



RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
Onsite Wastewater Treatment Program  
Office of Water Resources  
235 Promenade Street, Providence, RI 02908-5767



## **INSTRUCTIONS FOR SYSTEM SUITABILITY DETERMINATION APPLICATION RESIDENTIAL/COMMERCIAL**

This application form is to be completed by the Property 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. The purpose of this 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 RESIDENTIAL 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, by the Department
- ✓ Three (3) copies of a floor plan of your house as it exists before 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 are 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.

### **THE FOLLOWING ITEMS MUST BE INCLUDED WITH YOUR COMMERCIAL 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, 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 statement detailing the proposed modification.

**INCOMPLETE APPLICATIONS WILL BE RETURNED.**



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**SYSTEM SUITABILITY DETERMINATION APPLICATION  
 RESIDENTIAL / COMMERCIAL**

**SITE INFORMATION**

Site Location (Town) \_\_\_\_\_  
 Street Address of Building /Dwelling \_\_\_\_\_ Water supply (please check one)  
 Public or  Private  
 Owner's Name \_\_\_\_\_  
 Mailing Address (street/PO Box) \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Was the System installed after April 9, 1968  Yes  No  
 If Yes, Application # \_\_\_\_\_ (Attach 3 copies of approved permit and plan)  
 Was a Change of Use or System Suitability Determination previously requested?  Yes  No  
 If Yes, Application # \_\_\_\_\_ Date approved: \_\_\_\_\_  
 Are there any Deed Restrictions on occupancy, building size or other items which may impact sewage flow?  
 If so, explain: \_\_\_\_\_  
 Is this property part of a condominium?  YES  No If yes, provide approval from Condo Association \_\_\_\_\_

BUILDING USE	CURRENT	PROPOSED
A. Building use	_____	_____
B. Number of Design units (bedrooms, patrons, seats, etc)	_____	_____
C. Number of People	_____	_____
D. Water Consumption	_____	_____

**CHARACTERISTIC OF EXISTING SEWAGE DISPOSAL SYSTEM**

Size of Septic Tank \_\_\_\_\_ Size of grease tank \_\_\_\_\_ approximate size of leachfield \_\_\_\_\_ square feet \_\_\_\_\_  
 Type of Leachfield  Trench  chambers  bed  seepage pit  other

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 RI 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 \_\_\_\_\_

DETERMINATION	EXTENT OF IMPROVEMENT	RECOMMENDED 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"/> Change in Use	<input type="checkbox"/> Alternation of System
<input type="checkbox"/> Engineering Analysis Required		<input type="checkbox"/> Field work required/ Retain a OWTS designer

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

DEM representative signature \_\_\_\_\_ Date \_\_\_\_\_ Date of expiration \_\_\_\_\_