



RHODE ISLAND

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

235 Promenade Street, Providence, RI 02908-5767

TDD 401-222-4462

Date: 7/26/06

Re: Application No. 9906-1690

Dear Property Owner:

The Department of Environmental Management has completed an initial review of your application for a septic system installation. Based on this review, certain additional information is needed to allow us to proceed with your request. We are returning the permit application to your designer with specific comments that identify the items that need to be addressed. (See attached return form.) As soon as your designer answers our concerns and returns the completed application to this office, we can move forward with our review.

You are encouraged to contact your designer to discuss specific concerns or questions you may have on our initial review. Should you have any questions or need additional information concerning this letter, please do not hesitate to contact me at 222-6820, extension 7718.

Sincerely,

Linda M. Washington

Linda M. Washington
Chief Implementation Aide
Permitting Programs
Office of Water Resources

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

DESIGNER COMMENTS:

(Empty box for Designer Comments)

ISDS REVIEW COMMENTS: 9906-1690

① FRESHWATER WETLAND APPROVAL REQUIRED prior to resubmission of ISDS APPLICATION;

② Provide copy of floor plan; show # of seats, if any;

③ Provide inverts for grease trap;

④ Correct depth of stone shown on PD cross section;

⑤ Provide PD typical to withstand HS-20 wheel loads

The application, plans and attachments are being returned unacceptable.

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

DEM Official Jennifer Rep DATE 7-25-06
 Individual Sewage Disposal System Program



**DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
INDIVIDUAL SEWAGE DISPOSAL SYSTEM APPLICATION**

FOR DEM USE ONLY

APPLICATION No. 9906-1690 DATE RECEIVED 6/26/06 AMOUNT RECEIVED \$ 230 CHECK # 259 COST CODE 050

TYPE OF APPLICATION	CHECK IF APPLICABLE
<input checked="" type="checkbox"/> NEW BUILDING CONSTRUCTION	<input type="checkbox"/> IA TECHNOLOGY
<input type="checkbox"/> ALTERATION	TYPE OF SYSTEM _____
<input type="checkbox"/> REPAIR	<input type="checkbox"/> VARIANCE
<input type="checkbox"/> TRANSFER	

CERTIFICATION

I, JOHN ROCKWELL (print), the undersigned licensed ISDS designer, certify prepared this application and accompanying forms, submittals, plans and sketches in accordance with the rules and regulations of the Rhode Island Department of Environmental Management pertaining to individual sewage disposal systems and that all the information provided on this application and accompanying forms, submittals, plans and sketches is true and accurate.

SITE INFORMATION

NO. STREET FLAT RIVER ROAD CITY/TOWN COUENTRY POLE # 492

PLAT NUMBER 316 LOT NUMBER 27 SUBDIVISION LOT NUMBER _____

LOT SIZE 6.79 AC SQUARE FEET

SUBDIVISION NAME NONE

PRELIMINARY SUBDIVISION SUITABILITY # _____

Signature of Designer John Rockwell

Designer License Number D2089 Phone # 823-5028

Business/Company Name COUENTRY SURVEY CO., INC.

I certify that: a) I am the owner of the property indicated under site information on this application, b) I will hire a licensed ISDS 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 ISDS 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 Department of Environmental Management harmless from any and all claims relating whatsoever to the system.

Owner(s) Signature [Signature] Phone Number 397-3556

OWNER INFORMATION

KBS REALTY, LLC

LAST NAME _____ FIRST NAME _____ M.I. _____

310 LEWIS FARM ROAD GREENE, RI

NO. STREET _____ CITY/TOWN _____ ZIP CODE 02827

PERMIT APPROVAL SECTION
TO BE COMPLETED BY A DEM OFFICIAL; DO NOT WRITE BELOW THIS LINE

DEM APPLICATION HISTORY

PREVIOUS WATER TABLE/ISDS # YES NO APPLICATION # 9906-1690

DEPTH TO VERIFIED WATER TABLE 4'-8" How Determined WET SEASON

TEST HOLE # 1 DATE EXCAVATED 5/24/99 WETLANDS within 200' of ISDS YES NO

WETLAND PERMIT YES NO PERMIT # 06-0026 DATE OF APPROVAL PENDING

Groundwater Quality Certification attached? YES NO (Required for a system ≥ 10,000 gpd.)

Based upon the representations of the owner, and the owner's agents, including the representations of the owner's licensed designer, this application for an individual sewage disposal system is hereby approved based upon the truth and accuracy of all information submitted. The Department of Environmental Management assumes no responsibility or liability for the future safe operation, maintenance of the aforesaid system, of the fitness or suitability of this system to this site, nor does it assume any responsibility for accuracy and truth of the owner's, or the owner's agents' representations. This approval is subject to future suspension and revocation in the event that subsequent examination reveals any data indicated on any application, form, submittal, plan or sketch to be incorrect, in compliance with the regulations or any condition at the site are such that the approved design is not in accordance with the regulations or in the event that the system discharges sewage on or to the ground surface, or on or to any watercourse or fails to operate satisfactorily in any other manner.

DESIGN INFORMATION

BUILDING USE: Residential Commercial _____
 Other _____

WATER SUPPLY: public water public well private well

OF DESIGN UNITS 10 EMPLOYEES @ 15 G.P.D. & 50 MEALS/DAY @ 6 G.P.M.

UNIT DESIGN FLOW 450 gallons per DAY (unit) TOTAL DAILY FLOW 450 gallons

TANK SIZE 1000 gallons DESIGN PERCOLATION RATE 10 minutes/inch

MINIMUM REQUIRED LEACHFIELD AREA 495 square feet

LEACHFIELD TYPE FLOW DIFFUSERS

TOTAL AREA OF LEACHFIELD PROVIDED 504 SQUARE FEET

IMPORTANT: Please note the circled additional terms of approval

A. Designer of record must witness and inspect all stages of construction and must submit a certificate of construction in accordance with SD27.00.

B. Designer of record must contact DEM 24 hours before start of construction.

C. Bottom of leaching area excavation must be inspected by the DEM prior to placement of any gravel or stone.

D. System installation must be inspected by DEM prior to covering any component of the system with backfill.

E. Approved per variance, decision dated _____, all requirements, conditions and stipulations of which shall be strictly adhered to.

F. IA Technology: additional specific installation, operation, or maintenance requirements may apply (see DEM IA Technology certification for this system type).

