

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**

**Office of Water Resources
Onsite Wastewater Treatment Systems (OWTS) Program**

Application Submission Checklist

For Office Use

Owner Name: _____

Designer Name: _____

Application No. _____

Date _____

The following Submission Checklist is to be completed by the designer and submitted with all construction permit applications.

I. OWTS Submission Requirements (Check Appropriate Submission)

NEW CONSTRUCTION

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

REDESIGN

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

ALTERATION

- ___ Application Form
- ___ 4 Sets of Plans
- ___ Proper Fee
- ___ Copy of Tax Card

REPAIR

- ___ Application Form
- ___ 4 Sets of Plans
- ___ Proper Fee
- ___ Copy of Tax Card

TRANSFER

- ___ Application Form
- ___ Copy of Approved Plan
- ___ Proper Fee
- ___ Copy of Deed

VARIANCE

- ___ Application Form
- ___ Variance Application Form & associated submittals
- ___ 4 Sets of Plans
- ___ Proper Fee
- ___ List of Abutters w/in 200' of System
- ___ Radius Map

II. Well Drilling Variance Submission Requirements

- ___ Variance Application Form
- ___ Affidavit
- ___ 1 Set of Plans

DESIGNER COMMENTS:

OWTS PROGRAM REVIEW COMMENTS:

The application, plans and attachments are being returned unacceptable.
If an application for this site is resubmitted, enclose this checklist.

Resubmission Fee Required: \$ _____

RIDEM Official: _____ Date: _____
Onsite Wastewater Treatment Systems Program