



RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
Onsite Wastewater Treatment Systems (OWTS)
Office of Water Resources
235 Promenade Street, Providence, RI 02908-5767
Tel. (401) 222-3961; Email: DEM.OWTS@dem.ri.gov
Web: www.dem.ri.gov/septic

SUBDIVISION SITE SUITABILITY CERTIFICATION APPLICATION CHECKLIST

Subdivision Name: _____

Municipality: _____ Plat: _____ Lot: _____ Pole No: _____

Street Address: _____ Designer Name: _____

Email: _____ Phone No: _____

OWTS Designer Mailing Address: _____

NOTE: The following checklist is to be completed by the OWTS designer to verify conformance with the OWTS Rules. The application must address all applicable requirements. Place a check mark ✓ if the application requirement was addressed as part of the submission. If a requirement does not apply to your project, please indicate by marking as **N/A**, otherwise the application will be deemed administratively incomplete and will be returned to the designer.

I. SUBMISSION REQUIREMENTS

A. NEW SUBDIVISION

- Application Form (4 copies)
- 4 sets of plans
- Proper fee (\$100/lot for 1 to 9 lots; 10 or more lots: \$1,000 plus \$50 for each lot over 10)

B. REVISION TO SUBDIVISION

To revise a previously approved subdivision suitability certification due to revised lot layout or seeking modification of findings.

- Application Form (4 copies)
- 4 sets of plans
- Previous subdivision suitability certification number _____
- Proper fee (\$50/lot for 1 to 9 lots; 10 or more lots: \$500)

C. ADDENDUM TO SUBDIVISION

For property adjacent to property approved under a previous subdivision suitability certification but not previously submitted to DEM for review and approval.

- Application Form (4 copies)
- 4 sets of plans
- Previous subdivision name and suitability certification number _____

___ Proper fee (\$100/lot for 1 to 9 lots; 10 or more lots: \$1,000 plus \$50 for each lot over 10)

D. SECOND RESUBMISSION

NOTE: If the application has been previously reviewed by the Department and determined to be deficient, and the resubmission does not address these deficiencies, the Department will assess a fee for the second resubmission.

___ Proper fee (Fifty percent of the original fee, up to a maximum of \$300)

II. SUBDIVISION PLAN REQUIREMENTS

___ Appropriately scaled topographic map of the entire area under consideration

___ Include all property boundaries for proposed lots and the lot to be subdivided

___ Show the lot area for each proposed lot

___ Show the number of bedrooms associated with proposed dwellings on each lot

___ Proper contours as follows:

___ For land that slopes less than approximately 2 percent, show spot elevations at all breaks in grade, along all drainage channels or swales, and at selected points not more than 100 ft. apart in all directions

___ For land that slopes more than approximately 2 percent, show broken line contours with an interval of not more than 2 feet

___ Datum on which the elevations or contours are based noted on plans

___ Permanent reference benchmark noted and shown on plans

___ Proposed cut and/or fill of more than 1 foot indicated by solid line contours showing approximate finished grades around area of system and roadway

___ All rights of way, existing and proposed easements, and proposed roadways

___ Plan and profile showing existing and proposed finished grade of proposed road

___ Show all driveways and traffic areas proposed for each lot

___ Existing and proposed drainage and outfalls, including structures, swales and channels, and qualified pervious areas (QPAs)

___ Natural waters or water courses, swamps, marshes, wetlands, wetland edges, drainage ways, detention basins, swales, coastal waters and other depressions

___ Soil erosion and sediment control measures

___ Bedrock outcrops and wooded areas

___ Stone walls, cemeteries, and trails

___ Proposed wells or proposed public water lines

___ Proposed OWTS conforming with rules (Include bottom of leachfield elevation, existing grade, and seasonal high-water table in area of proposed leachfield.)

___ Show the approximate size and exact location of each proposed OWTS

- Location of ALL soil evaluations (including disclaimed water tables) performed to date
- Note critical resource areas on plan
- Complete legend
- Proper designer stamp and signature (drainage plans must be stamped by a RI Registered Professional Engineer (P.E.))
- Features below to be shown on plan for property immediately adjacent:
 - Natural waters or watercourses within 200 feet of proposed subdivision
 - Existing and proposed private wells within 200 feet of proposed subdivision
 - Any watershed of an existing or proposed public water supply source or critical area with respect to the proposed subdivision
 - Existing OWTSs within 100 feet of the proposed subdivision
 - Existing drains within 100 feet of the proposed subdivision (in critical resource area note where drainage system discharges)
 - Existing and proposed public water supply wells within 500 feet of proposed subdivision
 - Exact location of any cemetery onsite

III. LOCATION MAP

- Location map or sketch showing existing highways, streets and/or other identifiable landmarks or distances thereto shown (this may be incorporated on the topographic map)

IV. SOIL EVALUATION TEST

- A soil evaluation for each lot in accordance with OWTS Rule 6.16
- Existing ground elevations at soil evaluation test holes on topographic map by contour lines or spot elevations

V. APPLICATION FORM

- Checklist and all pages completed in full
- Soil evaluation data
- Water table data
- Soil description
- Soil category
- Required owner and designer signatures

VI. SOIL SURVEY

- Copy of page or pages of the latest soil survey published by the Natural Resources Conservation Services of the U.S. Department of Agriculture illustrating the location of proposed subdivision. Soil Web or NRCS Web Soil Survey results are also acceptable



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SUBDIVISION SITE SUITABILITY CERTIFICATION APPLICATION

Street Address _____ Municipality _____

Subdivision Name: _____ Number of Lots _____

Plat: _____ Lot: _____ Lot Area: _____

Water Supply Source: Public Private Wells Soil Evaluation Number(s): _____

Freshwater Wetlands/CRMC Application No. _____

Owners Name and Mailing Address: _____

Owners Email Address: _____ Phone No. _____

Signature of Owner: _____ Date: _____

INSTRUCTIONS TO OWTS DESIGNERS (CLASS II & III) AND SOIL EVALUATORS (CLASS IV)

Refer to the "RIDEM Rules Establishing Minimum Standards Relating to Location, Design, Construction and Maintenance of Onsite Wastewater Treatment Systems" and the "Soil Evaluation Guidance Document" for soil testing procedures.

SOIL EVALUATION, GROUND WATER TABLE DETERMINATIONS AND LOADING RATES

NOTE: All soil evaluation test holes must be indexed by an appropriate reference number. The location of each test hole and the index reference number must be shown to scale on the subdivision plan. A four-inch diameter perforated standpipe must be set in each test hole. Each standpipe must be labeled in the field with the corresponding index reference number.

Test Hole No.	Date Excavated	Soil Description by Horizon, Depth, Color, Re-dox Features, Texture, Structure and Consistence	Soil Category (each horizon)	Loading Rate (gal./sq. ft./day)	SHWT Depth	Total Depth

Where more space is required attach additional copies of this page to the application.

**CERTIFICATION BY OWTS DESIGNER (CLASS II & III) AND
LICENSED SOIL EVALUATOR (CLASS IV)**

I THE UNDERSIGNED _____ Title _____
of _____ do hereby certify that the above data was collected according to the
procedures prescribed in the "State of RI Department of Environmental Management - Rules Establishing
Minimum Standards Relating to Location, Design, Construction and Maintenance of Onsite Wastewater
Treatment Systems", and that the findings reported and the accompanying plans and submittals are true and
accurate.

Designer Name: _____ OWTS License #: _____

Designer Signature: _____ Date: _____