G. Proper erosion and sedimentation controls must be installed prior to the start of construction.

H. Other _____



Signature of Department of Environmental Management Official	Date of Approval	Date of Expiration

SUBJECT PROPERTY
Assessor's Plat 316 / Lot 27
Total Lot Area = 6.79 ± Acres

LIMITS OF DISTURBANCE (TYPICAL)
 FURNISH & INSTALL A CONTINUOUS LINE OF HAY BALES AND SILT FENCE, RI STD. 9.3.0 INSIDE (ON CONSTRUCTION SIDE) LIMITS OF DISTURBANCE. SAID LINE SHALL BE INSTALLED PRIOR TO START OF CONSTRUCTION AND BE MAINTAINED UNTIL ALL CONSTRUCTION IS COMPLETE AND A STABLE GROUND COVER OF VEGETATION IS ESTABLISHED.

LIMITS OF DISTURBANCE (TYPICAL)
 FURNISH & INSTALL A CONTINUOUS LINE OF SILT FENCE, RI STD. 9.2.0 ALONG LIMITS OF DISTURBANCE INSIDE (ON CONSTRUCTION SIDE) ALONG ROADWAY. SAID LINE SHALL BE INSTALLED PRIOR TO START OF CONSTRUCTION AND BE MAINTAINED UNTIL ALL CONSTRUCTION IS COMPLETE AND A STABLE GROUND COVER OF VEGETATION IS ESTABLISHED.

Bench Mark Nail in Pole #491
 Elevation=456.42 (MSL)

VERSA LOK RETAINING WALL
 OR TOWN APPROVED EQUAL
 MAXIMUM HEIGHT = 3 FEET

LIMITS OF DISTURBANCE WITH SEDIMENTATION BARRIER INSIDE (ON CONSTRUCTION SIDE) (TYPICAL)

Rim=453.4
 Inv.=450.9
 CB
 Rim=453.6
 Inv.=450.8
 CB

LIMITS OF DISTURBANCE WITH SEDIMENTATION BARRIER INSIDE (ON CONSTRUCTION SIDE) (TYPICAL)

REMOVE & DISPOSE
 EX. CURBING AT
 PROPOSED DRIVE

FLAT RIVER ROAD (ROUTE 117)

OWNER / APPLICANT
 KBS REALTY, LLC
 310 LEWIS FARM ROAD
 GREENE, RI 02827
 PHONE 401-397-3556

THIS SURVEY AND PLAN CONFORM TO A CLASS III STANDARD AS ADOPTED BY THE RHODE ISLAND BOARD OF REGISTRATION FOR PROFESSIONAL LAND SURVEYORS.

BY: *John E. Rockwell* 6-13-06
 REGISTERED PROFESSIONAL LAND SURVEYOR

ISDS DESIGN

SUMMIT STORE.
 Assessor's Plat 316/Lot 27

Prepared for: KBS Realty, LLC (Robert Skaling)
 310 Lewis Farm Road, Greene, RI 02827

Date:
 April 25, 2006

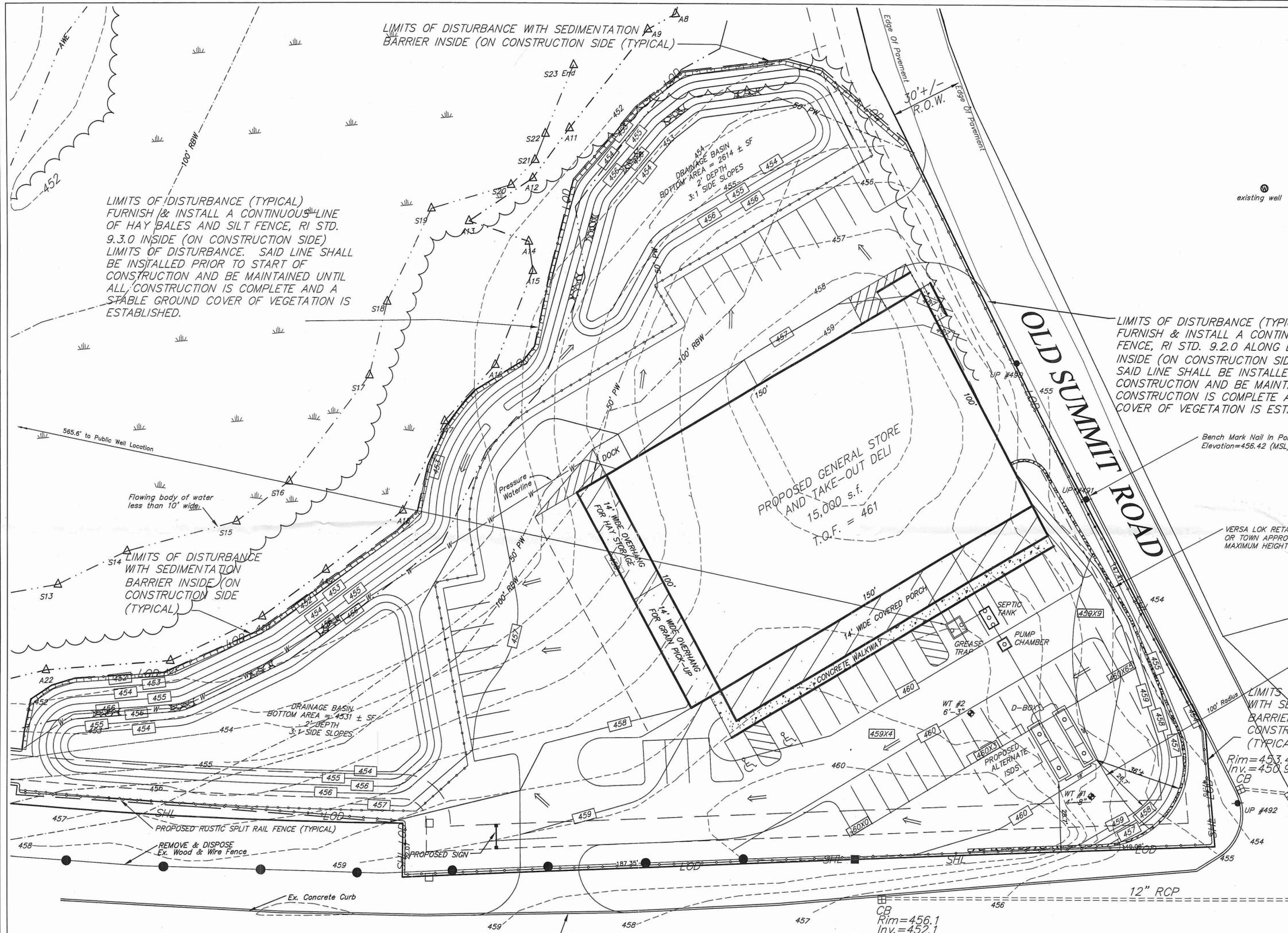
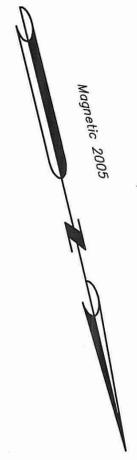
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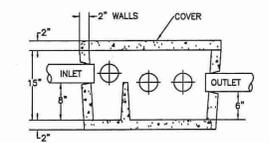
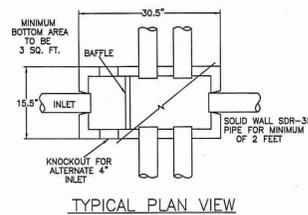
JOHN E. ROCKWELL
 No. 1959
 PROFESSIONAL LAND SURVEYOR
 6-13-06

