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Town of Jamestown

**Board of
Water and Sewer Commissioners**
TOWN OF JAMESTOWN, RHODE ISLAND 02835

APPLICATION FOR WATER AND SEWER EXTENSION

COMPLETED BY APPLICANT

DATE: Jan 2, 2024

Applicant: Stephen Zimmiski
Name: Suzanne Gagnon
Address: 7 Seaview Ave
Jamestown, RI
02835

Email: gagnons1010@gmail.com
Phone: 215-833-3313

Zoning District: R40

Type of Service Extension Being Requested:

Water ☒ Sewer ☐

Use: Residential
(single family) ☒

(multi family) ☐

Residential multi family on existing line ☐

Commercial ☐

Other ☐

Location of Extension Request:

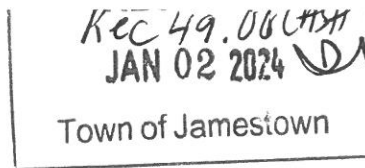
Street East Shore Rd + Seaview Plat: 7 Lot: 94

Please give detail description of proposed plan and anticipated annual water consumption:

All of Seaview avenue is at risk; several
properties have intermittently undrinkable H₂O

Please attach "sketch" of proposed installations.

(Applicants signature is required on Page 2)



[1] - \$49.00 Recording Fee for Decision Letter. (Fee effective 11/12/07 per RIGL 34-13-7)
This fee is due at the time the application is filed with this office. If the application is not approved by the Board of Water and Sewer Commissioners the fee will be returned to the applicant.

Applicant agrees to take water and sewer service in full compliance with the rules and regulations of the Commission. Applicant agrees to accept all cost associated with the requested service connection. In addition, applicant agrees to pay \$3000. for Water Service extension fee and/or \$3000 for Sewer Service extension fee and any other applicable water or sewer fees. All work according to approved plans and specifications. The Town of Jamestown will inspect all work before final acceptance.

Date: 1/2/2024

Applicants Signature: 

Owners Signature: 

Agreement is valid for 1 year from date of approval.

Approval by the Board of Water and Sewer Commissioners:

Commission President

Date _____

ALL NOTE: Regular meetings of the Board of Water and Sewer Commissioner are held once monthly. Meetings are held at the Jamestown Town Hall, Council Chambers, 93 Narragansett Avenue, Jamestown, RI. This meeting location is accessible to the physically challenged. Hearing or speech impaired individuals requiring the services of an interpreter should call 1-800-745-5555 or 423-1212 not less than 3 business days prior to this meeting.

- The following information is requested by the Federal Government in order to monitor our compliance with various civil rights laws. You are not required to furnish this information,

but are encourage to do so. The law requires that we may not discriminate based upon this information, nor whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations we are required to note the race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below.

I do not wish to furnish this information _____

Race/National Origin: American Indian or Alaskan Native _____

Asian or Pacific Island

White, not of Hispanic origin

_____ ✓ _____

Black, not of Hispanic origin

Hispanic origin

Other (specify)

Sex:

Female

_____ ✓ _____

Male

_____ ✓ _____

COMPLETED BY PLANNING DEPARTMENT

Is request consistent with Comprehensive Community Plan?

Please explain _____

Potential for future subdivision? Please explain _____

Date _____ Signature/Title _____

COMPLETED BY FIRE CHIEF

Request will or will not reduce the level of fire protection of the community? Please explain _____

Fire Hydrants required? Yes _____ No _____

Date _____ Signature/Title _____

October
2018

Wellworks LLC
65 North Road
Jamestown, RI 02835
(401) 423-9283 – phone
(401) 423-3355 – fax

