

SODIUM CHLORIDE COMPLAINT FORM

PART. 1 GENERAL CONTACT INFORMATION

Property Owner

Address

City/Town

ZIP

Telephone (XXX-XXX-XXXX)

Email

If Tenant or Lease

Address

City/Town

ZIP

Telephone (XXX-XXX-XXXX)

Email

PART 2. WATER SUPPLY INFORMATION

What year was your house built?

Well type (check one):

Drilled Well

Dug Well

Unknown

Number of persons living in the home:

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.

Briefly Describe

Are you aware of any existing problem with your water?

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 (if known)
(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 water 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/Unsure (describe, or you may attach a photo of your system)

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

Yes No

When was the water treatment system last serviced, if applicable?

Date (mm/dd/yyyy)

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

Date (mm/dd/yyyy)

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

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

Describe

Where is system backwash discharged?

PART 5. SAMPLING INFORMATION

Date of last water test

Date (mm/dd/yyyy)

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 if available:

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 (mm/dd/yyyy)

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