Coventry Survey Co., Inc.
 48 South Main Street
 Coventry, Rhode Island 02816
 (401) 823-5028
 Land Surveying / Mapping / ISDS Design

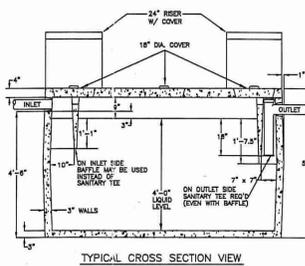
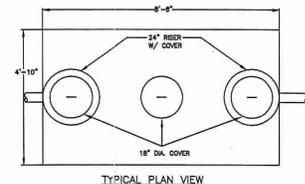
Graphic Scale Scale in feet: 1"=20'
 10 0 20 40 60

Sheet 1 of 2

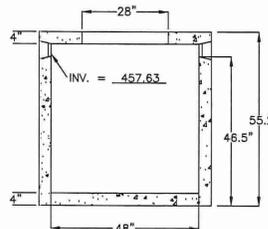
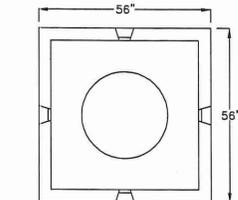




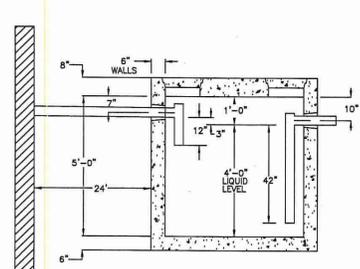
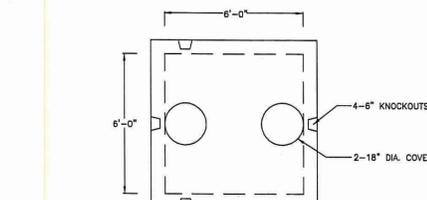
DISTRIBUTION BOX
D-BOX TO WITHSTAND HS-20 WHEEL LOADS
USE CAST IRON FRAME AND COVER



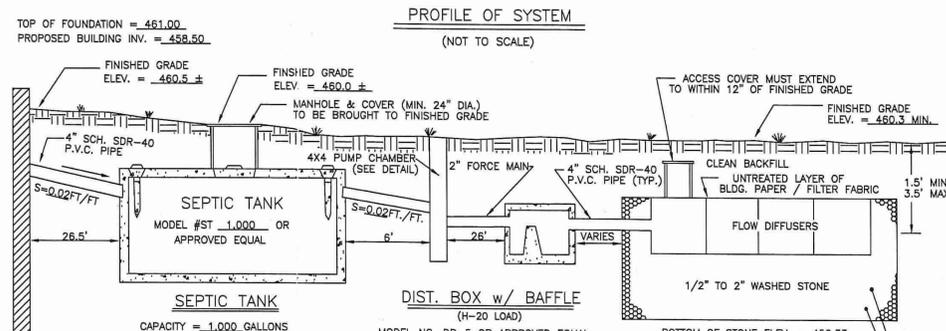
1,000 GAL. SEPTIC TANK
SEPTIC TANK TO WITHSTAND HS-20 WHEEL LOADS
USE CAST IRON FRAMES AND COVERS



4X4 PUMP CHAMBER
PUMP CHAMBER TO WITHSTAND HS-20 WHEEL LOADS
USE CAST IRON FRAMES AND COVERS

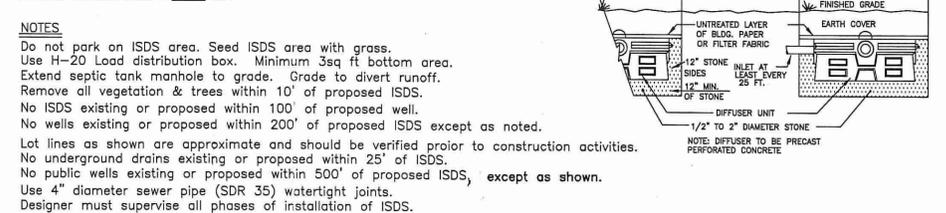


PRECAST GREASE TRAP
1,000 GALLONS
GREASE TRAP TO WITHSTAND HS-20 WHEEL LOADS
USE CAST IRON FRAMES AND COVERS



DESIGN DATA
MAXIMUM GROUNDWATER IN AREA OF LEACH FIELD = 453.33
PERCOLATION RATE = 10 MIN/IN
PROPOSED NUMBER OF EMPLOYEES = 10
PROPOSED NUMBER OF MEALS = 50
10 EMPLOYEES X 15 G.P.D. = 150 G.P.D.
50 M.P.D. X 6 G.P.M. (GAL/MEAL) = 300 G.P.D.
TOTAL = 450 G.P.D.
450 G.P.D. + .91 GAL/S.F./DAY = 495 S.F. REQUIRED LEACHING AREA
12" STONE SIDES, 18" STONE UNDER
4 END UNITS @ .90 S.F./UNIT = 360 S.F.
2 INT. UNITS @ .72 S.F./UNIT = 144 S.F.
PROVIDED LEACHING AREA = 504 S.F.

