



**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 RESIDENTIAL**

This application form is to be completed by the owner of a home 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. 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**

All questions must be answered. Print or type the responses to all questions.

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

Three (3) copies of the completed application form.

Three (3) copies of the tax card for the subject property.

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 a floor plan of your house as it exists before any modification is performed. This floor plan must include all rooms, the approximate size of each room, on every floor, even if the modification(s) will affect only one floor. Include in your floor plan any garage(s) which exists on your property. A sketch of the floor plan is adequate; the floor plan does not have to be drawn by an architect or an engineer.

Three (3) copies of a floor plan of your house (and/or garage) with the proposed change(s) shown. You must include all rooms in the house and the approximate size of each room, on every floor. A sketch of the floor plan is adequate.

Three (3) copies of the plan or a sketch indicating: location of the site, building location, existing pressure water 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 100 feet where public water is not available.

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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**SYSTEM SUITABILITY DETERMINATION APPLICATION  
 RESIDENTIAL**

**SITE INFORMATION**

Site Location (Town) \_\_\_\_\_

Street Address of Dwelling \_\_\_\_\_ Zip Code \_\_\_\_\_ Pole Number \_\_\_\_\_ Plat \_\_\_\_\_ Lot \_\_\_\_\_ Public or Private Water Supply (circle one)

Owner Name \_\_\_\_\_ Mailing Address (Street/PO Box) \_\_\_\_\_ 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 \_\_\_\_\_

Are there any Deed Restrictions on occupancy, building size or other items which may impact sewage flow? If so, explain \_\_\_\_\_

**BUILDING USE**

**Current**

**Proposed**

- |                       |                                 |       |
|-----------------------|---------------------------------|-------|
| A. Building Use       | _____                           | _____ |
| B. Number of Bedrooms | _____ (attach copy of tax card) | _____ |
| C. Number of Persons  | _____                           | _____ |
| D. Water Consumption  | _____                           | _____ |

**CHARACTERISTIC OF EXISTING SEWAGE DISPOSAL SYSTEM**

Size of Septic 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. *Owner Signature* \_\_\_\_\_ *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           |

**COMMENTS:** \_\_\_\_\_

Reviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_