



NOTIFICATION OF TERMINATION OF A GROUNDWATER DISCHARGE

Groundwater or Stormwater Discharge System operating under a RIDEM Registration or Approval

Name on Registration/Approval: _____ Facility ID/File# _____

Groundwater or Stormwater (LUHPPL*) Discharge System not operating under RIDEM Registration or Approval

* See RI Stormwater Design and Installation Standards Manual

NOTE: A system not operating under registration or approval may require analytical characterization prior to closure.

(Facility Name) _____

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

(Facility Owner) _____ (Area Code & Telephone Number) _____

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

TYPE OF GROUNDWATER DISCHARGE:

Geothermal Experimental Non-Contact Cooling Water Water Supply Related (Specify) _____
 Industrial Process Water Aquifer Remediation Other (Specify) _____

Are floor drains present at the facility? Yes No If Yes, where do the drains terminate? _____

Have floor drains been plugged? Yes No If Yes, approximate date drains were plugged: _____

Anticipated date of system termination: _____

Proposed method of system termination: _____

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 the 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**