NOTES
Do not park on ISDS area. Seed ISDS area with grass.
Use H-20 Load distribution box. Minimum 3sq ft bottom area.
Extend septic tank manhole to grade. Grade to divert runoff.
Remove all vegetation & trees within 10' of proposed ISDS.
No ISDS existing or proposed within 100' of proposed well.
No wells existing or proposed within 200' of proposed ISDS except as noted.
Lot lines as shown are approximate and should be verified prior to construction activities.
No underground drains existing or proposed within 25' of ISDS.
No public wells existing or proposed within 500' of proposed ISDS, except as shown.
Use 4" diameter sewer pipe (SDR 35) watertight joints.
Designer must supervise all phases of installation of ISDS.



- Additional Notes:
1. Refer to Application 9906-1690.
 2. See submission to Wetland Dept. for erosion control measures.
 3. Excavate ISDS area to elev. 453.0 or to remove subsoil and fines. Replace with bank run gravel.
 4. Pump High Water Alarm to be located in normally occupied part of building. (Install dual alternating pumps. Stand-by power required.)
 5. Installer to contact designer prior to start of construction.
 6. Installer to provide any State inspection reports and copies of all receipts for material and components.

DOZING 20 GALLONS PER FLOW DIFFUSOR UNIT
20 X 6 UNITS = 120 GALLONS

USING 4'X4'X4' PUMP CHAMBER
AREA = 4'x4' = 16 FT² x 1 FT = 16 FT³ / FT OF HEIGHT
16 FT³ x 7.5 GAL./FT³ = 120 GAL./FT OF HEIGHT

EACH DOSE SHOULD BE 12" OF HEIGHT IN CHAMBER
120 GAL. x 1.0 = 120 GALLONS

TOTAL HEAD
INVERT OF THE D-BOX INLET = 458.96
FLOOR OF THE PUMP CHAMBER = 454.24
TOTAL HEAD = 4.72



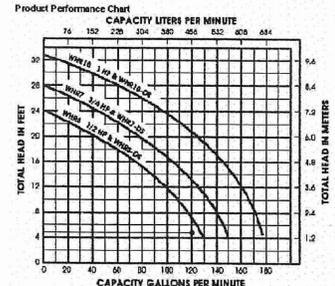
Features and Benefits

- Domestic wastewater and septic systems.
- Light commercial sewage.
- High capacity fluid transfer.
- UL, CSA, SSPMA and ETL listed.
- Note: Double seal models with seal leak detector are not UL listed.
- 1/2, 3/4 & 1 HP models.
- Oil-filled for cooler operation, constant bearing lubrication.
- Single phase PSC motors eliminate starting switches.
- Recessed impeller increases bearing life.
- Thermal overload protection with automatic reset.

(or equivalent)

Note: Dual Alternating Pumps Required

Product Capabilities		
Capacities To	155 GPM	524 LPM
Shut-Off Head	78 ft.	24.3 m
Max. Spherical Solids	2 in.	50.8 mm
Liquids Handling	drain water and domestic sewage	
Inferior/Liquid Temp.	up to 140°F	up to 60°C
Motor	1/2, 3/4 & 1 hp, 1750 rpm	
Electrical	1/2 hp, 115 volts, 1 ph, 60 Hz, PSC 1/2, 3/4, 1 hp, 230 volts, 1 ph, 60 Hz, PSC 208/230/240 volts, 1 ph, 60 Hz	
Acceptable pH Range	6-9	
Discharge, HP1 (Optional)	2 in.	50.8 mm
	3 in.	76.2 mm
Min. Stump Dia. Single	24 in.	609.6 mm
Min. Stump Dia. Double	38 in.	782.0 mm
Motor Housing	cast iron	
Motor Case	cast iron	
Impeller	cast iron, vortex	
Power Cord	WHR - SLOW/SLOW-A 28 ft., 16.5, 1 ph, 15 ft., 16/4, 3 ph WHR-D5 - 15 ft., 16/4, 1 ph 28 ft., 16.5, 1 ph, 17/5, 15 ft., 16/4, 3 ph, L/D	
Mechanical Seal (Optional)	single type 21, carbon/ceramic, double tandem carbon/ceramic	
Pump, Motor Shaft	416 stainless steel	



OWNER / APPLICANT
KBS REALTY, LLC
310 LEWIS FARM ROAD
GREENE, RI 02827
PHONE 401-397-3556

THIS SURVEY AND PLAN CONFORM TO A CLASS III STANDARD AS ADOPTED BY THE RHODE ISLAND BOARD OF REGISTRATION FOR PROFESSIONAL LAND SURVEYORS.
BY: *John E. Rockwell* 6-13-06
REGISTERED PROFESSIONAL LAND SURVEYOR

ISDS DETAILS

SUMMIT STORE
Assessor's Plat 316/Lot 27
Prepared for: KBS Realty, LLC (Robert Skaling)
310 Lewis Farm Road, Greene, RI 02827

Date: April 24, 2006

Revisions:

JOHN E. ROCKWELL
No. 1959
PROFESSIONAL LAND SURVEYOR

Coventry Survey Co., Inc.
46 South Main Street
Coventry, Rhode Island 02816
(401) 823-5028
Land Surveying / Mapping / ISDS Design

No Scale

RECEIVED JUN 26 2006

Sheet 2 of 2

FOR OFFICE USE ONLY
APPLICATION NUMBER

9906-1670

APPLICATION DATE

3-7-00

AMT

650

CK. NO. 1227

GD 01



DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

DIVISION OF GROUNDWATER & ISDS

REQUEST FOR VERIFICATION OF GROUNDWATER DEPTH
INDIVIDUAL LOT



TOWN COUENITRY ADDRESS FLAT RIVER RD POLE NO. # 492

PLAT NUMBER 316 ASSESSORS RECORDED LOT NUMBER 27 LOT SIZE 7 AC ± ARE THERE WETLANDS ON THIS SITE? YES NO

OWNER'S NAME LAST RIBORDAN FIRST JERRY INT

MAILING ADDRESS 28 Old Summit Rd CITY/TOWN GREENE RI ZIP CODE 02827

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

DEPTH	0 TO 9"	9" TO 29"	29" TO 51"	TO
SOIL TEXTURE	TOP	S.B. Soil	4MS, 3FS, 2CS	
DENSITY	CC BLACK	MC OR BR	MC 16, 15R	12R TAN
DEPTH	51" TO 120"	TO	DEPTH HOLE	DEPTH IMPERVIOUS
SOIL TEXTURE	4FS, 2MS, 1CS	GR ⁴	10'	B=LOW 10'
DENSITY	MC 15, 16	15R 12R	DATE HOLE EXCAVATED	5-24-00

