



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](mailto:DEM.OWTS@dem.ri.gov);  
[www.dem.ri.gov/septic](http://www.dem.ri.gov/septic)

## **INSTRUCTIONS FOR SYSTEM SUITABILITY DETERMINATION APPLICATION RESIDENTIAL/COMMERCIAL**

This application form shall be completed by the Property owner in order to receive a determination as to whether an existing Onsite Wastewater Treatment System (OWTS) is suitable for the proposed renovation and/or change of use. The purpose of this application is to determine whether your existing septic system is suitable for the proposed use, considering the scope of your project and the requirements under current RIDEM-OWTS Rules (Rule 6.18.D) and the RI Department of Health. It is essential that all questions on the following sheet be answered accurately and clearly.

### **THE FOLLOWING ITEMS MUST BE INCLUDED WITH YOUR RESIDENTIAL SUBMISSION**

- ✓ Fee of \$100.00. Make check or money order payable to General Treasurer, State of Rhode Island.
- ✓ Three (3) copies of this application form once completed.
- ✓ Three (3) copies of the tax card for the subject property.
- ✓ Three (3) copies of the RIDEM approved septic system permit and plan.
- ✓ Three (3) copies of a floor plan of your house as it exists before modification is performed. This floor plan must include all rooms, the approximate size of each room, on every floor, even if the modification(s) will affect only one floor. Include in your floor plan any garage(s) which exist on your property. (A sketch of the floor plan is adequate.)
- ✓ Three (3) copies of a floor plan of your house (and/or garage) with the proposed change(s) shown. You must include all rooms in the house and the approximate size of each room, on every floor. (A sketch of the floor plan is adequate.)
- ✓ Three (3) copies of the plan or a sketch indicating: location of the site, building location, existing public water supply or on-site well, septic tank and leachfield, property lines, lot dimensions, and any existing subsurface drains on the property. It is essential that measured distances are used to locate all items, particularly the distance between your septic system and all private wells within 100 feet and all public wells within 400 feet.
- ✓ A written statement detailing the proposed modification including the proposed and current use.

### **THE FOLLOWING ITEMS MUST BE INCLUDED WITH YOUR COMMERCIAL SUBMISSION**

Before you start please review the following guidance document to learn what documentation may be required by the RIDEM and RI Department of Health (RIDOH): [Business Preapplication Requirements for Drinking Water and Wastewater Treatment Systems](#)

- ✓ Complete the online [RIDOH/DEM Pre-Application Form](#).
- ✓ Fee of \$100.00. Make check or money order payable to General Treasurer, State of Rhode Island.
- ✓ Three (3) copies of this application form once completed.
- ✓ Three (3) copies of the RIDEM approved septic system permit and plan.
- ✓ Three (3) copies of the plan or a sketch including location of the site, building location, existing water service lines or wells, septic tank and leachfield, property lines, lot dimensions, and any existing subsurface drains on the property. It is essential that measured distances be used to locate all items, particularly the distance between your septic system and all wells within 400 feet.
- ✓ RIDOH Public Water System Number if a public water supply well is required.

A written statement detailing the proposed modification(s) including the proposed and current use.

#### If proposing a food business:

- ✓ Indicate if the food business is full service or single service use (i.e. disposable plates/utensils).
- ✓ Indicate whether public rest rooms will be provided.



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**SYSTEM SUITABILITY DETERMINATION APPLICATION - RESIDENTIAL / COMMERCIAL**

**SITE INFORMATION**

Site Location (Town) \_\_\_\_\_ Plat: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Street Address of Building / Dwelling \_\_\_\_\_  
 Water supply (please check one)  
 Public Water Supply  
 Private Well  Public Well  
 Owner's Name \_\_\_\_\_ Telephone No. \_\_\_\_\_ Email Address \_\_\_\_\_  
 Mailing Address (street/PO Box) \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Was the System installed after April 9, 1968  Yes  No  
 If Yes, Application # \_\_\_\_\_ (Attach 3 copies of approved permit and plan)  
 Was a Change of Use or System Suitability Determination previously requested?  Yes  No  
 If Yes, Application # \_\_\_\_\_ Date approved: \_\_\_\_\_  
 Are there any Deed Restrictions/Easements associated with the property?  
 If so, explain: \_\_\_\_\_  
 Is this property part of a condominium?  YES  No If yes, provide approval from Condo Association.

**RESIDENTIAL**

**CURRENT**

**PROPOSED**

A. Number of Bedrooms \_\_\_\_\_

**COMMERCIAL**

A. Building Use (Office/Church/Kennel, etc.) \_\_\_\_\_  
 B. Number of Employees/Number of Patrons \_\_\_\_\_  
 C. # of Food Business Seats (Full/Single Service) \_\_\_\_\_  
 E. On-Site Food Preparation (Yes/No) \_\_\_\_\_  
 F. Public Restrooms (Yes/No) \_\_\_\_\_  
 G. Other \_\_\_\_\_

**CHARACTERISTIC OF EXISTING SEWAGE DISPOSAL SYSTEM**

Size of Septic Tank \_\_\_\_\_ Size of grease tank \_\_\_\_\_ Approximate size of leachfield in Square Feet \_\_\_\_\_  
 Type of Leachfield  Trench  Chambers  Bed  Seepage Pit/Cesspool  Other

The owner assumes all responsibility for the truth and accuracy of the representations hereon, and on all forms, submittals, plans and sketches attached hereto, and assumes all liability and responsibility for the future failure of the OWTS system on this site, and agrees to hold the RI Department of Environmental Management harmless from any and all claims against it for such future failures. I agree and understand that should this onsite wastewater treatment system malfunction, I will take immediate steps to correct the problem in accordance with RIDEM OWTS Rules.

Signature of Legal Owner(s) \_\_\_\_\_ Date \_\_\_\_\_

**DETERMINATION**

**EXTENT OF IMPROVEMENT**

**RECOMMENDED ACTION**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Approved                      | <input type="checkbox"/> Increase in Flow            | <input type="checkbox"/> New Building Construction Permit Required |
| <input type="checkbox"/> Denied                        | <input type="checkbox"/> Change in Use               | <input type="checkbox"/> Alteration Permit Required                |
| <input type="checkbox"/> Engineering Analysis Required | <input type="checkbox"/> Expansion >600sq.ft. in CRA | <input type="checkbox"/> Field Work Required                       |
| <input type="checkbox"/> Application Deficient         |  |  |

**COMMENTS:** \_\_\_\_\_

RIDEM Representative Signature \_\_\_\_\_ Date \_\_\_\_\_ Date of Expiration \_\_\_\_\_