



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



www.dem.ri.gov/septic

FOR RIDEM USE ONLY

APPLICATION No. _____ DATE RECEIVED ____/____/____ AMOUNT RECEIVED \$ _____ CHECK # _____ NOTE _____

TYPE OF APPLICATION (CHECK ALL THAT APPLY)

- | | |
|--|--|
| <input type="checkbox"/> NEW BUILDING CONSTRUCTION | <input type="checkbox"/> A/E TECHNOLOGY TYPE _____ |
| <input type="checkbox"/> ALTERATION | <input type="checkbox"/> VARIANCE |
| <input type="checkbox"/> REPAIR | <input type="checkbox"/> REDESIGN |
| <input type="checkbox"/> TRANSFER | <input type="checkbox"/> JOINT OWTS / WETLANDS PD |

CERTIFICATION

I, _____ (print), the undersigned licensed OWTS designer, certify that I prepared this application and accompanying forms, submittals, plans and sketches in accordance with the RULES of the RIDEM pertaining to OWTS and that all the information provided on this application and accompanying forms, submittals, plans and sketches is true and accurate.

Designer's Signature _____ License # _____

Designer's Email _____ Phone # _____

Business/Company Name _____

I certify that a) I am the owner of the property indicated under the site information on this application, b) I will hire a licensed OWTS installer to install the system proposed herein, c) the system will be installed in strict accordance with this application, d) I will hire and retain the licensed OWTS designer of record to witness and inspect the installation of the system, e) I assume all responsibility for the truth and accuracy of this application and all liability and responsibility for any improper installations of the system on this site and agree to hold the RIDEM harmless from any and all claims relating whatsoever to the system. In the case of a transfer application, I acknowledge that the permit application and plans previously approved and accompanying this application are the operative documents subject to certification.

Owner's Phone Number _____

Owner's Email _____

Owner(s) Signature _____

SITE INFORMATION

NO. STREET _____ CITY/TOWN _____ POLE # _____
 PLAT NUMBER _____ LOT NUMBER _____ SUBDIVISION LOT NUMBER _____
 LOT SIZE _____ SF/ACRES _____
 SUBDIVISION NAME _____
 SUBDIVISION SITE SUITABILITY CERTIFICATION # _____

OWNER INFORMATION

LAST NAME _____ FIRST NAME _____ M.I. _____
 NO. STREET _____ CITY/TOWN _____ ZIP CODE _____

RIDEM APPLICATION HISTORY

PREVIOUS SITE TESTING YES NO APPLICATION # _____
 DEPTH TO APPROVED WATER TABLE _____ HOW DETERMINED _____
 TEST HOLE # _____ DATE EXCAVATED ____/____/____ WETLANDS within 200' OF OWTS YES NO
 WETLAND DETERMINATION YES NO RIDEM FILE # _____ DATE ____/____/____
 LARGE SYSTEM YES NO OCI FILE # IF APPLICABLE _____

DESIGN INFORMATION

BUILDING USE: Residential Commercial _____
 Other _____
 WATER SUPPLY: public water public well private well
 # OF DESIGN UNITS _____
 UNIT DESIGN FLOW _____ gallons per _____ (unit) TOTAL DAILY FLOW _____ gallons
 TANK SIZE _____ gallons DESIGN LOADING RATE _____ gpd/sf
 MINIMUM REQUIRED LEACHFIELD AREA _____ square feet
 LEACHFIELD TYPE _____
 TOTAL AREA OF LEACHFIELD PROVIDED _____ square feet

PERMIT APPROVAL SECTION: DO NOT WRITE BELOW THIS LINE

Based upon the representations of the owner and the owner's agents, including the representations of the owner's OWTS designer, and the truth and accuracy of all information submitted, this application for an OWTS is hereby approved. The RIDEM assumes no responsibility or liability for the future safe operation or maintenance of the aforesaid system, of the fitness or suitability of this system to this site, nor does it assume any responsibility for the accuracy and truth of the owner's, or the owner's agent's representations. This approval is subject to future suspension or revocation in the event that subsequent examination reveals any data indicated on any application, form, submittal, plan or sketch to be incorrect, or not in compliance with the RULES or any conditions at the site are such that the approved design is not in accordance with the RULES, or in the event that the system discharges inadequately treated wastewater to waters of the State or fails to operate satisfactorily in any other manner.

IMPORTANT: Additional terms of approval as circled.

- A. Bottom of leaching area excavation must be inspected by the RIDEM prior to placement of any gravel or stone.
- B. System installation must be inspected by RIDEM prior to covering any component of the system with backfill.
- C. Applicant shall comply with all requirements, conditions and stipulations of variance(s) approved on _____
- D. Joint Permit: Designer of record must contact RIDEM prior to start of any site construction.
- E. A/E Technology: additional installation, operation or maintenance requirements may apply (see A/E Technology Certification.)
- F. Copy of this form and Operation/Maintenance contract must be filed in land evidence records prior to conformance.
- G. Proposed construction falls within "Coastal Zone". Contact Rhode Island Coastal Resources Management Council.
- H. Proper erosion and sedimentation controls must be installed prior to start of construction.
- I. Transfer: See original permit for all applicable conditions.
- J. Other _____

Signature of RIDEM Official _____ Date of Approval _____ Date of Expiration _____

INSTRUCTIONS FOR COMPLETING APPLICATION

1. The owner must complete the owner's information section of the application, sign in the certification section, and furnish a telephone number.
2. The licensed OWTS designer must complete the remainder of the application except areas marked FOR RIDEM USE ONLY and PERMIT APPROVAL SECTION.
3. Check all TYPES OF APPLICATIONS that apply.
4. If an alternative or experimental technology system is proposed, the A/E TECHNOLOGY box must be checked and the TYPE OF SYSTEM must be completed.
5. All site information including plat and lot, subdivision information, and lot size must be completed.
6. Any previous RIDEM application information must be shown including groundwater table verification and wetlands determination or permit.
7. Only one box should be checked for BUILDING USE, IF COMMERCIAL, provide a brief description.
8. Only one box should be checked for WATER SUPPLY.
9. Design information must accurately reflect the type and size of the septic system shown on the accompanying plans.
10. RIDEM APPLICATION HISTORY, DESIGN INFORMATION, and Signature of Designer are not needed for a transfer application.
11. IMPORTANT: This application is a part of a design submission that must include 4 (four) copies of the design plan, 4 (four) copies of any attachments such as calculations or details, a designer's checklist, and the appropriate fee.
12. MAIL OR DELIVER TO: Onsite Wastewater Treatment Systems Program
Ri Department of Environmental Management
235 Promenade Street
Providence, RI 02908-5767

If you have any questions relating to this application, please call (401) 222-3961 Monday through Friday, 8:30 am to 4:00 pm.
For additional information, please visit our website: www.dem.ri.gov/septic