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

DEPTH	0 TO 12"	12" TO 36"	36" TO 120"	TO
SOIL TEXTURE	TOP	SUB-Soil	4MS, 3FS, 2CS	16, 15R
DENSITY	CC BLACK	MC OR BR	MC 2RR	TAN
DEPTH	TO	TO	DEPTH HOLE	DEPTH IMPERVIOUS
SOIL TEXTURE			10'	B=LOW 10'
DENSITY			DATE HOLE EXCAVATED	5-24-00

MULTIPLE READINGS

FOR OFFICE USE ONLY

TEST HOLE NUMBER	DATE: 1/14/00	DATE: 2/15/00	DATE: 2/17/00	
# 1	120e 89"	120e 103"	120e 100"	
# 2	120e 110"	120e 120"	120e 120"	

DESIGNER'S RECOMMENDED WATER TABLE DESIGN DEPTH

TEST HOLE 1 7 FT. 0 IN.
TEST HOLE 2 9 FT. 0 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 9906-1690 DEPTH N/A
PREVIOUS ISDS APPLICATION NUMBER N/A RECEIVED
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, PETER SUORSA, TITLE PLS
OF COUENITRY SUMMIT Co. 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 Peter Suorsa DATE 3-2-2000

FOR OFFICE USE ONLY

VERIFIED ACCEPTED DISCLAIMED
WETLANDS DETERMINATION ADVISED PRIOR TO SUBMISSION OF ISDS SYSTEM DESIGN.
REMARKS/NECESSARY ACTION _____
APPROVED WATER TABLE DESIGN DEPTH: TEST HOLE 1 4 FT. 8 IN.
TEST HOLE 2 6 FT. 3 IN.
DATE 3-24-00 ISDS STAFF M. K...

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.

STATE OF RHODE ISLAND PROVIDENCE PLANTATIONS
 DEPARTMENT OF HEALTH



Safe and Healthy Lives in Safe and Healthy Communities



March 14, 2006

Mr. Robert Skaling
 KBS Realty, LLC
 310 Lewis Farm Road
 Greene, RI 02827

Post-It™ brand fax transmittal memo 7671 # of pages 2

To	Bob Ferrari	From	D. Achman
Co.		Co.	
Dept.		Phone #	222-7786
Fax #	737-8778	Fax #	

Re: Source Approval
 Summit Store, Greene, RI

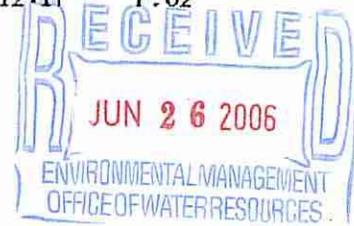
Dear Mr. Skaling:

The Rhode Island Department of Health, Office of Drinking Water Quality (HEALTH) has reviewed and approved the submittal entitled, Application for Approval, Transient, Non-Community Water Supply System for Summit Store, received July 22, 2005, including two plans, a well location plan and process & instrumentation diagram stamped by Robert F. Ferrari, P.E. The application required a variance, which was approved by an Administrative Decision on December 20, 2005. A copy of the Administrative Decision was issued directly to you by HEALTH Legal Services. Final approval of the Water System will be granted upon submission and approval of the following documents, as well as satisfactory completion of a sanitary inspection by HEALTH staff, and review of initial water quality analyses for compliance with the Rules and Regulations Pertaining to Public Drinking Water (R46-13-DWQ).

1. The enclosed Source Well Data Form must be submitted once the pump is installed. The driller or engineer should be able to provide all the necessary information, based on the driller's well log and completion report.
2. If any changes are required for the pumping, storage, treatment or control components of the water system, then a revised Process & Instrumentation diagram, signed and stamped by a RI Professional Engineer, shall have to be submitted.
3. An operation and maintenance (O&M) Manual must be developed for the new well and pump station, detailing all monitoring and maintenance to be done on the well and the equipment in the pump house, specifying who will be responsible for these tasks, and providing log sheets to track all monitoring and maintenance activities. The manual and logbook shall be maintained on site by the system operator and made available to HEALTH staff for review during the conformance inspection and future Sanitary Surveys.

CANNON BUILDING, Three Capitol Hill, Providence, Rhode Island 02908-5097
 Hearing/Speech Impaired, Dial 711 or Call 1-800-745-5555 (TTY)
 Web Site: www.HEALTH.ri.gov

Summit Store Source Approval
March 14, 2006
Page 2



4. A sampling plan should be developed and kept on site with the log book, detailing when and where source and distribution samples are to be taken, and which analyses are required. Upstream and downstream taps should be identified in distribution for resampling in case of a positive bacteria result. If you wish to use the services of Health staff to collect the samples, please contact Fred Kurdziel at 222-7775 to schedule the sampling.

This approval is valid for a period of two years from the date of this letter and is granted only with regard to the Rules and Regulations Pertaining to Public Drinking Water (R46-13-DWQ). It is the applicant's responsibility to ensure that all other required state and local permits are obtained. Please contact me directly at 222-7786 should you have any questions about this source approval or the additional submission requirements for final approval of the public water system.

Sincerely,

A handwritten signature in black ink, appearing to read "Doris P. Aschman".

Doris P. Aschman, P.E.
Supervising Sanitary Engineer
Office of Drinking Water Quality

cc: June Swallow, HEALTH DWQ
Robert Ferrari, P.E., Northeast Water Solutions

Summit Hill Store Source Approval.doc

FOR OFFICE USE ONLY
APPLICATION NUMBER

9906-1690

APPLICATION DATE

3-7-00

AMT.

