

**APPLICATION FORM FOR ALTERNATIVE/EXPERIMENTAL TECHNOLOGY**



Rhode Island Department of Environmental Management  
Onsite Wastewater Treatment Systems Program  
Office of Water Resources  
235 Promenade Street, Providence, RI 02908-5767  
Tel. (401) 222-3961; Email: [DEM.OWTS@dem.ri.gov](mailto:DEM.OWTS@dem.ri.gov)  
[www.dem.ri.gov/septic](http://www.dem.ri.gov/septic)



**INNOVATIVE OR ALTERNATIVE TECHNOLOGY:**

Alternative System or Technology     System Component     Experimental System

\*Fee schedule on next page

**INNOVATIVE OR ALTERNATIVE TECHNOLOGY or COMPONENT – CLASS**

Class One                                     Class Two

**COMPANY NAME:** \_\_\_\_\_

**MAILING ADDRESS (STREET)** \_\_\_\_\_

**(CITY/TOWN, STATE)** \_\_\_\_\_

**TECHNOLOGY NAME:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**If applicant is not the manufacturer, indicate authority to distribute technology:**

- The applicant has sole authority to distribute or authorize distribution of the subject technology in Rhode Island.
- The applicant does not have sole authority to distribute or authorize distribution of the subject technology in Rhode Island and has enclosed herewith a letter from the manufacturer authorizing the applicant to seek AE technology approval.

I CERTIFY THAT THE INFORMATION ABOVE AND ATTACHED HERETO WAS PREPARED IN ACCORDANCE WITH THE PROCEDURES PRESCRIBED IN RIDEM "250-RICR-150-10-6 RULES ESTABLISHING MINIMUM STANDARDS RELATING TO LOCATION, DESIGN, CONSTRUCTION AND MAINTENANCE OF ONSITE WASTEWATER TREATMENT SYSTEMS", AND THAT THE INFORMATION IS TRUE, ACCURATE AND COMPLETE.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

JOB TITLE \_\_\_\_\_

**\*\*PLEASE MAKE CHECK PAYABLE TO THE RHODE ISLAND GENERAL TREASURER. MAIL CHECK, APPLICATION FORM AND SUBMITTALS TO: THE DEPARTMENT OF ENVIRONMENTAL MANAGEMENT, OFFICE OF WATER RESOURCES, 235 PROMENADE STREET, PROVIDENCE, RI 02908**

**\*\*\*THIS APPLICATION IS TO BE USED TO APPLY FOR APPROVAL OF A TECHNOLOGY OR COMPONENT ONLY. IT IS NOT TO BE USED TO APPLY FOR A PERMIT TO INSTALL THE TECHNOLOGY OR COMPONENT AT A SITE.**

# APPLICATION CHECKLIST

## THE FOLLOWING ITEMS MUST BE INCLUDED WITH YOUR SUBMISSION:

A complete application form and all attachments (1 digital copy and 3 hardcopies);

Proper fee in accordance with OWTS Rule 6.54.B, see table below. Make checks payable to the “Rhode Island General Treasurer”;

<b>Alternative OWTS or Technology:</b>	<b>Fee:</b>
Class One	\$1,000.00
Upgrade from Class Two to Class One	\$500.00
Class Two	\$1,000.00
<b>Alternative OWTS Component:</b>	
Class One	\$200.00
Class Two	\$300.00
Experimental OWTS or Technology	\$2,000.00
Approval Modification	\$200.00

**Note: Carefully review submittal requirements.**

**INCOMPLETE APPLICATIONS: APPLICANTS WILL BE INFORMED OF DEFICIENCY AND THE APPLICATION WILL NOT BE REVIEWED UNTIL ALL REQUIRED SUPPLEMENTAL MATERIAL HAS BEEN SUBMITTED.**

Complete all data and forward the complete package to:

RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF WATER RESOURCES  
OWTS PROGRAM  
235 PROMENADE STREET  
PROVIDENCE, RI 02908-5767

And

DEM.OWTS@dem.ri.gov

Questions pertaining to the application process should be directed to the OWTS program at (401) 222-3961 or [DEM.OWTS@dem.ri.gov](mailto:DEM.OWTS@dem.ri.gov).

