



RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Onsite Wastewater Treatment Program
Office of Water Resources, Room 260
235 Promenade Street, Providence, RI 02908-5767



INSTRUCTIONS FOR SYSTEM SUITABILITY DETERMINATION APPLICATION COMMERCIAL

This application form is to be completed by the owner in order to receive a determination as to whether an existing Onsite Wastewater Treatment System (OWTS) is suitable for the proposed renovation, change of use or eligibility for Imminent Sewer Exemption. A change of use in the building may increase the wastewater flow into existing septic facilities. The purpose of the application is to determine whether your existing septic system is suitable for continued use, considering the scope of your project and the requirements under current DEM-OWTS Rules (Rule 17.4). It is essential that all questions on the following sheet be answered accurately and clearly.

THE FOLLOWING ITEMS MUST BE INCLUDED WITH YOUR SUBMISSION

Fee of \$100.00. Make check or money order payable to General Treasure, State of Rhode Island.

Three (3) copies of the completed form, answering all the questions.

Three (3) copies of the approved septic system permit and plan, if system is known to have been approved by the Department.

Three (3) copies of the plan or a sketch including location of the site, building location, existing pressure water lines or well facilities, septic tank and leachfield, property lines and any existing subsurface drains on the property. It is essential that measured distances be used to locate all items, particularly the distance between your septic system and all wells within 200 feet.

A written statement detailing the proposed modification.

INCOMPLETE APPLICATIONS WILL BE RETURNED.

Complete all data and forward completed forms to:

**RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
ONSITE WASTEWATER TREATMENT PROGRAM
OFFICE OF WATER RESOURCES, ROOM 260
235 PROMENADE STREET
PROVIDENCE, RI 02908-5767**

Questions pertaining to the application process should be directed to the OWTS program office at 401-222-6820.



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SITE INFORMATION

Site Location (Town)	Name of Building	Street Address of Building		
Pole Number	Plat	Lot	Public or Private Water Supply (circle one)	Approximate Age of Building
Owner Name				
Mailing Address (Street)		City/Town	State	Zip

Was the System installed after April 9, 1968 Yes No If Yes, Application Number _____ (Attach 3 copies of approved permit and plan)
 Was a Change of Use or System Suitability Determination previously requested? Yes No
 If Yes, Application Number _____ Date Approved _____

BUILDING USE

Current

Proposed

A. Building Use	_____	_____
	_____	_____
	_____	_____
B. Number of Design Units (bedrooms, patrons, seats, etc)	_____	_____
	_____	_____
C. Water Consumption	_____	_____

CHARACTERISTIC OF EXISTING SEWAGE DISPOSAL SYSTEM

Size of Septic Tank _____ Size of Grease Tank _____
 Type of Leachfield: Trench Chambers Bed Seepage Pit Other
 Approximate Size of Leachfield: _____ square feet

The owner assumes all responsibility for the truth and accuracy of the representations hereon, and on all forms, submittals, plans and sketches attached hereto, and assumes all liability and responsibility for the future failure of the OWTS system on this site, and agrees to hold the Rhode Island Department of Environmental Management harmless from any and all claims against it for such future failures.

I agree and understand that should this onsite wastewater treatment system malfunction, I will take immediate steps to legally correct the problem in accordance with RIDEM OWTS rules.

Signature of Legal Owner(s) _____ Date _____

DETERMINATIONS	EXTENT OF IMPROVEMENT	RECOMMEND ACTION
<input type="checkbox"/> Approved	<input type="checkbox"/> Increase in Flow	<input type="checkbox"/> New System - Apply for Permit
<input type="checkbox"/> Denied	<input type="checkbox"/> No State Approval / prior 4/9/68	<input type="checkbox"/> Alteration of System
<input type="checkbox"/> Engineering Analysis Required	<input type="checkbox"/> Change in Use	<input type="checkbox"/> Field Work Required
		<input type="checkbox"/> Retain OWTS Designer

COMMENTS: _____

Reviewer's Signature _____ Date _____ Date of Expiration _____