

For office use only
Application number _____

Application
Date _____

Amount _____

Ck.No. _____

Note _____



RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Onsite Wastewater Treatment System Program

Office of Water Resources, Room 260

235 Promenade Street, Providence, RI 02908-5767



SOIL TESTING APPLICATION FORM

Provide Number of Test Holes Planned

Soil Evaluation _____ Soil Evaluation _____ Bedrock _____ Human Transported Material (HTM) or
NBC Alteration Storm Deposited Sand (SDS) _____

Individual Lot Subdivision-Number of Lots _____ Number of Days Required _____

Site Location (Town) (Address) (Zip Code) Pole Number

Owner's Name (Last) (First) (Middle)

Mailing Address (Street) (City/Town) (Zip Code)

Plat Number _____ Lot Number _____ Lot Size _____

Provide any Previous OWTS Application Number for this site. Application No. _____ Date _____

COMPLETE THIS SECTION FOR SOIL EVALUATION REQUESTS ONLY (Instructions on Reverse Side)

SHWT in area of test hole(s) < 4' from surface?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Comments _____ _____ _____ _____
Bedrock in area of test hole(s) < 6' from surface?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
On-site well water supply?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Water bodies or streams within 200' of test hole(s)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
HTM or SDS apparent in area of test hole(s)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

I have been authorized by the owners to conduct these subject field investigations and submit this request.

Designer/Soil Evaluator's Name and License Number _____ Date _____

Designer/Soil Evaluator's Signature _____ Telephone Number _____

Designer/Soil Evaluator's Email Address _____

Do not write in this space.

DEM HAS ELECTED NOT TO WITNESS
 Notify DEM by telephone 24 hours prior to conducting soil test. Date: _____ Time: _____
 YOUR TEST HOLE WILL BE WITNESSED: Date: _____ Time: _____

Authorized Agent _____

ATTACH A LOCUS MAP, RELEVANT PAGE FROM THE SOIL SURVEY OF RHODE ISLAND AND CHECK (made out to the Rhode Island General Treasurer) TO THIS FORM AND SUBMIT TO RIDEM's OFFICE OF WATER RESOURCES, 235 PROMENADE STREET, ROOM 260, PROVIDENCE, RI 02908-5767.

Soil Test Hole Application Form – explanatory notes for soil evaluations

DEM decision to witness

DEM uses the site information provided on the front side of this form to decide whether a soil test should be witnessed by DEM. All information fields on the form must still be completed in full unless the information requested is not applicable to the type of testing proposed. DEM will notify the designer by telephone of its decision within 10 business days of receipt of the request and, if elected, will schedule an appointment for a mutually agreeable date and time to witness the testing. DEM will make all reasonable efforts to comply with applicant requests.

Preliminary predictions concerning site conditions/limitations

Questions concerning SHWT, ledge, and HTM/storm deposited sand should be answered based on the best available information including soil and topographic feature mapping, site surveys or reconnaissance, and professional judgement. Please utilize the “Comments” space to provide any additional information clarifying your knowledge or expectations of site conditions, based on your preliminary site assessment and research.

Requirement to notify DEM within 24 hours of conducting test

If DEM elects not to witness the testing, the designer is still required to inform the DEM of the date and time he/she will be conducting the testing in order to provide an opportunity for DEM to conduct an audit inspection, as may be appropriate. DEM will call and notify the designer of its decision not to witness the testing. The designer/soil evaluator must notify DEM by telephone 24 hours prior to conducting the soil test.