



RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Onsite Wastewater Treatment Program
Office of Water Resources, Room 260

235 Promenade Street, Providence, RI 02908-5767



AFFIDAVIT TO REPLACE DESIGNER OF RECORD

I _____ said owner(s) of property, OWTS permit number
(print name)

_____, do hereby request authorization to have the replacement designer
_____ witness and inspect the installation of
(designer name and license number)

the OWTS on said property. I am petitioning the Department for this request based on the following reason(s):

CHECK APPROPRIATE ITEM(S):

- 1) _____ The original designer of the system is incapable of witnessing and inspecting the system because he/she is:
 - _____ Deceased
 - _____ Physically Incapacitated
 - _____ No Longer Licensed
 - _____ Other _____

- 2) _____ I, the property owner, contracted with a certain business entity for design services. The original designer who prepared the OWTS design is no longer employed by that business entity, and the property owner is replacing the original designer with another designer employed by that business entity.

Owner(s) signature: _____ Date: _____
(Owner must be the same person as permittee)

I, the replacement designer, have a designer's license in the appropriate license class required by the rules to design the system prepared by the original designer of said OWTS. I take full responsibility for the design and installation of the system in accordance with all OWTS Rules.

Replacement designer's signature: _____ Date: _____

FOR OFFICE USE ONLY

DECISION: Approved Denied

Comments _____

Signature of Authorized Agent _____ Date _____