



## SODIUM CHLORIDE COMPLAINT FORM

### **PART 1. GENERAL CONTACT INFORMATION**

Property Owner

If Tenant or Lease

Name

Name

Address

Address

City/Town

ZIP

City/Town

ZIP

Telephone (XXX-XXX-XXXX)

Telephone (XXX-XXX-XXXX)

Email

Email

### **PART 2. WATER SUPPLY INFORMATION**

What year was your house built?

Well type (*check one*):

Drilled Well

Dug Well

Unknown

Depth of well (*if known*):

feet

Depth of casing (*if known*):

feet

Number of persons using well water:

Do you have a copy of the well completion report for your well?

Yes

No

*If you do have a copy, please attach with this form or mail with form. If you don't, that's ok.*

Are you aware of any existing problem with your water?

Briefly Describe

**PART 3. PROPERTY DESCRIPTION**

Do you know where your well is located? (check one)

Yes No

If you are unsure, that's ok

Location of well (front yard/back yard/ side yard):

Describe

Distance of well from road (approximate):

feet

Drainage issues (runoff from road onto yard toward/onto well head, pooling of water around/onto well head, etc)

Describe

**PART 4. WATER TREATMENT INFORMATION (IF APPLICABLE)**

Do you have a treatment system(s) in your home? (check one)

Yes No Unknown

If "No" or "Unknown", proceed to Part 5

If the well water is treated, what is the type of treatment system? (Please check all that apply)

Reverse Osmosis (RO)

Ion Exchange (water softener)

Carbon filter (GAC)

Other (specify)

Is there a sediment filter installed after the pressure tank? (check one)

Yes No

When was the treatment system last serviced?

Enter Date

When were filters/resins tanks last changed? If not changed/not applicable, enter "N/A"

Enter Date

**For Ion Exchange (e.g., water softener) Units**

How many bags of salt (sodium/potassium chloride) are used in the home per month?

Where is backwash from the system discharged?

Describe

**PART 5. SAMPLING INFORMATION**

Date of last water test

Enter date

Reported Chloride Concentration (mg/L)

Enter concentration from report

*If you have additional data files, please attach to email or mail to DEEP (address below).*

Is there an outside tap from which DEEP can collect an untreated water sample?

Yes No Unknown

Will you permit the use of the outside tap for sample collection if you are not home?

Yes No

Please type your initials if you will grant permission for sampling if you are not home:

Initials

Location of the untreated tap:

Describe

**PART 6. AUTHORIZATION:**

Please sign/type your name below to confirm that you give permissions to DEEP to obtain a water sample:

Tenant or Property Owner's Signature

Date

Please return completed form and additional documents via email @ [DEEP.PotableWater@ct.gov](mailto:DEEP.PotableWater@ct.gov) or mail to:  
Potable Water Program  
CT DEEP, Remediation Division, Floor 2  
79 Elm Street, Hartford, CT 06106