



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 TRANSFER OF A GROUNDWATER DISCHARGE SYSTEM

Fee: \$100.00.

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

<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>	

Note: Until transfer is confirmed by RIDEM, the owner indicated in the most current Registration or Approval is responsible for complying with all terms and conditions of the Registration or Approval.

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

Effective Date of Transfer: _____

CURRENT OWNER: I hereby notify the RIDEM of the sale/legal transfer of the facility and agree to assign my rights as holder of the Groundwater Discharge System Registration or Approval to the new owner once the transfer is complete.

 (Current Facility Name)

 (Current Approval Holder Name) (Area Code & Telephone Number)

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

 (Current Owner Signature) (Date)

NEW OWNER: By signing this form, I certify under penalty of law that I am familiar with the above referenced UIC or Groundwater Discharge System Registration or Approval and I agree to comply with its terms and conditions. I agree to assume the rights and liabilities contained in the Registration or Approval and understand I am liable for any violations.

 (New Facility Name, if different from above)

 (New Owner Name) (Area Code & Telephone Number)

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

 (New Facility Owner Signature) (Date)

Will changes be made to the discharge quality/quantity? Yes No If Yes, explain: _____