

Wastewater Management  
Town Hall  
4540 South County Trail  
Charlestown, RI 02813

Office: 401-364-5030  
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The Town of Charlestown  
Office of Wastewater Management

**ISDS SERVICE PROVIDER APPLICATION**

**PART A. TYPE OF APPLICATION**

Conventional ISDS Service Provider  New application  Renewal application  
*This allows Service Providers to complete First Maintenance Inspections and Routine Maintenance Inspections as required by the Town of Charlestown.*

Alternative ISDS Service Provider / Maintenance Provider  New application  Renewal application  
*This allows Service Providers to complete operation and maintenance services on alternative and innovative technologies.*

**PART B. SERVICE PROVIDER INFORMATION**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**PART C. SERVICE PROVIDER QUALIFICATIONS**

**CONVENTIONAL ISDS SERVICE PROVIDERS (#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 ( a, b, and c are mandatory)**

1. 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: \_\_\_\_\_

2. 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: \_\_\_\_\_

**PART D. FIRST MAINTENANCE INSPECTION PROCEDURES**  
**(CONVENTIONAL ISDS SERVICE PROVIDER ONLY)**

The Service Provider MUST complete the following tasks during a first maintenance inspection. Please read through the inspection tasks and check the box next to each task indicating that you agree to follow these procedures while performing FMI's in the Town of Charlestown. These inspection procedures are based on the guidelines laidout in the "Rhode Island Septic System Checkup Handbook", and are imperative for an accurate inspection.

1. Property Information (consult with homeowner or town files)
  - Determine the age of system
  - Determine the type of system
  - Determine the date of last service
  - Determine household appliances present
2. Site Evaluation
  - Check for impermeable surfaces, heavy objects, or large trees over drainfield.
  - Check for odors or ponding
  - Check vegetation (lush green grass, burnt out grass)
  - Check landscape position for possible runoff
3. Locate the System Components
  - Locate and expose all access ports
  - Locate approximate location of the leachfield
  - Sketch diagram of system components with measurements
4. Tank Evaluation
  - Determine the size of the tank
  - Check effluent level, can indicate leak

- Record solids accumulation
- Recommend pumping when needed
- Check overall structure of tank

5. Pump-Out (if performed)

*The Town of Charlestown requires pumpouts as part of inspection. The Service Provider must inspect the empty tank for the following:*

- Check for drainback from leachfield
- Check condition of weep hole and midseam
- Check overall structure of empty tank

6. Results and Recommendations

- Evaluate overall system
- Identify any repairs needed
- Complete recommendations, Next service date
- Submit required documentation to homeowner and town

**PART E. I & A OPERATION AND MAINTENANCE PROCEDURES**  
**(I & A OPERATION AND MAINTENANCE PROVIDER ONLY)**

The Service Provider MUST complete the applicable tasks during an O & M visit. Please read through the inspection tasks and check the box next to each task indicating that you agree to follow these procedures while performing operation and maintenance services in the Town of Charlestown. These inspection procedures are based on the guidelines laidout in the University of Rhode Island's Operation and Maintenance class.

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| <p>1. Inspect Control Panel</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Check pump operations in manual mode</li> <li><input type="checkbox"/> Check pump amperage</li> <li><input type="checkbox"/> Check timer setting</li> <li><input type="checkbox"/> Record elapsed time meter and counter readings</li> <li><input type="checkbox"/> Check operation of alarms</li> </ul> <p>2. Inspect Primary Tank</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Record liquid, scum and sludge levels</li> <li><input type="checkbox"/> Recommend pumping (solids between 35-50%)</li> <li><input type="checkbox"/> Check for flow into tank when all sources are off</li> <li><input type="checkbox"/> Inspect tank for structural damage</li> <li><input type="checkbox"/> Check water tightness of tank and risers</li> </ul> <p>3. Inspect Pumping System</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify no leaks in riser</li> <li><input type="checkbox"/> Check water tightness of splice box</li> <li><input type="checkbox"/> Verify condition of operation of floats</li> <li><input type="checkbox"/> Clean floats and filters</li> <li><input type="checkbox"/> Neatly wrap float cords</li> <li><input type="checkbox"/> Pull pump and clean intake screen</li> <li><input type="checkbox"/> Check recirculation splitter valve (if applicable)</li> </ul> | <p>4. Inspect Treatment Unit</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Inspect for ponding</li> <li><input type="checkbox"/> Inspect for odors</li> <li><input type="checkbox"/> Verify orifice position, equal spray under orifices</li> <li><input type="checkbox"/> Check blower operation (if applicable)</li> <li><input type="checkbox"/> Check distal head pressure</li> <li><input type="checkbox"/> Clean and flush laterals</li> <li><input type="checkbox"/> Inspect fan intake vent (if applicable)</li> </ul> <p>5. Pressure Dosed Drainfield</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Visually inspect surface before and after dosing</li> <li><input type="checkbox"/> Check distal head pressure</li> <li><input type="checkbox"/> Inspect for odors and ponding</li> <li><input type="checkbox"/> Flush and clean laterals</li> </ul> <p>6. Miscellaneous</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Report results and findings to property owner</li> <li><input type="checkbox"/> Return valves and control panel to proper settings</li> <li><input type="checkbox"/> Submit required documentation</li> <li><input type="checkbox"/> Notify owner of next scheduled visit / service</li> <li><input type="checkbox"/> Notify The Town of Charlestown if maintenance contract is not renewed by the property owner</li> </ul> |
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**PART F. CARMODY DATA SYSTEMS TERMS OF USE**

