 Minimum Distances
87 Private Well - 75'
88 Water Supply line (Pressure) - 10'
89 Water Supply line (Suction)-30'
90 Property Line - 10'
91 Dwelling - 5'
92 N/A Surface Drinking Water Supply- 200'
93 N/A Watercourse - 50'
94 Drains - 25'
95 Maintain Inv. Elevation - 10'
96 N/A Public Well - 400'

223		No 2' WT within 25'	230		19.03 Scituate Reservoir Watershed
			231		WT > 2'
224		4'-7' to Impervious	232		Subdrains prohibited
225		No 4' to impervious within 25'	233		4' Vertical separation to GWT
226		All Horizontal distances met per Table 19.1 and SD 3.05			
227		No floodplain within 25'			
228		4' Vertical separation to GWT			
229		6' Vertical separation to impervious			

DESIGNER COMMENTS:

12/1/95 - SEPTIC TANK RELOCATED 25' MIN TO ISDS
A NOTE RE: DRAIN SEPERATION HAS BEEN ADDED TO PLAN AS REQUESTED

ISDS REVIEW COMMENTS:

- All Components of ISDS including tank, must be located 25' off sub-drain.
- Field must be located 25' off foundation if curtain drain installed under floor. No stone can be placed under foundation within 25' of field if curtain drain in use.

The application, plans and attachments are being returned unacceptable.

IMPORTANT NOTE: If an application for this site is resubmitted, enclose this checklist.

DEM Official Brian Sullivan DATE 11-29-95
Individual Sewage Disposal System Section

INSTRUCTIONS FOR FILING FIELD DATA AFFIDAVIT

APPLICABILITY:

In accordance with G.L. 23-19.5 as amended June 20, 1995, this affidavit is to be used by a R.I. registered professional engineer or land surveyor when attesting to the continuing validity of certain field data which will be more than five years old at the time an application for ISDS design approval or subdivision suitability is submitted to the RIDEM-ISDS Section.

FIELD DATA COMPILED PRIOR TO JULY 21, 1987 MAY NOT BE REVALIDATED.

Field data are considered valid for a period of five (5) years from the time of initial certification by RIDEM or five (5) years from the date of initial approval of any ISDS application design or subdivision suitability where the data were used, whichever occurred most recently. This affidavit form shall be used to revalidate pertinent field data which:

(1) had been previously certified by RIDEM, and
(2) will be greater than five years old at the time of application for an ISDS design or subdivision suitability approval.

The field data eligible for revalidation include certified wet season tests, dry season tests and percolation tests. The initial certification date for wet season testing shall be defined to be the 30th day of June of the applicable wet season year when the data were initially certified, unless otherwise indicated in the original certification.

All affidavit submittals must be accompanied by a submission of a complete ISDS application submittal or subdivision suitability application. Affidavits will not be accepted to renew field data only, apart from an ISDS application/suitability submittal. Please note that the affidavit does not renew an ISDS system approval. A new original application and four sets of new plans meeting all current regulations must be submitted. The old approval is not renewable even if the design is unchanged.

Send:

1) Completed affidavit form,
2) Attach copy of determination you wish to validate(i.e. Water Table Verification card determination for wet season((and, for subdivisions, 8 1/2 X 11 inspection sheet)), copy of previous application form for percolation tests, or copy of dry season test determination results for dry season,
3) Complete new ISDS application and four(4) copies of design plans, or in the case of subdivision suitability, a complete subdivision suitability application, and
4) Applicable fee(s)

to: R.I. Department of Environmental Management
Office of Business Affairs
22 Hayes Street
Providence, RI 02908

Fees- Fees listed are for the affidavit only; ISDS application fees are as per SD 23.00:

Individual lot: $30.00
Subdivisions: $100.00