



**RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**  
**Office Of Water Resources**

235 Promenade Street, Providence, RI 02908-5767  
 Telephone: 401-222-6820, Telecommunication Device for the Deaf: 401-831-5508, FAX: 401-222-6177

**UNDERGROUND INJECTION CONTROL (UIC) PROGRAM APPLICATION FOR STORMWATER SYSTEMS**

<ul style="list-style-type: none"> <li>• Fee: \$100.00</li> <li>• Submit a non-refundable check payable to "General Treasurer, State of RI".</li> <li>• Reference the "Underground Injection Control Program Rules and Regulations" and the "Rules and Regulations Governing the Establishment of Various Fees".</li> </ul>	<b>FOR DEM USE ONLY:</b>	
	<b>RISUIC FACILITY ID#</b>	<b>DATE RECEIVED</b>
	Amount Paid: _____	
	Check No.: _____	
	App. No.: _____	

**(A.) FACILITY NAME AND LOCATION:**

\_\_\_\_\_  
 (Facility Name)

\_\_\_\_\_  
 (Facility Location)                      (Street Address)                      (City/Town)                      (ZIP)

**(B.) APPLICANT:** (mark "x")    Owner \_\_\_\_\_                      Operator \_\_\_\_\_

\_\_\_\_\_  
 (Name)                      (Mailing Address)                      (City/Town)                      (State)                      (ZIP)

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

**(C.) CONTACT TO ANSWER QUESTIONS REGARDING APPLICATION (If different than Section B):**

\_\_\_\_\_  
 (Name)                      (Mailing Address)                      (City/Town)                      (State)                      (ZIP)

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

**(D.) OWNER (If different than or not included in Section B):**

\_\_\_\_\_  
 (Print or Type Name)                      (Mailing Address)                      (City/Town)                      (State)                      (ZIP)

\_\_\_\_\_  
 (Owner's Signature)                      (Date)

**(E.) UIC TYPE**

Diffusor \_\_\_\_\_ Drywell \_\_\_\_\_ Galley \_\_\_\_\_ Infiltrator \_\_\_\_\_ Injection Well \_\_\_\_\_ Drainfield \_\_\_\_\_

Other (Provide a brief description): \_\_\_\_\_

**(F.) SUPPORTING INFORMATION & DESIGN REQUIREMENTS – Items 1-3 *must* be provided along with this application. Professional Engineer’s initials required in the spaces provided that each item has been submitted and/or requirement met.**

- \_\_\_\_\_ 1. Locus map with a north arrow.
- \_\_\_\_\_ 2. 8 ½” x 11” site plan to scale, showing UIC system location(s), a plan view of the proposed UIC system(s) including all drains and drain lines, the property boundary lines, a north arrow, the location(s) of test pits and/or monitoring wells from which the seasonal high groundwater table elevation(s) were determined, and any conspicuous features of the site and surrounding area (e.g. buildings, abutting streets, drinking water supply wells, surface water bodies and wetlands, and other subsurface discharge systems including cesspools and ISDSs). *Full size site plans and detail sheets may be required to adequately depict extensive project proposals.*
- \_\_\_\_\_ 3. 8 ½” X 11” plan showing cross-sectional details of UIC system components with all critical dimensions, elevations, and all surrounding fill materials, including crushed filter-stone.
- \_\_\_\_\_ 4. All catch basins of the subsurface discharge system(s) shall be non-leaching with a minimum sump depth of four feet below the outlet invert, and include an oil-water separator of adequate capacity that extends at least two feet below the outlet invert. All other drains shall be non-leaching and pass through an oil-water separator of adequate capacity prior to discharge.
- \_\_\_\_\_ 5. The seasonal high groundwater table elevation in the area of each UIC system was determined by a RIDEM licensed Class IV soil evaluator or R.I. Registered Professional Engineer, and the bottom of bed of each infiltration area has at least 3 feet of vertical separation from the seasonal high groundwater table.
- \_\_\_\_\_ 6. All infiltration areas have been located at least 400 feet from all public drinking water wells.
- \_\_\_\_\_ 7. All infiltration areas have been located at least 100 feet from all private drinking water wells.
- \_\_\_\_\_ 8. All infiltration areas have been located at least 200 feet from all surface water supplies and tributaries.
- \_\_\_\_\_ 9. All infiltration areas have been located at least 150 feet from all coastal ponds.
- \_\_\_\_\_ 10. All infiltration areas have been located at least 50 feet from all non-critical surface water bodies (any surface water bodies not included in Item #5).
- \_\_\_\_\_ 11. All infiltration areas have been located at least 25 feet from all other subsurface discharge systems, whether existing or approved for installation, including septic systems and cesspools.
- \_\_\_\_\_ 12. All infiltration areas have been located at least 10 feet from all building slabs and foundations.

**Note:** Additional information may be required at the discretion of the Department.

**(G.) CERTIFICATION OF R.I. REGISTERED PROFESSIONAL ENGINEER (P.E.)**

I do hereby certify that the project described in this application, and the associated materials provided pursuant thereto, meets all of the above UIC Program requirements with the exception of any addressed in the space provided below, and that all information presented in this application and the accompanying materials is both true and accurate.

R. I. Registered P.E. Signature & Number: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(Print or Type Name) (Mailing Address) (City/Town) (State) (ZIP)

\_\_\_\_\_  
(Company) (Area Code & Telephone Number)

**An explanation must be provided for each requirement that is not met (use a separate sheet if necessary).**