



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 COMMENCEMENT OF A GROUNDWATER DISCHARGE

Note: This notification must be submitted within 30 days of the groundwater discharge system start-up.

The owner must also submit with this form, the first round of compliance monitoring data required by a Groundwater Discharge System Approval or Temporary Approval.

FACILITY INFORMATION:

(Facility Name)

(Facility ID/File#)

(Facility Street Address)

(City/Town)

(Zip Code)

(Facility Owner)

(Area Code & Telephone Number)

(Mailing Address)

(City/Town)

(Zip Code)

CONTACT TO ANSWER QUESTIONS REGARDING APPLICATION (If Different Than Owner):

(Contact Name)

(Company/Organization)

(Area Code & Telephone Number)

(Mailing Address)

(City/Town)

(Zip Code)

Date of commencement of discharge: _____

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 Signature)

(Date)

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