650-¹³

CK. NO. 6227 CD 01 ¹³



DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

DIVISION OF GROUNDWATER & ISDS

REQUEST FOR VERIFICATION OF GROUNDWATER DEPTH
INDIVIDUAL LOT



TOWN COVENTRY ADDRESS FLAT RIVER RD POLE NO. # 492

PLAT NUMBER 316 ASSESSORS RECORDED LOT NUMBER 27 LOT SIZE 7 AC± OFF SITE ARE THERE WETLANDS ON THIS SITE? YES NO

OWNER'S NAME LAST RIORDAN FIRST JERRY INIT

MAILING ADDRESS 28 OLD SUMMIT RD CITY/TOWN GREENE RI ZIP CODE 02827

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

DEPTH	0 TO 9"	9" TO 29"	29" TO 51"	TO
SOIL TEXTURE	TOP	SUB-SOIL	4MS, 3FS, 2CS	
DENSITY	LC BLACK	MC GR/BR	MC 1G, 1SR	1RR TAN
DEPTH	51" TO 120"	TO	DEPTH HOLE	DEPTH IMPERVIOUS
SOIL TEXTURE	4FS, 2MS, 1CS	GREY	10'	BELOW 10'
DENSITY	MC 1S, 1G	1SR 1RR	DATE HOLE EXCAVATED	5-24-99

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

DEPTH	0 TO 12"	12" TO 30"	30" TO 120"	TO
SOIL TEXTURE	TOP	SUB-SOIL	4MS, 3FS, 2CS, 1G, 1SR	
DENSITY	LC BLACK	MC GR/BR	MC 2RR	TAN
DEPTH	TO	TO	DEPTH HOLE	DEPTH IMPERVIOUS
SOIL TEXTURE			10'	BELOW 10'
DENSITY			DATE HOLE EXCAVATED	5-24-99

MULTIPLE READINGS

FOR OFFICE USE ONLY

TEST HOLE NUMBER	DATE: 1/16/00	DATE: 2/5/00	DATE: 2/17/00	DATE: 3-22-00	DATE:
#1	H2Oe 89"	H2Oe 103"	H2Oe 100"	W77"	
#2	H2Oe 110"	DR4e 120"	DR4e 120"	W96"	

DESIGNER'S RECOMMENDED WATER TABLE DESIGN DEPTH

TEST HOLE	1	7	FT.	0	IN.
TEST HOLE	2	9	FT.	0	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 9906-1690 DEPTH N/A
PREVIOUS ISDS APPLICATION NUMBER N-A

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, PETER SUORSA, TITLE PLS
OF COVENTRY SURVEY Co. 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 Peter Suorsa DATE 3-2-2000

FOR OFFICE USE ONLY

VERIFIED ACCEPTED DISCLAIMED

WETLANDS DETERMINATION ADVISED PRIOR TO SUBMISSION OF ISDS SYSTEM DESIGN.

REMARKS/NECESSARY ACTION _____

APPROVED WATER TABLE DESIGN DEPTH: TEST HOLE 1 4 FT. 8 IN.

TEST HOLE 2 6 FT. 3 IN.

DATE 3-24-00 ISDS STAFF M Keegan

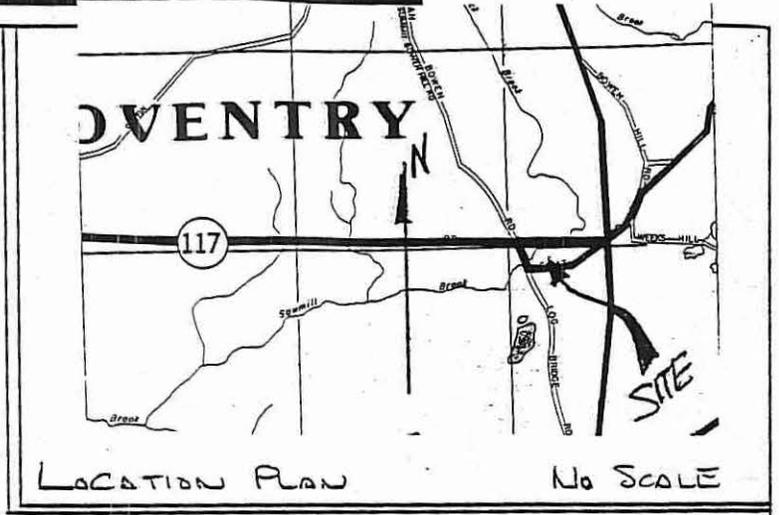
THIS GROUNDWATER TABLE VERIFICATION DOES NOT CONSTITUTE FINAL APPROVAL OR DENIAL OF THE SUITABILITY OF THIS SITE FOR AN ISDS SYSTEM. THIS DECISION DOES NOT AUTHORIZE YOU TO OFFER THE PROPERTY FOR SALE AS A BUILDABLE LOT UNDER RIGL 23-19.5.



COVENTRY-SURVEY CO., INC.