**SUBMITTAL REQUIREMENTS FOR  
ALTERNATIVE OR EXPERIMENTAL  
TECHNOLOGY OR COMPONENT APPLICATION**

**Answer all the following questions. Your answers must be in the sequence presented below and in outline format. Use separate sheets as necessary. If a question does not require a response, please write in "NOT APPLICABLE" and a justification as to why no response is required. Please attach additional sheets if more space is required.**

**I. Technology Information**

- A. Technology trade name and/or model number(s).
  
- B. Description of the theory behind proposed technology.
  
- C. Statement of Claim (if applicable) – state the effluent concentration and/or percent pollutant reductions you claim this technology can consistently achieve.
  
- D. What classification are you applying for and give justification as to why the technology belongs in the requested class.

**II. Approval/Denial History**

- A. Approvals from: (Include copies of all approved letters, conditions, restrictions, and contact person).
  - 1. Rhode Island:
  
  - 2. Other state approvals:
  
  - 3. Other jurisdictions:

- B. Denials from: (Include copies of all denial letters, reasons for denial and contact person).
  - 1. Rhode Island:
  - 2. Other states:
  - 3. Other jurisdictions:

### **III. Performance Data**

- A. What are you trying to achieve by use of the innovative or alternative technology?
- B. How does the technology or component compare in performance to applicable conventional technologies contained in RIDEM's OWTS RULES?
- C. Data to support applicant's claims:
  - 1. Number of installations tested.
  - 2. Duration of tests.
  - 3. Condition of tests.
  - 4. Persons, research entities, private companies, or governmental agencies that collected, analyzed or evaluated samples or results. (Third party testing is highly desirable).

Note: If there is more than one model of this technology, please label the performance data to indicate which model was used for each test.

#### **IV. Design Criteria**

- A. Design and materials of the proposed technology.
- B. Information on structural, electrical and mechanical components.
- C. Leachfield sizing and justification.
- D. Design restrictions or limitations.
- E. Typical layout, plans and cross sections.
- F. Precautions needed for noise or odor control during initial start-up or long-term operation.
- G. Other.

#### **V. Installation Criteria**

- A. Construction restrictions or limitations.
- B. Aesthetics or appearance considerations.

## **VI. Operation and maintenance/cost/monitoring requirements.**

### **A. Operation and maintenance**

1. Details of the required operation and maintenance/inspection procedures.
  - a. Applicant's recommended frequency for maintenance.
  - b. Extent of required maintenance.
  - c. Technical qualifications for required operation and maintenance personnel.
2. Availability of parts/system components in the case of failure or routine maintenance.
3. Long term reliability and life expectancy of individual components and the entire system.
4. Describe any warranties or guarantees.
5. Precautions needed for noise or odor control.

### **B. Cost Analysis (Complete breakdown)**

1. Design cost estimates.
2. Typical construction/installation cost estimates.
3. Operation and maintenance cost estimates, including chemicals, labor, routine maintenance.
4. Energy cost estimates. (i.e. annual electric bill, etc.)

C. Monitoring

1. If monitoring is required, what is your recommended monitoring schedule?
2. What are the recommended sampling ports/locations?
3. What do you recommend for analysis? (i.e. nitrogen, phosphorus, pathogens, etc.)

**VII. Failure History**

- A. Report any failures to date.
- B. Cause of failure and how determined.
- C. Correction/System modifications undertaken to remedy failures.

**VIII. Draft Guidance Document Format**

- A. Introduction
- B. Table of Contents
- C. Applicant information
- D. Technology information
- E. Summary/Description
- F. Terms and Definitions
- G. Design Criteria
- H. Installation Criteria
- I. Operations and maintenance/cost/monitoring requirements
- J. Training/qualifications
- K. Details
- L. Appendix