



**Center for Drinking Water Quality
Well Disinfection Procedure for Public Water Systems**

Certification and Submission Page

Directions: Submit this page to RIDOH once disinfection is completed.

Email: DOH.RIDWQ@health.ri.gov | Fax: 401-222-6953 | Mail: RIDOH – Center for Drinking Water Quality, 3 Capitol Hill, Room 209, Providence, RI 02908

Public Water System (PWS) ID#:			
PWS Name:			
Date Disinfected:			
Reason for Disinfection:			
Well(s) Disinfected: (e.g., Drilled Well #1 (WL001), Driven Well #3 (WL003), etc.)	Well A	Well B	Well C
Concentration of Bleach Used: (e.g., 5.25%, 8.25%, 12% strength sodium hypochlorite bleach)			
Amount of Bleach Used (ounces):			
Amount of Time Chlorinated Water Sat in Well and Distribution System Before Flushing (hours):			

By signing I certify that I have disinfected the well and distribution system according to RIDOH's Well Disinfection Procedure.

Name: _____ **Signature:** _____

Date: _____

Notes: