



APPLICATION FOR A STORMWATER DISCHARGE SYSTEM REGISTRATION

Fee: \$400.00.

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

Note: This application must comply with the requirements of the RI Stormwater Design and Installation Standards Manual

<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)

 (Mailing Address)

 (City/Town)

 (State)

 (Zip Code)

APPLICANT: Owner Operator

 (Name, if Operator)

 (Company/Organization)

 (Area Code & Telephone Number)

 (Mailing Address)

 (City/Town)

 (State)

 (Zip Code)

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

 (Name)

 (Company/Organization)

 (Area Code & Telephone Number)

 (Mailing Address)

 (City/Town)

 (State)

 (Zip Code)

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)

TYPE OF STORMWATER INFILTRATION SYSTEM:

Basin Chamber Drywell Galley Trench Other (Specify) _____

FACILITY LOCATION DATA:

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

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

Have there been any known or suspected releases of hazardous materials at the site? Yes No
If Yes, list any other RIDEM programs/contacts involved with this site and application or approval numbers: _____

Is there existing or former stormwater infiltration from a Land Use of Higher Potential Pollutant Load (LUHPPL) at the site?
 Yes No If Yes, Specify the number and location on the accompanying plans:

SUPPORTING INFORMATION: Attach a scaled map of the entire property, including the following items (P.E. initials are required in the space provided indicating that each item has been submitted).

_____ A locus map and North arrow

_____ A scaled site plan, showing system location(s), plan view of the proposed (and/or existing, if required) system including drains and drain lines, property boundary lines, location(s) of test pits and/or monitoring well where the seasonal high groundwater table elevation(s) was determined, any conspicuous features of the site and surrounding area (e.g. buildings, abutting streets, drinking water supply wells, surface water bodies, wetlands and any other subsurface discharge systems including cesspools and septic systems)

_____ A Stormwater Management Plan which includes a *Soil Erosion and Sediment Control Plan* and an *Operation and Maintenance Plan*

_____ Any other information necessary to determine compliance with the RI Stormwater Design and Installation Standards Manual, including a completed Appendix A Checklist

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 is in compliance with the RI Stormwater Design and Installation Standards Manual and that all information presented in this application and the accompanying materials is true, accurate and complete.

(Name) (License Number)

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

(Company Name) (Area Code & Telephone Number)

(Signature) (Date)

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