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**NOTIFICATION OF TEMPORARY CESSATION OF A GROUNDWATER DISCHARGE**

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**Note: An Approval issued for the temporary cessation of a groundwater discharge shall be granted for a one-year period. After that time, the owner may be eligible to apply for an extension, as needed.**

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**FACILITY INFORMATION:**

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(Facility Name) \_\_\_\_\_ (UIC or GWD Facility ID/File#) \_\_\_\_\_

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

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(Facility Owner, if different from Name on Approval) \_\_\_\_\_

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

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

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(Contact Name) \_\_\_\_\_ (Company/Organization) \_\_\_\_\_ (Area Code & Telephone Number) \_\_\_\_\_

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

Reason for temporary cessation of discharge: \_\_\_\_\_

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Method of assuring prevention of discharge during shut-down period: \_\_\_\_\_

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Estimated time frame for temporary discharge cessation and re-start: \_\_\_\_\_

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**By signing this form, I certify under penalty of law that I am familiar with the UIC or Groundwater Discharge Approval referenced herein and I agree to comply with its terms and conditions, including any requirements to submit groundwater quality monitoring reports, and will continue to do so throughout the period of temporary cessation of discharge.**

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(Owner Signature) \_\_\_\_\_

(Date) \_\_\_\_\_

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