SUBDIVISION SITE SUITABILITY CERTIFICATION APPLICATION CHECKLIST

Subdivision Name: ________________________________

Municipality: __________________ Plat: ______ Lot: ______ Pole No: ______

Street Address: ____________________________ Designer Name: ____________________________

Email: ____________________________ Phone No: ____________________________

OWTS Designer Mailing Address: ____________________________

NOTE: The following checklist is to be completed by the OWTS designer to verify conformance with the OWTS Rules. The application must address all applicable requirements. Place a check mark ✓ if the application requirement was addressed as part of the submission. If a requirement does not apply to your project, please indicate by marking as N/A, otherwise the application will be deemed administratively incomplete and will be returned to the designer.

I. SUBMISSION REQUIREMENTS

A. NEW SUBDIVISION

✓ Application Form (4 copies)
✓ 4 sets of plans
✓ Proper fee ($100/lot for 1 to 9 lots; 10 or more lots: $1,000 plus $50 for each lot over 10)

B. REVISION TO SUBDIVISION

To revise a previously approved subdivision suitability certification due to revised lot layout or seeking modification of findings.

✓ Application Form (4 copies)
✓ 4 sets of plans
✓ Previous subdivision suitability certification number ____________________________
✓ Proper fee ($50/lot for 1 to 9 lots; 10 or more lots: $500)

C. ADDENDUM TO SUBDIVISION

For property adjacent to property approved under a previous subdivision suitability certification but not previously submitted to DEM for review and approval.

✓ Application Form (4 copies)
✓ 4 sets of plans
✓ Previous subdivision name and suitability certification number ____________________________

RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
Onsite Wastewater Treatment Systems (OWTS)
Office of Water Resources
235 Promenade Street, Providence, RI 02908-5767
Tel. (401) 222-3961; Email: DEM.OWTS@dem.ri.gov
Web: www.dem.ri.gov/septic
D. SECOND RESUBMISSION

NOTE: If the application has been previously reviewed by the Department and determined to be deficient, and the resubmission does not address these deficiencies, the Department will assess a fee for the second resubmission.

__ Proper fee (Fifty percent of the original fee, up to a maximum of $300)

II. SUBDIVISION PLAN REQUIREMENTS

__ Appropriately scaled topographic map of the entire area under consideration
__ Include all property boundaries for proposed lots and the lot to be subdivided
__ Show the lot area for each proposed lot
__ Show the number of bedrooms associated with proposed dwellings on each lot
__ Proper contours as follows:
  __ For land that slopes less than approximately 2 percent, show spot elevations at all breaks in grade, along all drainage channels or swales, and at selected points not more than 100 ft. apart in all directions
  __ For land that slopes more than approximately 2 percent, show broken line contours with an interval of not more than 2 feet
  __ Datum on which the elevations or contours are based noted on plans
  __ Permanent reference benchmark noted and shown on plans
__ Proposed cut and/or fill of more than 1 foot indicated by solid line contours showing approximate finished grades around area of system and roadway
__ All rights of way, existing and proposed easements, and proposed roadways
__ Plan and profile showing existing and proposed finished grade of proposed road
__ Show all driveways and traffic areas proposed for each lot
__ Existing and proposed drainage and outfalls, including structures, swales and channels, and qualified pervious areas (QPAs)
__ Natural waters or water courses, swamps, marshes, wetlands, wetland edges, drainage ways, detention basins, swales, coastal waters and other depressions
__ Soil erosion and sediment control measures
__ Bedrock outcrops and wooded areas
__ Stone walls, cemeteries, and trails
__ Proposed wells or proposed public water lines
__ Proposed OWTS conforming with rules (Include bottom of leachfield elevation, existing grade, and seasonal high-water table in area of proposed leachfield.)
__ Show the approximate size and exact location of each proposed OWTS
Location of ALL soil evaluations (including disclaimed water tables) performed to date

Note critical resource areas on plan

Complete legend

Proper designer stamp and signature (drainage plans must be stamped by a RI Registered Professional Engineer (P.E.))

Features below to be shown on plan for property immediately adjacent:

- Natural waters or watercourses within 200 feet of proposed subdivision
- Existing and proposed private wells within 200 feet of proposed subdivision
- Any watershed of an existing or proposed public water supply source or critical area with respect to the proposed subdivision
- Existing OWTSs within 100 feet of the proposed subdivision
- Existing drains within 100 feet of the proposed subdivision (in critical resource area note where drainage system discharges)
- Existing and proposed public water supply wells within 500 feet of proposed subdivision
-Exact location of any cemetery onsite

III. LOCATION MAP

Location map or sketch showing existing highways, streets and/or other identifiable landmarks or distances thereto shown (this may be incorporated on the topographic map)

IV. SOIL EVALUATION TEST

- A soil evaluation for each lot in accordance with OWTS Rule 6.16
- Existing ground elevations at soil evaluation test holes on topographic map by contour lines or spot elevations

V. APPLICATION FORM

- Checklist and all pages completed in full
- Soil evaluation data
- Water table data
- Soil description
- Soil category
- Required owner and designer signatures

VI. SOIL SURVEY

Copy of page or pages of the latest soil survey published by the Natural Resources Conservation Services of the U.S. Department of Agriculture illustrating the location of proposed subdivision. Soil Web or NRCS Web Soil Survey results are also acceptable
**SUBDIVISION SITE SUITABILITY CERTIFICATION APPLICATION**

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<tr>
<th>Street Address</th>
<th>Municipality</th>
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<tr>
<th>Subdivision Name</th>
<th>Number of Lots</th>
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<th>Plat</th>
<th>Lot</th>
<th>Lot Area</th>
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<tr>
<th>Water Supply Source</th>
<th>Private Wells</th>
<th>Soil Evaluation Number(s)</th>
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<th>Freshwater Wetlands/CRMC Application No.</th>
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<th>Owners Name and Mailing Address</th>
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<th>Signature of Owner</th>
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**INSTRUCTIONS TO OWTS DESIGNERS (CLASS II & III) AND SOIL EVALUATORS (CLASS IV)**

SOIL EVALUATION, GROUND WATER TABLE DETERMINATIONS AND LOADING RATES

NOTE: All soil evaluation test holes must be indexed by an appropriate reference number. The location of each test hole and the index reference number must be shown to scale on the subdivision plan. A four-inch diameter perforated standpipe must be set in each test hole. Each standpipe must be labeled in the field with the corresponding index reference number.

<table>
<thead>
<tr>
<th>Test Hole No.</th>
<th>Date Excavated</th>
<th>Soil Description by Horizon, Depth, Color, Re-doxygenation Features, Texture, Structure and Consistency</th>
<th>Soil Category (each horizon)</th>
<th>Loading Rate (gal./sq. ft./day)</th>
<th>SHWT Depth</th>
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Where more space is required attach additional copies of this page to the application.
CERTIFICATION BY OWTS DESIGNER (CLASS II & III) AND LICENSED SOIL EVALUATOR (CLASS IV)

I THE UNDERSIGNED ____________________________ Title ____________________________
of __________________________ do hereby certify that the above data was collected according to the procedures prescribed in the “State of RI Department of Environmental Management - Rules Establishing Minimum Standards Relating to Location, Design, Construction and Maintenance of Onsite Wastewater Treatment Systems”, and that the findings reported and the accompanying plans and submittals are true and accurate.

Designer Name: ____________________________ OWTS License #: ____________________________

Designer Signature: ____________________________ Date: ____________________________