



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

NOTIFICATION OF COMPLETION OF CONSTRUCTION AND INSTALLATION

Groundwater or Stormwater Discharge System Registration

Facility Name on Registration _____ Facility ID/File# _____

Groundwater Discharge System Approval*

Facility Name on Approval _____ Facility ID/File# _____

Automatic Registration of Stormwater Discharge System (Specify CRMC Assent Number) _____

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

(Facility Owner) (Area Code & Telephone Number)

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

Date the groundwater discharge system construction was completed: _____

Describe any conditions encountered during construction and installation that may have resulted in changes or modifications to the groundwater discharge system, as approved:

GEOHERMAL SYSTEMS ONLY:

- RI CRLB Registration or License Number _____
- Attach analytical characterization of the groundwater quality at the location of the groundwater discharge system, as required in the Groundwater Discharge System Registration
- Attach Completed Well Completion Report

By signing this form, I certify under penalty of law that the construction and installation of the groundwater discharge system indicated herein has been completed in accordance with the approved application and associated plans and that the above information is true, accurate and complete.

(Owner Signature) (Date)

* Attach construction and installation details for monitoring wells and associated well boring logs

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