



# ISDS Inspector Application

Town of South Kingstown  
509 Commodore Perry Highway  
Wakefield RI 02879  
(401) 789-9331 Ext 2250

**The individual named below hereby makes application to become a licensed ISDS Inspector in the Town of South Kingstown. The applicant certifies that they have successfully completed the URI Cooperative Extension Onsite ISDS Inspection Course.**

---

Last Name

First Name

Middle Name

---

Firm Name

Telephone

---

Address

City/Town

Zip Code

**Please complete all that apply:**

1. Successful completion of the URI Cooperative Extension Onsite ISDS Inspection Course.  
Completion Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
2. Current Rhode Island Class I ISDS Designer or Installer License # \_\_\_\_\_
3. Current Rhode Island Class II or Class III ISDS Designer License # \_\_\_\_\_
4. Licensed by the Town of South Kingstown to discharge septage at the Regional Wastewater Facility.  
Yes \_\_\_\_ No \_\_\_\_

**Applicant Certification:** I certify that as a licensed Town of South Kingstown ISDS Inspector, I will conform to the inspection and reporting requirements as set forth in the South Kingstown Onsite Wastewater Management Ordinance Exhibits 1 and 2, I will perform the inspections personally, and I will submit the white copy of the inspection report to the Onsite Wastewater office no later than five business days after the inspection. Furthermore, I will conform to the procedure of ISDS inspection as stated in the *DEM Septic System Checkup: The Rhode Island Handbook for Inspection*.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

---

**TSK Approval:**

Onsite Wastewater Specialist: \_\_\_\_\_ Date \_\_\_\_\_

Program Administrator: \_\_\_\_\_ Date \_\_\_\_\_

License # \_\_\_\_\_