



RHODE ISLAND DEPARTMENT OF HEALTH
Office of Drinking Water Quality

APPLICATION FOR APPROVAL
PUBLIC WATER SYSTEM PLANS AND SPECIFICATIONS

System Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

.....

Official/Owner: _____ Title: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

.....

Plans Entitled: _____

Prepared By: _____ [] P.E. [] R.L.S.

Specifications Entitled: _____

Prepared By: _____ [] P.E

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 gpd [] more than 10,000 gpd

Number of People Served Daily: _____ Number of Service Connections: _____

Project Description: _____

Treatment (if any): _____

Owner's Signature: _____ Date: _____