STATE OF RHODE ISLAND
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
Office of Water Resources - Groundwater Discharge Program
235 Promenade Street, Providence, RI 02908-5767
Telephone: 401-222-6820, TCC Device for the Deaf: 401-831-5508, FAX: 401-222-6177

APPLICATION FOR A GROUNDWATER DISCHARGE SYSTEM REGISTRATION

Fee: $400.00.

Attach a non-refundable check payable to "General Treasurer, State of RI" and reference the Groundwater Discharge Rules.

FOR RIDEM USE ONLY	
Facility ID #	***Date Received***
Amount Paid:_____ ***Check No.:_____*** ***Application No.***	

FACILITY INFORMATION:

_____
(Facility Name)

_____
(Facility Street Address) (City/Town) (Zip Code)

_____
(Facility Owner)

_____
(Mailing Address) (City/Town) (State) (Zip Code)

APPLICANT INFORMATION: ☐ Owner ☐ Operator

_____
(Name, if Operator) (Mailing Address) (City/Town) (State) (Zip Code)

_____
(Company/Organization) (Area Code & Telephone Number)

CONTACT TO ANSWER QUESTIONS REGARDING APPLICATION (If Different than Owner or Applicant):

_____
(Name) (Company/Organization) (Area Code & Telephone Number)

By signing this form, I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the information is true, accurate and complete.

_____
(Owner's Signature) (Date)

Return Completed Form to: **RIDEM/Office of Water Resources**
Groundwater Discharge Program
235 Promenade Street
Providence, RI 02908

TYPE OF PROPOSED GROUNDWATER DISCHARGE:

☐ Geothermal (complete Attachment 1) ☐ Non-Contact Cooling Water Return

☐ Boiler Blowdown ☐ Water Supply Discharges (Specify) _____

☐ Other (Specify) _____

TYPE OF PROPOSED DISCHARGE SYSTEM:

☐ Basin ☐ Drywell ☐ Galley ☐ Injection Well ☐ Overland Flow ☐ Other (explain) _____

Describe nature of business and activities conducted at the facility that require a groundwater discharge approval:

FACILITY LOCATION DATA:

Assessor's Plat Number _____ Assessor's Lot Number _____

Latitude and Longitude of Proposed Discharge System to the Nearest Second: LAT _____ LONG _____

SETBACKS AND SEPARATIONS: (Specify all setback & separation distances from the proposed groundwater discharge system, where applicable)

Receptor	Minimum Setback in Feet	Actual Distance
Public Drinking Water Well (Sand & Gravel)	400	
Public Drinking Water Well (Bedrock)	200	
Surface Drinking Water Supply Impoundment	200	
All Other Surface Waters	100	
Private Drinking Water Well	100	
OWTS (Onsite Wastewater Treatment System)	25	
Other groundwater discharge systems	25	
Property Lines	10	
Building Footings	10	
Water table (not applicable to geothermal return flow wells)	3 feet of vertical separation from bottom of infiltration area to seasonal high groundwater table*	

* as determined by a RIDEM licensed Class IV soil evaluator or R.I. Registered P.E. in accordance with § 4.9(B)(1) of the Groundwater Discharge Rules

Provide an explanation for each requirement that is not met (use a separate sheet as necessary): _____

DISCHARGE DATA (USE A SEPARATE SHEET, AS NECESSARY):

Describe the materials and products used at the facility which are or may be included in the wastewater: _____

Describe the wastewater characteristics and attach analytical results if available: _____

Attach an MSDS for each material or product that is or may be a constituent of the discharge

Have there been any known or suspected releases of petroleum or hazardous materials at the site? ☐ Yes ☐ No
If Yes, identify the RIDEM program(s) and contact(s) involved with the site and the associated application/approval number(s):

_____

_____

CERTIFICATION OF DISCHARGE QUALITY (Owner initials are required in the spaces provided indicating that each statement is true):

____ No other wastewater or other fluid will be mixed with the proposed groundwater discharge;

____ No contamination of soil or groundwater is present that will be impacted by the proposed groundwater discharge. The owner will immediately notify the Director if soil or groundwater contamination is discovered after initial registration and certification information is submitted or upon site development;

____ All proposed groundwater discharge systems and associated devices will be designed, constructed, installed, located, operated, modified, maintained and closed in a manner that protects groundwater resources from accidentally or illicitly disposed wastewater or other fluid.

_____

MAPS AND PLANS: Attach a scaled map for the entire property on which the groundwater discharge system is proposed, including the following items (P. E. initials are required in the spaces provided indicating that each item has been submitted):

_____ A Locus Map with a north arrow

_____ A site plan to scale, showing system location(s), a plan view of the proposed system(s) including all drains and drain lines, property boundary lines, a north arrow, the location(s) of test pits and/or monitoring wells from which the seasonal high groundwater table elevation(s) were determined, and any conspicuous features of the site and surrounding area (e.g. buildings, abutting streets, drinking water supply wells, surface water bodies, wetlands and other subsurface discharge systems including cesspools and OWTS)

_____ A plan showing cross-sectional details of proposed system components with all critical dimensions, elevations, and all surrounding fill materials, including crushed filter-stone

_____

CERTIFICATION OF R.I. REGISTERED PROFESSIONAL ENGINEER (P.E.):

The engineering designs, plans and specifications included in this application were all done by me or by someone working directly for me. By signing this form, I certify under penalty of law that the project described in this application and the associated materials meet all the above requirements. I have personally reviewed the designs, plans and specifications and attachments and certify that they are done according to the highest standards of professional engineering and all information presented in this application and the accompanying materials is both true and accurate.

_____

(Name) (License Number)

_____

(Mailing Address) (City/Town) (State) (Zip Code)

_____

(Company Name) (Area Code & Telephone Number)

_____

(Signature) (Date)

ATTACHMENT 1

FOR COMMERCIAL OPEN-LOOP GEOTHERMAL PROJECTS, INCLUDE THE FOLLOWING:

Well Driller Information:

- Company Name _____
- Well Driller Contractor Name _____
- RI CRLB Registration or License Number _____
- Contact _____
- Address _____
- City/Town _____ Zip _____
- Telephone Number _____

Heat Pump Contractor Information (if different than well driller):

- Company Name _____
- Heat Pump Contractor Name _____
- Address _____
- City/Town _____ Zip _____
- Telephone Number _____

Number of geothermal wells to be installed (or existing) at the facility: _____

Type of casing or lining material in each well: _____

Temperature of return water during cooling cycle, if known: _____

Temperature of water during heating cycle, if known: _____

_____

PROVIDE THE INFORMATION INDICATED BELOW WITH THE WELL ID# ON THE SUBMITTED PLANS:

Total depth below ground surface of each well: _____

Diameter of each well: _____

Estimated depth to groundwater at the location of each well: _____

Estimated gallons of water withdrawn per well during a 24-hour period: _____

List any chemicals added to the supply water: _____

Does the geothermal system design incorporate a heat exchanger to separate the well loop from the building loop? ☐Yes ☐No
If No, by what means does the system prevent well contamination in the event of heat pump failure discharging refrigerant and/or carrier oil?

_____

Is the source well also the return well? ☐ Yes ☐ No If No, indicate discharge location*: _____

Will the geothermal system discharge "bleed water?*" ☐ Yes ☐ No If Yes, where will the "bleed water" discharge*?

☐ Other Geothermal Well ☐ Dry Well ☐ Septic System ☐ Municipal Sewer or Storm Sewer ☐ Surface Water

***** if directed to a system other than a groundwater discharge system, attach approval and identify disposal location on plan