



RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Onsite Wastewater Treatment Systems (OWTS) Program

235 Promenade Street, Providence, RI 02908-5767

Telephone: (401) 222-3961; Email: DEM.OWTS@dem.ri.gov

www.dem.ri.gov/septic



OWTS RESIDENTIAL REPAIR SUBMISSION CHECKLIST

Owner Name: _____

Application No. _____

Designer Name: _____

Date _____

*PE Mailing Address: _____

*Required only for PE's without OWTS designer license

APPLICATION FOR OWTS RESIDENTIAL REPAIR

In accordance with Rules 6.18 and 6.19, the following repair application requirements are established for residential uses disposing of not more than 900 gallons of sewage per day.

All applications for the approval of plans for OWTS repair shall be made on form(s) provided by the Director. Fill out all sections of the application, including plat, lot (provide copy of tax card) and depth to design water table. Depth to design water table may be completed without test hole data if, and only if, the designer has verified information from the surrounding area or has extensive local knowledge based on past work completed in the area.

___ OWTS Construction Permit Application Form

___ Property Tax Card

___ Four (4) Sets of Plans

___ Proper Fee (OWTS Rule 6.54)

BASIC DESIGN DATA/PLAN REQUIREMENTS

All applications for OWTS repairs shall include basic design data and a drawing detailing the property and/or pertinent portion thereof showing the size and location of the proposed OWTS. Information to be provided on the plan shall include, but not be limited to, the following:

1. ___ Measured distances from the proposed OWTS to site features, including, but not necessarily limited to, foundations, streets, buildings, wells (private and public), water supply lines, drainage structures, fences, driveways, trees, pools and property lines;
2. ___ Spot elevations in the area of the proposed OWTS. If filling is needed to meet fill perimeter requirements, and/or to provide the minimum required cover over the leachfield, provide existing and proposed spot grades to detail the filling;
3. ___ Fixed benchmark in close proximity to the proposed OWTS;
4. ___ Invert elevation schedule;
5. ___ Excavation/strip note. Provide note or detail specifying full or trench excavation and any overdig, and any anticipated removal of an existing OWTS;
6. ___ Note to pump and fill any existing cesspool;
7. ___ Location and type of existing OWTS;
8. ___ Test hole location (if applicable) and soil description;
9. ___ Waterline location(s). Where a proposed OWTS is within 50 feet of a waterline, the waterline location must be located and marked by the local water supply agency. Where it is unavoidable to maintain the required minimum 25 feet distance from leachfield to a waterline, the waterline must be sleeved, and an approval letter from the local public water supply agency provided;
10. ___ Location of drains, including foundation drains and basement sump pumps, within 50 feet of the OWTS;
11. ___ Location of private drinking water wells on all surrounding lots and/or within 150 feet of the OWTS and the location of public wells within 400 feet of the proposed OWTS. A note must be provided indicating the presence of any wells within 100 feet of the proposed OWTS;
12. ___ The location of wetlands on the subject property and/or within 100 feet of the proposed OWTS;
13. ___ The location of any drinking water supplies, including tributaries or storm/subsurface drains discharging into the drinking water supply, within 200 feet of the proposed OWTS;
14. ___ OWTS repairs involving pumps: provide pump tank size, dose calculations, pump spec. sheet, pump size, and float

elevations (see OWTS Design Criteria);

15. ____ Include anti-floatation provisions on plan for septic tank and pump chamber on high groundwater sites;
16. ____ OWTS repairs requiring structural retaining walls must be submitted by a professional engineer.

The Director reserves the right to require other information deemed necessary by the Department to fulfill its obligations in accordance with applicable statutes and regulations, on a case by case basis.

DESIGNER COMMENTS:

Application No.

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OWTS PROGRAM REVIEW COMMENTS:

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The application, plans and attachments are being returned. Please address the OWTS Review Comments above and return.

DEM Official _____

Date _____