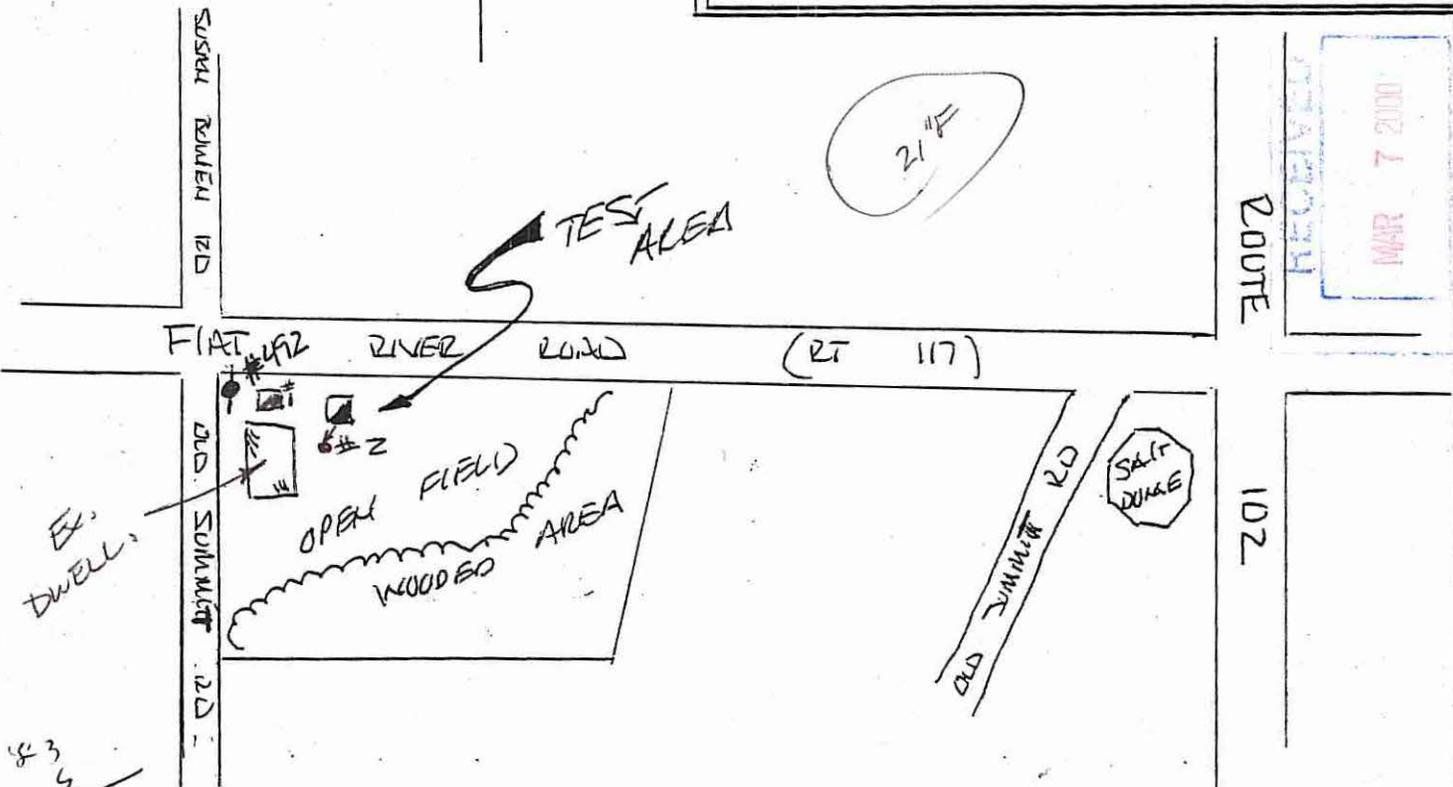
46 South Main Street
COVENTRY, RI 02816

K 3-22-00
1 w 77"
2 w 96"



LOCATION PLAN

No SCALE



SITE PLAN (NO SCALE)

MAR 7 2000

ROUTE

102



3-2-2000

JERRY WOODAN / BOB SKALING
POLE # 492 CORNER OLD SUMMIT & 117
FLAT RIVER RD
COVENTRY RHODE ISLAND
A.P. 316 LOT 27



Rhode Island Department of Environmental Management

Individual Sewage Disposal System Section

INSPECTION REPORT

9908-1890

APPLICATION NUMBER: 28 Old Summit Road
 STREET: Coventry INSPECTOR: Kiozek
 CITY/TOWN: 316 27 492 INSPECTION DATE: 05/24/1999
 PLAT/LOT: POLE NO: ARRIVAL TIME: 11:05
 ISDS INSTALLER: No installer XXXXX P. Suarca PLS WEATHER CONDITIONS:
 PHONE NO: INSPECTION NUMBER:
 TYPE OF INSPECTION: Dry Season Inspection - WT Verification
 11:00 AM

FINDINGS/COMMENTS

	<p>TH1 0'-9" Topsoil 9'-29" Subsoil (mc) 29'-51" Tan 4-MS, 3-FS, 2-CS 1-G, 1-SR, 1-RR (mc)</p>
<p>TH3 0'-11" Topsoil 11'-96" LT Grey/Brown 4-FS, 2-MS, 1-CS 1-G, 1-SR, 3-RR</p>	<p>51'-120" LT Grey/Brown 4-FS, 2-MS 1-CS, 1-SR, 1-G, 1SR 1-RR mc Water @ 118"</p>
<p>* Area Stripped</p> <p>* NOT Outwash</p>	<p>TH2 0'-12" Topsoil 12'-36" Subsoil (mc) 36'-120" Tan 4-MS, 3-FS, 2-CS, 1-G, 1-SR, 2-RR (mc) * 24'-63" 1-LRRB Dry @ 120" 79" ILB</p>

RESULTS OF INSPECTION/ACTION REQUIRED

- Bottom Bed OK -- Construct system and call for cover inspection
- (RFA) Address items listed or checked and call for a re-inspection
- (RFA) Correct items listed
- Cover System
- (COC) Submit certificate of construction
- (RFAD) STOP CONSTRUCTION. Contact designer. DO NOT CONTINUE. Items listed are too complex for a simple resolution
- (ASB) Designer Must Submit As Built Plans
- (RPREQ) Submit Revised Plans
- (SOS) Designer's Supervision and Statement Required
- (DRYVER) Dry Season Verified
- (DRYUNA) Dry Season Unacceptable
- (FEE) If this item is checked, a \$50 fee is required before re-inspection. Send copy of this inspection form with the check

Signature of Inspector(s)

M Kiozek

FOR OFFICE USE ONLY
APPLICATION NUMBER

9906-1690

APPLICATION DATE

5-10-99

AMOUNT

\$100-

CK. NO.

5787

CD

02



DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DIVISION OF GROUNDWATER AND ISDS
DRY SEASON APPLICATION FORM
(DRYAPP)



TEST HOLE: (FILL IN NUMBER OF TEST HOLES PLANNED)

DRY SEASON LEDGE FILL ALTERATION

INDIVIDUAL LOT SUBDIVISION - NUMBER OF LOTS _____ NUMBER OF DAYS REQUIRED 1 2 3 OR MORE _____

SITE LOCATION (TOWN) (ADDRESS) (ZIP CODE)

COUNTRY, 28 OLD SUMMIT RD GREENE RI 02827

OWNER'S NAME (LAST) (FIRST) (M.I.)

RIORDAN JERRY

MAILING ADDRESS (STREET) (CITY/TOWN) (ZIP CODE)

(corner of Hill River Rd) 28 OLD SUMMIT RD GREENE RI 02827

PLAT NUMBER 316 ASSESSORS RECORDED LOT NUMBER 27 LOT SIZE 6.8 AC ± POLE NUMBER # 492

SUBDIVISION NAME N/A ANY PREVIOUS ISDS APPLICATION NUMBER FOR THIS SITE? YES NO APPLICATION NUMBER _____ DATE _____

SUBDIVISION APPLICATION NUMBER _____ SUBDIVISION LOT NUMBER _____ REVIEWED BY STATE YES NO

I HAVE BEEN AUTHORIZED BY THE OWNER(S) TO CONDUCT THESE NECESSARY FIELD INVESTIGATIONS AND SUBMIT THIS REQUEST.

