

**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

Construction Permit Application Submission Checklist

Owner Name: _____

Application No. _____

Designer Name: _____

Date _____

*PE Mailing Address: _____

*Required only for PE's without OWTS designer license

The following Submission Checklist is to be completed by the designer and submitted with all construction permit applications except Joint Permits and Residential Repair Permits.

OWTS Submission Requirements

NEW CONSTRUCTION

- ___ Application Form
- ___ 4 Sets of Plans
- ___ Proper Fee (OWTS Rule 6.54)

REDESIGN

- ___ Application Form
- ___ 4 Sets of Plans
- ___ Proper Fee (OWTS Rule 6.54)

ALTERATION

- ___ Application Form
- ___ 4 Sets of Plans
- ___ Proper Fee (OWTS Rule 6.54)
- ___ Copy of Tax Card

TRANSFER

- ___ Application Form
- ___ Copy of Approved Plan
- ___ Proper Fee (OWTS Rule 6.54)
- ___ Copy of Deed

COMMERCIAL REPAIR

- ___ Application Form
- ___ 4 Sets of Plans
- ___ Proper Fee (OWTS Rule 6.54)
- ___ Copy of Tax Card

VARIANCE

- ___ Application Form
- ___ 4 Sets of Plans
- ___ Proper Fee (OWTS Rule 6.54)

If design flow increase is proposed also provide:

- ___ Variance Application Form &
Associated Attachments

RESIDENTIAL REPAIR

Use Residential Repair Submission Checklist

If New Building Construction Variance also provide:

- ___ List of Abutters w/in 200' of System
- ___ Radius Map

JOINT OWTS/WETLANDS

Use Joint Permit Application

*Single Family Lots Only

DESIGNER COMMENTS:

OWTS PROGRAM REVIEW COMMENTS:

The application, plans and attachments are being returned unacceptable.
If an application for this site is resubmitted, enclose this checklist.

Resubmission Fee Required: \$ _____

RIDEM Official: _____ Date: _____

Onsite Wastewater Treatment Systems Program

4/27/2020