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-O WTS Rules (Rule 6.18D).

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.
SYSTEM SUITABILITY DETERMINATION APPLICATION
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SITE INFORMATION

Site Location (Town) _________________________________ Plat:_______ Lot: _________

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

A. Building use

CURRENT PROPOSED

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 EXTINGUISH IMPROVEMENT RECOMMENDED ACTION

☐ Approved ☐ Increase in Flow ☐ New System – Apply for Permit

☐ Denied ☐ Change in Use ☐ Alternation of System

☐ Engineering Analysis Required ☐ Field work required/ Retain a OWTS designer

COMMENTS:  _____________________________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________

Signature of Legal owner(s)     Date

DETERMINATION EXTINGUISH IMPROVEMENT RECOMMENDED ACTION

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COMMENTS:  _____________________________________________________________________________________

________________________________________________________________________________________________

DEM representative signature                                             Date                                                Date of expiration