

TOWN OF JAMESTOWN OWTS SERVICE PROVIDER APPLICATION

SECTION A: TYPE OF APPLICATION

Conventional OWTS Inspector **New application** **Renewal application**
This allows service providers to complete First Maintenance Inspections and Routine Maintenance Inspections as required by the Town of Jamestown.

Alternative OWTS Inspector / Maintenance Provider **New application** **Renewal application**
This allows service providers to complete operation and maintenance services on alternative and innovative technologies.

SECTION B: COMPANY INFORMATION

COMPANY NAME: _____

COMPANY CONTACT: _____

ADDRESS: _____

PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

SECTION C: INSPECTOR QUALIFICATIONS

CONVENTIONAL OWTS INSPECTORS (#1 is mandatory)

1. COMPLETION OF THE UNIVERSITY OF RHODE ISLAND COOPERATIVE EXTENSION ONSITE OWTS INSPECTION TRAINING COURSE (INSP100)

Completion Date of Course: Month: _____ Date: _____ Year: _____

2. CURRENT RHODE ISLAND CLASS II OR CLASS III DESIGNER LICENSE

LICENSE # _____

3. CURRENT RHODE ISLAND CLASS I OWTS DESIGNER OR INSTALLER LICENSE

LICENSE # _____

ALTERNATIVE AND INNOVATIVE MAINTENANCE PROVIDERS (1 and 2 are Mandatory)

1. MANUFACTURER CERTIFICATION (PLEASE ATTACH CERTIFICATE OF COMPLETION)

TYPE OF SYSTEM:

- NORWECO SINGULAIR
- ORENCO ADVANTEX AX -20
- ORENCO ADVANTEX RX -30
- BIOMICROBICS FAST SYSTEM

COMPANY CERTIFICATION WAS PERFORMED BY: _____

DATE COMPLETED: _____

2. COMPLETION OF THE FOLLOWING UNIVERSITY OF RHODE ISLAND COURSES:

- a. INSP100: CONVENTIONAL FIRST MAINTENANCE INSPECTION CLASS

DATE COMPLETED: _____

- b. OWT105: I&A OVERVIEW CLASS

DATE COMPLETED: _____

- c. INSP200: OPERATION AND MAINTENANCE CLASS

DATE COMPLETED: _____

SECTION D: PROFESSIONAL CONDUCT STATEMENT FOR OWTS INSPECTORS

The Town requires every Town Approved OWTS Inspector to behave with the highest degree of professionalism while conducting Town required inspections. Inspectors are expected to treat every person they encounter in the work environment with the highest level of honesty, courtesy, respect and consideration.

Inspectors are expected to follow the inspection procedures laid out in the State of Rhode Island's Septic System Checkup Handbook to conduct an honest and accurate representation of the current function of their clients OWTS. If the Town receives written notification of negligent or dishonest reporting on the part of the inspector, the inspector may be removed from the Town's List of Approved OWTS Inspectors.

SECTION E: INSURANCE INFORMATION

Please attach (or email) certificate of insurance for at least 1 million dollars general liability with completed operations coverage, or error and omissions with the Town listed as an additional insured.

Insurer: _____

Policy #: _____ Expiration Date: _____

SECTION F: INSPECTOR CERTIFICATION

I certify that as a Town Approved OWTS Inspector, I will conform to the inspection procedures and policies as outlined in the above document, and understand the Town's enforcement policy. The application must be signed by each service provider for your company who will be performing inspections in the communities listed in Part A.

NAME: _____

SIGNATURE: _____ DATE: _____

NAME: _____

SIGNATURE: _____ DATE: _____

NAME: _____

SIGNATURE: _____ DATE: _____

NAME: _____

SIGNATURE: _____ DATE: _____

Please submit application to:
Jean Lambert, P.E.
Town of Jamestown
93 Narragansett Avenue
Jamestown, RI 02835
jlambert@jamestownri.net
401-423-7193