



**Rhode Island Department of Health
Center for Drinking Water Quality**

**Application for Approval
Public Water System Plans and Specifications**

Public water system name: _____

Address: _____ Phone: _____

City: _____ State: _____ ZIP: _____

.....
Owner name: _____ Title: _____

Address: _____ Phone: _____

City: _____ State: _____ ZIP: _____

Contact person: _____ Phone: _____

.....
Plans entitled: _____

Prepared by: _____

Specifications entitled: _____

Prepared by: _____

Type of Well:

- Drilled Driven Dug (200-foot protective radius required)
 Gravel packed Gravel developed (400-foot protective radius required)

Estimated well withdrawal:

- less than 10,000 gallons per day more than 10,000 gallons per day

Number of people served daily: _____ Number of service connections: _____

Project description:

Please attach additional pages as needed for project description.

Treatment description (if any):

Please attach additional pages as needed for treatment description.

Owner's signature: _____ Date: _____

If you have any questions while completing this form, you can contact the Center for Drinking Water Quality by calling 401-222-6867 or emailing DOH.RIDWQ@health.ri.gov.