



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 CLOSURE OF A GROUNDWATER DISCHARGE SYSTEM

Groundwater Discharge System is operating under a UIC or Groundwater Discharge registration or Approval

Name on Approval _____ Facility ID/File# _____

Groundwater Discharge System is not operating under a UIC or Groundwater Discharge Registration or Approval

Fee: \$500.00

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

Note: RIDEM must be notified at least 10 days prior to the initiation of any closure activities

<i>FOR RIDEM USE ONLY</i>	
<i>Facility ID #</i>	<i>Date Received</i>
<i>Amount Paid:</i> _____	
<i>Check No.:</i> _____	
<i>Application No.:</i> _____	

FACILITY INFORMATION:

 (Facility Name)

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

 (Facility Owner) (Area Code & Telephone Number)

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

CONTACT TO ANSWER QUESTIONS ABOUT APPLICATION (If Different than Owner):

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

POST CLOSURE REQUIREMENTS: A Groundwater Discharge System Closure Report, summarizing all activities performed to complete closure must be submitted within 30 days of completion of closure. The Closure Report must include analytical testing results from confirmatory sampling, manifests/disposal receipts for contaminated soil, sludge and wastewater generated by closure activities, a proposal for additional remedial activities, as necessary, and as applicable, photographic documentation of excavation pit(s), structure(s) excavated and stockpiles of generated materials.

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 based on my inquiry of the individuals immediately responsible for obtaining the information, I believe all information presented in this application and the accompanying materials is true, accurate and complete.

 (Owner's Signature) (Date)

TYPE OF DISCHARGE:

Well Type	Number of Wells	Active	Inactive (Plugged)	Inactive (Not Plugged)
<input type="checkbox"/> Aquifer Remediation Pump & Treat	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Car Wash	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Geothermal	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Industrial Process Wastewater	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Motor Vehicle Waste Disposal Well	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stormwater (LUHPPL)*	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* See RI Stormwater Design and Installation Standards Manual

TYPE OF GROUNDWATER DISCHARGE SYSTEM:

Diffusor Drainfield Drywell Galley Infiltrator Injection Well Other (Specify) _____

A CLOSURE PLAN WITH THE FOLLOWING ITEMS MUST BE ATTACHED: (initial each line to indicate the item has been submitted). Where a Closure Plan was submitted as a requirement for approval of a groundwater discharge system associated with this closure, update the applicable items.

- _____ A locus map with a north arrow
- _____ A site plan to scale, showing groundwater discharge system locations, a plan view of the systems 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, other subsurface discharge systems including OWTS)
- _____ An outline of the closure procedure and activities to be undertaken (i.e., excavation, closure in-place, field screening, confirmatory sampling including proposed parameters, contaminated soil disposal, proposed backfill material, etc.)
- _____ A narrative description of the groundwater discharge system including installation date, type and amount of waste(s) discharged and any problems encountered during system use
- _____ A proposal for an acceptable alternative for disposal of waste fluids (if the discharge will continue), including a copy of the state or municipal approval. The alternative must comply with all state and/or federal regulations and requirements
- _____ Will any groundwater discharge system remain or be installed at this site after this closure? Yes No If Yes, provide information relative to the remaining system, including a copy of the state or municipal approval, or if not previously permitted, submit the appropriate application under Rules, 9, 10, or 11 of the Groundwater Discharge Rules
- _____ Material Safety Data Sheets for all materials stored or used at the facility and an explanation of their use
- _____ Analytical testing data of the soil/sludge from the final discharge point of the groundwater discharge system (required for systems to be closed in-place). Testing parameters should relate to on-site processes and compounds that have been discharged. Questions related to specific testing parameters should be addressed to the RIDEM Groundwater Discharge Program prior to sampling
- _____ Analytical testing data and disposal receipts of any liquid and/or sludge removed from the system
- _____ Name(s) of other RIDEM Program(s)/contact(s) involved with review of this site and the associated application/approval reference number(s) _____
- _____ Other information necessary to determine compliance with the RIDEM Groundwater Discharge Rules (Specify)

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