



OWTS Inspector Application

Town of South Kingstown
509 Commodore Perry Highway
Wakefield RI 02879
(401) 789-9331 x 2258

The individual named below hereby makes application to become a licensed Onsite Wastewater Treatment System (OWTS) Inspector in the Town of South Kingstown. The applicant certifies that they have successfully completed the URI Cooperative Extension OWTS 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 OWTS Inspection Course.
Completion Date: Month _____ Day _____ Year _____
2. Current Rhode Island Class I OWTS Designer or Installer License # _____
3. Current Rhode Island Class II or Class III OWTS 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 OWTS Inspector, I will conform to the inspection and reporting requirements as set forth in the South Kingstown Onsite Wastewater Management Ordinance, I will perform the inspections personally, and I will submit the inspection report to the Onsite Wastewater Database (*Carmody*) no later than five business days after the inspection. Furthermore, I will conform to the procedure of OWTS 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 # _____