DESIGNER'S NAME AND REGISTRATION NUMBER PETER SUORSA DATE MAY 7, 1999

DESIGNER'S SIGNATURE Peter Suorsa #1814 TELEPHONE NUMBER 823-5028

FOR OFFICE USE ONLY

YOUR WITNESS APPOINTMENT IS SET FOR:

DATE 5/24/99 TIME 11:00
DATE _____ TIME _____
** THIS OFFICE MAY REQUIRE ADDITIONAL TESTS. **

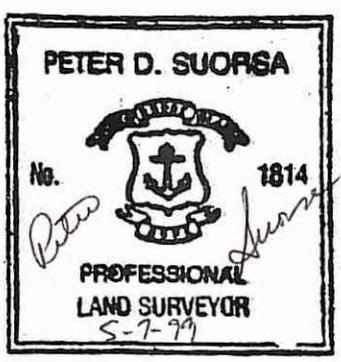
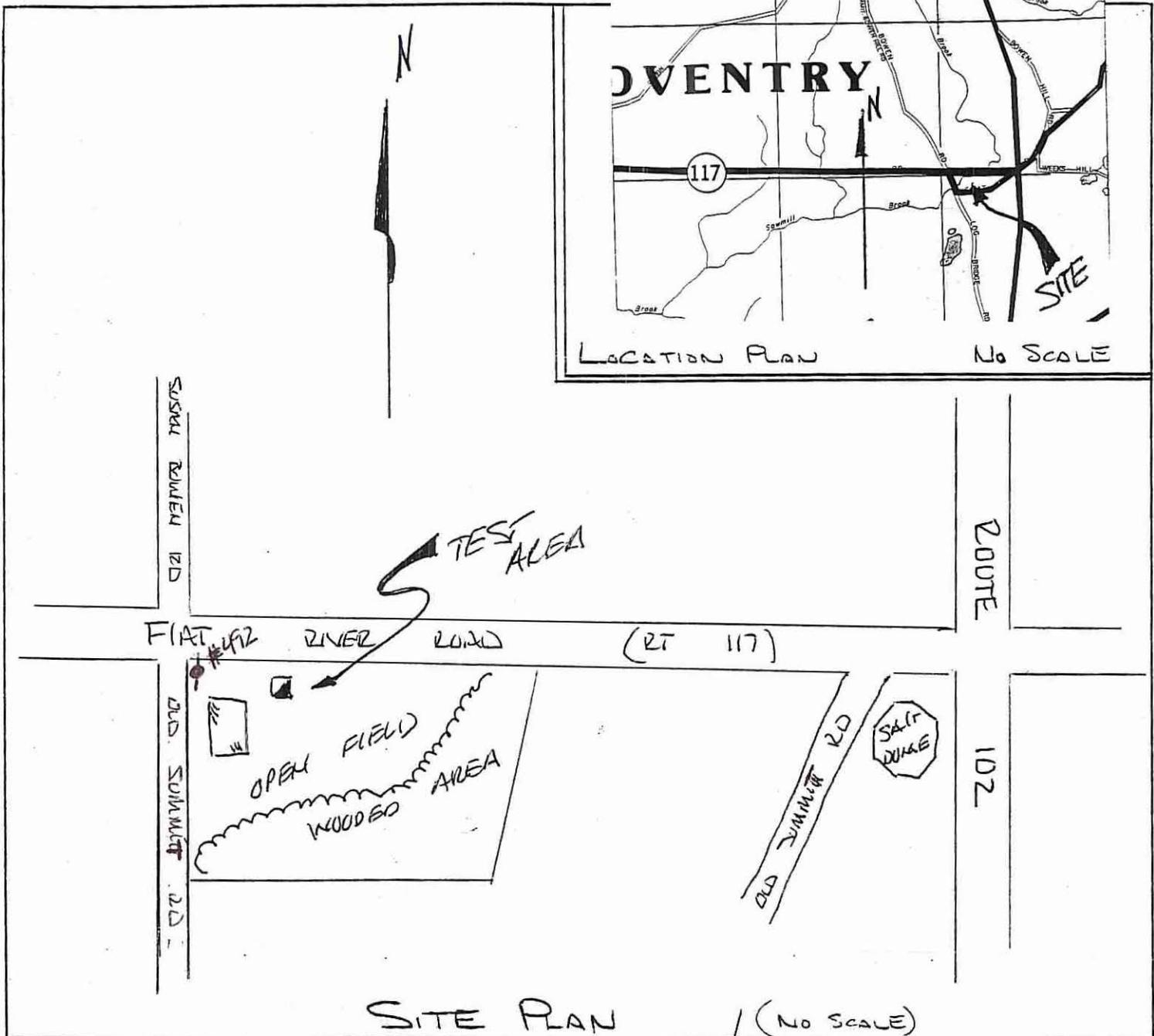
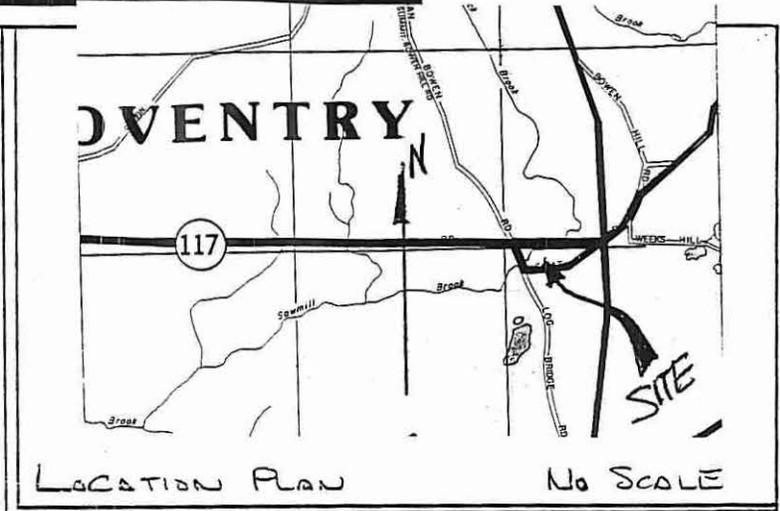
**ATTACH A LOCUS MAP AND CHECK (made out to the Rhode Island General Treasurer) TO THIS FORM AND SUBMIT TO DEM'S DIVISION OF GROUNDWATER AND ISDS 22 HAYES STREET PROVIDENCE, R.I. 02908. ALL LOCUS MAPS MUST HAVE THE ENGINEERS REGISTRATION SEAL AND SIGNATURE.

MAY 10 1999



COVENTRY-SURVEY CO., INC.

46 South Main Street
COVENTRY, RI 02816



JERRY JORDAN / BOB SKALING

POLE # 492 CORNER OLD SUMMIT & 117

FLAT RIVER RD

COVENTRY RHODE ISLAND

A.P. 316 LOT 27