The Town of Charlestown uses Carmody Data Systems, Inc, web based tracking service as the method for collecting ISDS inspection and pump-out reports. Inspection and maintenance providers MUST register with the Carmody to receive a user name and password. Inspection reports will only be accepted through this program.

**TERMS OF USE**

**AGREEMENT BETWEEN USER AND CARMODY DATA SYSTEMS, INC.**

The Carmody Web Site is comprised of various Web sites and Web pages operated by Carmody or its affiliates. The Carmody Web Sites are offered to you conditioned on your acceptance without modification of the terms, conditions, and notices contained herein. Your use of the Carmody Web Sites constitutes your agreement to all such terms, conditions and notices.

**USER ACCOUNT, PASSWORD, AND SECURITY**

Your use requires you to open an account; you must complete the registration process by providing us with current, complete and accurate information as prompted by the applicable registration form. You will then choose a user name and a password. Furthermore, you are entirely responsible for any and all activity that occurs under your account. You agree to notify Carmody immediately of any unauthorized use of your account or any breach of security. Carmody will not be liable for any loss that you may incur as a result of someone else using your password or account, either with or without your knowledge. However, you could be held liable for losses incurred by Carmody or another party due to someone else using your account or password.

**USER LIMITATION**

Unless otherwise specified, the Carmody Sites/Services are for your use. You may not modify, copy, distribute, transmit, display, perform, reproduce, publish, license, create derivative works from, transfer, or sell any information, software, products or services obtained from the Carmody Sites/Services.

**NO UNLAWFUL OR PROHIBITED USE**

As a condition of your use of the Carmody Sites/Services, you will not use the Carmody Sites/Services for any purpose that is unlawful or prohibited by these terms, conditions and notices. You may not use the Carmody Sites/Service in any manner which could damage, disable, over burden, or impair any Carmody Sites/Services (or the network(s) connected to any Carmody Sites/Services) or interfere with any other party's use of any Carmody Sites/Services. You may not attempt to gain unauthorized access to any Carmody Sites/Services, other accounts, computer systems or networks connected to any Carmody Sites/Services, through hacking, password mining or any other means. You may not obtain or attempt to obtain any materials or information through any means not intentionally made available through the Carmody Sites/services.

**MODIFICATION OF THESE TERMS OF USE**

Carmody reserves the right to change the terms, conditions, and notices under which Carmody Sites/ Services are offered, including but not limited to the charges associated with the use of the Carmody Sites/Services. You are responsible for regularly reviewing these terms and conditions and additional terms as posted on the Carmody Sites/Services. Your continued use of the Carmody sites/Services constitutes your agreement to all such terms, conditions, and notices.

**MUST BE SIGNED BY APPLICANT**

I \_\_\_\_\_ have read and agree to the Carmody TERMS OF USE. I also agree that I will use Carmody Data Systems to enter in my Town of Charlestown ISDS inspection reports.

I \_\_\_\_\_ agree to authorize Carmody Data Systems, Inc. to contact my internet service provider to verify the IP address I am using. Each time you use your computer your internet service provider issues you an "IP Address" or you may have a dedicated IP Address, it acts like a phone number. The IP address is one of the security tools we use to make sure that no one else is using your pass codes without your permission. This information will only be used for security issues by Carmody Data Systems, Inc. to verify and protect the users and clients of this program.

**PART G. NOTIFICATION OF ISDS INSPECTIONS**

I \_\_\_\_\_ agree that as a Town of Charlestown approved ISDS Service Provider I will notify the Town's Office of Wastewater Management as to when an ISDS inspection will occur. I agree to give the town a minimum of 3 hours notice as to when the inspection will occur.

**PART H. TOWN ENFORCEMENT POLICY**

The Town of Charlestown reserves the right to remove any Service Provider from the list of approved Service Providers if the inspections and subsequent reports are not performed in accordance with the criteria outlined in the "Septic System Check up Handbook" and the Wastewater Management Ordinance.

**PART I. 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 of Charlestown as additional insured.

Insurer: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**PART J. SERVICE PROVIDER CERTIFICATION**

I Certify that as a Town of Charlestown Approved ISDS Service Provider I will conform to the inspection procedures and policies as outlined in the above document, and understand the Town of Charlestown's enforcement policy

SERVICE PROVIDER'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**PART K. CARMODY USE ONLY**

Your Username and Password will be automatically selected and sent to you after your application is approved.

USERNAME \_\_\_\_\_ PASSWORD \_\_\_\_\_