



**DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF WATER RESOURCES
PERMITTING SECTION
ONSITE WASTEWATER TREATMENT SYSTEMS (OWTS) PROGRAM**



DESIGNER'S CERTIFICATE OF CONSTRUCTION FOR OWTS

Permit No. _____

I, _____, as the designer of record for the OWTS installation located at
(Street) _____ in the City or Town of
_____ hereby certify that the installation of the OWTS was
performed by the installer named below, and to the best of my information, knowledge and belief, was
witnessed and inspected in accordance with RIDEM/OWTS Rules, and that, in my professional opinion, the
installation of the OWTS conforms with the plans, specifications, applicable statutes, regulations, and
construction tolerances as approved by the Director of the Rhode Island Department of Environmental
Management. I further certify that I have documented the installation in accordance with RIDEM/OWTS
Rules. This certification is effective as of (date): _____

The septic tank, D-Box (if any) and leach field are located as set forth below:

Installer's Name _____

License No. _____

Designer's Name _____

License No. _____

Designer's Signature _____

Date Signed _____

Designer Request of Change (DROC) Approval Date(s) _____