

THE TOWN OF JAMESTOWN
OWTS SERVICE PROVIDER APPLICATION
June 2009

SECTION A: TYPE OF APPLICATION

Conventional ISDS 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 ISDS 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 ISDS INSPECTORS (#1 is mandatory)

1. COMPLETION OF THE UNIVERSITY OF RHODE ISLAND COOPERATIVE EXTENSION ONSITE ISDS 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 ISDS 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 ISDS INSPECTORS

The Town requires every Town Approved ISDS Inspector to behave with the highest degree of professionalism in 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 ISDS. 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 ISDS Inspectors.

SECTION E: INSURANCE INFORMATION

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

Insurer: _____

Policy #: _____ Expiration Date: _____

SECTION F: INSPECTOR CERTIFICATION

I certify that as a Town Approved ISDS 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: _____

CONTACT INFORMATION FOR OTHER RIWIS COMMUNITIES

The Town of New Shoreham
Attn: Donald Thimble,
Onsite Wastewater Specialist
P.O. Drawer 220
Block Island, RI 02807
(p)401- 466-3200
(f) 401- 466-3219
inspector@new-shoreham.com

The Town of Charlestown
Attn: Matt Dowling
Onsite Wastewater Specialist
4540 South County Trail,
Charlestown, RI 02813
(p)401-364-5030
WastewaterMgmt@CharlestownRI.org

The Town of North Kingstown
Attn: Tim Cranston
NK Water Department
80 Boston Neck Road
North Kingstown, RI 02852
Phone (401) 294-3331
GCranston@northkingstown.org

The Town of Jamestown
Attn: Justin Jobin
Environmental Scientist
93 Narragansett Ave
Jamestown, RI 02835
(p)401-423-7220
(f) 401-423-7226
Jjobin@jamestownri.net

The Town of Tiverton
Attn: John Lincourt
Onsite Wastewater Specialist
343 Highland Road
Tiverton, RI 02878
(p)401-625-6701
j_lincourt@tiverton.ri.gov



Carmody™ - Systems Administrator
 P.O. Box 434
 DeForest, WI 53532
 608-846-0234 Office
 608-846-0267 Fax

SERVICE PROVIDER USER APPLICATION FORM

All information must be complete for processing.

**APPLICANT MUST COMPLETE THIS BOX AND FAX TO REPORTING AGENT OR 608-846-0267
 (PLEASE PRINT CLEARLY)**

Pumper Installer Inspector Designer Other _____

Name _____

Company Name _____

Address _____

City _____ State _____ ZIP _____

Telephone # _____ Fax # _____

Operating License # _____

Email Address _____

Your Service Territories – State(s), _____

Counties / Towns _____

MUST BE SIGNED BY APPLICANT

I _____ have read and agree to the Carmody Program TERMS OF USE.
 To review TERMS OF USE see web site log in page at www.carmodydata.com click on the
ENTER button and look under the Main Menu.

Regulator's Authorization

Authorized by: _____ Date: _____

(Print Name) _____

Regulator must authorize application before password can be issued.

Carmody Use Only

Your Username & Passwords will be automatically selected and sent to you when application is approved.

Username _____ Password _____

Please fax to 608-846-0267