

RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT ONSITE WASTEWATER TREATMENT SYSTEM CONSTRUCTION PERMIT		
FOR RIDEM USE ONLY		
APPLICATION No. _____	DATE RECEIVED ___/___/___	AMOUNT RECEIVED \$ _____ CHECK # _____ NOTE _____
TYPE OF APPLICATION (CHECK ALL THAT APPLY)		CERTIFICATION
<input type="checkbox"/> NEW BUILDING CONSTRUCTION <input type="checkbox"/> A/E TECHNOLOGY <input type="checkbox"/> ALTERATION TYPE OF SYSTEM _____ <input type="checkbox"/> REPAIR <input type="checkbox"/> VARIANCE <input type="checkbox"/> TRANSFER <input type="checkbox"/> REDESIGN	<p><i>I, _____ (print), the undersigned licensed OWTS designer, certify that I prepared this application and accompanying forms, submittals, plans and sketches in accordance with the RULES of the RIDEM pertaining to OWTS and that all the information provided on this application and accompanying forms, submittals, plans and sketches is true and accurate.</i></p> <p>Signature of Designer _____</p> <p>Designer License Number _____ Phone # _____</p> <p>Business/Company Name _____</p> <p><i>I certify that a) I am the owner of the property indicated under the site information on this application, b) I will hire a licensed OWTS installer to install the system proposed herein, c) the system will be installed in strict accordance with this application, d) I will hire and retain the licensed OWTS designer of record to witness and inspect the installation of the system, e) I assume all responsibility for the truth and accuracy of this application and all liability and responsibility for any improper installations of the system on this site and agree to hold the RIDEM harmless from any and all claims relating whatsoever to the system. In the case of a transfer application, I acknowledge that the permit application and plans previously approved and accompanying this application are the operative documents subject to certification.</i></p> <p>Owner(s) Signature _____ Phone Number _____</p>	
SITE INFORMATION		
NO. STREET _____ CITY/TOWN _____ POLE # _____ PLAT NUMBER _____ LOT NUMBER _____ SUBDIVISION LOT NUMBER _____ LOT SIZE _____ SQUARE FEET SUBDIVISION NAME _____ SUBDIVISION SITE SUITABILITY CERTIFICATION # _____		
OWNER INFORMATION		
LAST NAME _____ FIRST NAME _____ M.I. _____ NO. STREET _____ CITY/TOWN _____ ZIP CODE _____		
RIDEM APPLICATION HISTORY		
PREVIOUS SITE TESTING <input type="checkbox"/> YES <input type="checkbox"/> NO APPLICATION # _____ DEPTH TO APPROVED WATER TABLE _____ HOW DETERMINED _____ TEST HOLE # _____ DATE EXCAVATED ___/___/___ WETLANDS within 200' OF OWTS <input type="checkbox"/> YES <input type="checkbox"/> NO WETLAND DETERMINATION <input type="checkbox"/> YES <input type="checkbox"/> NO RIDEM FILE # _____ DATE ___/___/___ LARGE SYSTEM <input type="checkbox"/> YES <input type="checkbox"/> NO		
DESIGN INFORMATION		
BUILDING USE: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial _____ <input type="checkbox"/> Other _____ WATER SUPPLY: <input type="checkbox"/> public water <input type="checkbox"/> public well <input type="checkbox"/> private well # OF DESIGN UNITS _____ UNIT DESIGN FLOW _____ gallons per _____ (unit) TOTAL DAILY FLOW _____ gallons TANK SIZE _____ gallons DESIGN LOADING RATE _____ gpd/sf MINIMUM REQUIRED LEACHFIELD AREA _____ square feet LEACHFIELD TYPE _____ TOTAL AREA OF LEACHFIELD PROVIDED _____ square feet		
PERMIT APPROVAL SECTION: DO NOT WRITE BELOW THIS LINE		
<p><i>Based upon the representations of the owner and the owner's agents, including the representations of the owner's OWTS designer, and the truth and accuracy of all information submitted, this application for an OWTS is hereby approved. The RIDEM assumes no responsibility or liability for the future safe operation or maintenance of the aforesaid system, of the fitness or suitability of this system to this site, nor does it assume any responsibility for the accuracy and truth of the owner's, or the owner's agent's representations. This approval is subject to future suspension or revocation in the event that subsequent examination reveals any data indicated on any application, form, submittal, plan or sketch to be incorrect, or not in compliance with the RULES or any conditions at the site are such that the approved design is not in accordance with the RULES, or in the event that the system discharges inadequately treated wastewater to waters of the State or fails to operate satisfactorily in any other manner.</i></p> <p>IMPORTANT: Additional terms of approval as circled.</p> <p>A. Bottom of leaching area excavation must be inspected by the RIDEM prior to placement of any gravel or stone. B. System installation must be inspected by RIDEM prior to covering any component of the system with backfill. C. Applicant shall comply with all requirements, conditions and stipulations of variance(s) approved on _____. D. A/E Technology: additional specific installation, operation, or maintenance requirements may apply (see RIDEM A/E Technology certification for this system type.) E. Copy of this form and Operation/Maintenance contract must be filed in land evidence records prior to conformance. F. Proposed construction falls within "Coastal Zone". Contact Rhode Island Coastal Resources Management Council. G. Proper erosion and sedimentation controls must be installed prior to start of construction. H. Transfer: See original permit for all applicable conditions. I. Other</p>		
Signature of RIDEM Official _____		Date of Approval _____ Date of Expiration _____

INSTRUCTIONS FOR COMPLETING APPLICATION

1. The owner must complete the owner's information section of the application, sign in the certification section, and furnish a telephone number.
2. The licensed OWTS designer must complete the remainder of the application except areas marked FOR RIDEM USE ONLY and PERMIT APPROVAL SECTION.
3. Check all TYPES OF APPLICATIONS that apply..
4. If an alternative or experimental technology system is proposed, the A/E TECHNOLOGY box must be checked and the TYPE OF SYSTEM must be completed.
5. All site information including plat and lot, subdivision information, and lot size must be completed.
6. Any previous RIDEM application information must be shown including groundwater table verification and wetlands determination or permit.
7. Only one box should be checked for BUILDING USE. IF COMMERCIAL, provide a brief description.
8. Only one box should be checked for WATER SUPPLY.
9. Design information must accurately reflect the type and size of the septic system shown on the accompanying plans.
10. RIDEM APPLICATION HISTORY, DESIGN INFORMATION, and Signature of Designer are not needed for a transfer application.
11. IMPORTANT: This application is a part of a design submission that must include 4 (four) copies of the design plan, 4 (four) copies of any attachments such as calculations or details, a designers checklist, and the appropriate fee.
12. MAIL OR DELIVER TO: Rhode Island Department of Environmental Management
Onsite Wastewater Treatment Program
Office of Water Resources, Room 260
235 Promenade Street
Providence, Rhode Island 02908-5767

If you have any questions relating to this application, please call (401) 222-6820 Monday through Friday, 8:30 am to 4:00 pm.