Address: of inspection	7 Seaview Ave. Jamestown
Name of Client:	Priority Inspections
Type of well:	Private well
Describe the water pressure @ the top floor and throughout house:	Good
Does the water flow meet local requirements at the time of testing?	No, at this time it does not meet state requirements
GPM	2.5gpm at the time of inspection
Was water sample sent out?	No
Date taken:	N/A
Date sent:	N/A
Parameters tested:	N/A
Location taken:	N/A
Describe any water purification systems installed:	N/A
Are there any visual signs of leakage or defeats?	No
Type of well	Drilled Well
Well depth	100'
Well location	In back of the garage
Connection	Pitless
Seal	
Condition of pump	
Motor	2 Wire
Drop pipe	Poly Pipe
Size	1"
Wire size (trench)	
Wire size (well)	12-AWG
Tank description	FL-12
Condition	Good from 2014
List all necessary repairs. Be very descriptive and include estimated cost of repair	Install a 500-gallon Storage Tank w/ a booster pump and UV light
Seasonal variations may affect water level and supply in well during dry and wet periods.	
Fee of the above well inspection	
Technician Performing Test	Jimmy/Mike



WELLWORKS LLC
P.O. Box 1
Jamestown, RI 02835
401-423-9283
info@wellworksllc.com
http://www.wellworksllc.com

ADDRESS

7 Seaview Ave. Jamestown
440 Dry Bridge Rd Unit 1
North Kingstown, RI 02852

ESTIMATE 1080

DATE 10/01/2018

EXPIRATION DATE 11/03/2018

SALES REP

Jimmy

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
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DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
10/01/2018	Estimate	<p>Due to the Well not meeting the State recommendations and due to the location of salt water and the high possibility of losing the Well to salt water we recommend the estimate below.</p> <p>We recommend One 500 Gallon Storage Tank. The tank will supply you an extra 500 gallons of storage. This tank will be located in the basement.</p> <p>Along with the Tank, we will be installing a SQE 3" 220V 10GPM Grundfos Pressure System (VFD) inside the tank to supply the house with more water. A Solenoid Valve with a Pump up and down Float will control the on and off of the water and the level of the water inside the tank. The water will then be pumped out from there by the Constant Pressure Pump System into the FL-12 Tank that is currently residing in the house and from there into the house.</p> <p>A 10GPM UV light will be installed to eliminate any chance of bacteria growing in the water. Leak Protection System will be installed which will shut off the water if there is a leak. The system is located directly outside the tanks.</p> <p>This Estimate includes the following: Installation of a Grunfos SQE 10GPM Constant Pressure Pump System CU301 Constant Pressure SS Manifold Installation of 1-500 gallon Norwesco Storage Tank. Installation UV Light to prevent bacteria Tank S.S. Manifold Solenoid Valve High Water Alarm and Float Pump Tech to protect the pump if for any reason the pump has a high amperage or low amperage change. Leak Protection System- to shut off the pump due to any leak. 8 hours for labor Misc fittings Freight</p> <p>**Electrician is not included**</p>	1	7,366.77	7,366.77

1/2 Down required upon acceptance of this Estimate

TOTAL

\$7,366.77

Accepted By

Accepted Date



3 Research Drive - Woodbridge, CT 06525

Water Analysis Report

TEST ID: D092718208
DATE SAMPLED: 9/26/2018
SAMPLE POINT: KITCHEN
NO TREATMENT SPECIFIED
SAMPLED BY: ERNIE SILVIO

TO: PRIORITY INS 423

PROPERTY LOCATION: 7 SEAVIEW AVENUE - JAMESTOWN, RI

BACTERIA	ABSENT	PRESENT	LIMITS		REF	METHOD
Coliform (Total)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ABSENT	P		SM 9223
E. Coli (Fecal)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ABSENT	P		SM 9223
Chlorine (Total)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ABSENT	-		SM 4500-CL G

CONCLUSION: Based on the above results, this water was safe for drinking purposes at the time of collection.

P = Primary limit, used to judge potability
S = Secondary limit, recommended but not required
MRL = Minimum Reportable Level
* Limit exceeded
ND = None Detected
CT License #PH-0466, Aquatek Labs

Michael F. Berman, Ph.D.
Laboratory Director

R = Reference Lab Work