



**RHODE ISLAND
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**

235 Promenade Street, Providence, RI 02908-5767

TDD 401-222-4462

**GROUNDWATER QUALITY CERTIFICATION
REQUEST FORM**

This form is to be completed for all applications to the DEM Office of Water Resources, Permitting Section for Groundwater Quality Certification as specified in the DEM "Rules and regulations for Groundwater Quality."

- Fee: \$200.00
- Submit a non-refundable check payable to "General Treasurer, State of RI."
- Please type or print response.
- Reference the "Rules and Regulations for Groundwater Quality" and the "Regulations Governing the Establishment of Various Fees."

FOR DEM USE ONLY	
Amount Paid: _____ Check #: _____ App. #: _____	<u>Date Received</u>

Applicant Name: _____
(See Note at end of form)

Applicant Address: _____

City/Town: _____ State: Zip: _____

Project Address: _____

City/Town: _____ Zip: _____

Plat: _____ Lot: _____

Indicate below the DEM approval, license, etc. for which Groundwater Quality Certification review is requested:

- _____ ISDS designed to treat ten thousand (10,000) gallons or more per day
- _____ Upland disposal of dredged material in freshwater environment
- _____ Other, specify: _____

Date of the application or plan for the facility/activity indicated above, and any other information necessary to determine which version is subject to groundwater certification review: _____

Date application or plan for above facility/activity was filed with DEM: _____

Materials Submitted to DEM for Project Review:

Applicant Signature: _____

Date: _____

Note: Person signing this document must be the same person that signed the application for DEM approval, license, etc. indicated above which is pending before the Department.

If you have any questions, please contact the DEM Permitting Section at 222-6820.

Office Use Only:

File No.: _____ Date Received: _____

Groundwater Classification: _____ Quadrangle: _____

Lead DEM Regulatory Division/Program: _____

Certification Determination:

Date: _____
 Approved
 Approved With Conditions
 Denied
 Withdrawn

Project Reviewer: _____

Please return completed form to:

RIDEM
Office of Water Resources
Permitting Section
235 Promenade Street
Providence, RI 02908