



# WESTPORT WESTON HEALTH DISTRICT

180 Bayberry Lane, Westport, CT 06880-2855

Telephone: (203) 227-9571 Fax (203) 221-7199

## APPLICATION FOR WESTPORT WESTON HEALTH DISTRICT SAMPLING OF NEW PRIVATE WATER SOURCES

Pursuant to Section 19-13-B51k(c) of the Public Health Code of the State of Connecticut, "The pump installer shall disinfect each new well system before use. Disinfection shall be accomplished by treating the water in the well, storage tank and connected piping with a chlorine solution of fifty milligrams per liter (parts per million) strength so as to obtain a residual of ten milligrams per liter (parts per million) of chlorine after three hours detention. The side walls and piping shall be rinsed with the chlorine solution. The chlorinated water shall not be removed from the water system until after a detention period of at least three hours".

New well water testing for the WWHD Certificate of Approval for Well Water, Zoning Certificate of Compliance, or Building Department Certificate of Occupancy, requires a Sanitarian from Westport Weston Health District to collect the water sample after the well has been properly chlorinated and the chlorine residual allowed to dissipate.

An appointment with the WWHD may be requested after compliance with the following conditions:

1. All plumbing is installed in the dwelling and has been chlorinated at the time of well chlorination by drawing a quantity of chlorinated well water through each fixture and the entire distribution system.
2. After allowing a detention period for chlorine contact time of at least three hours, but preferably overnight, the plumbing system and well have been flushed clear of chlorinated water. An **outside sill cock** should be used during the major part of purging to discharge the water to the ground surface rather than to the septic system. All interior fixtures shall then be purged.
3. The well has been used extensively prior to sampling as residue from the drilling of the well is difficult to remove and usually requires considerable pumping. Pumping should not exceed the yield of the well. Results from well samples generally improve with greater use of the well. All screens and aerators on faucet fixtures shall be removed temporarily during this time.
4. No treatment system has been installed prior to testing.
5. The dwelling shall be open to allow a Sanitarian to obtain water samples at the kitchen sink. The water shall have run from that faucet for at least 20 minutes on the day of sampling.
6. If the results of the water analysis are not in compliance with Primary Standards and MCLs as set forth by Section 19-13-B102 of the Connecticut Public Health Code, or any specific standard adopted by the Westport Weston Health District, then proper treatment may be necessary to lower these limits to acceptable levels. (In some instances, extensive drawing of the well water is enough to help lower physical well water parameters.) Once water treatment is installed, or the well drawn, the applicant must have the well resampled by the WWHD Sanitarian. Again, the well

- must meet the Primary Standards and MCLs prior to approval.
- 7. There are Secondary Standards for well water quality which will be reviewed. The parameters are sodium, iron, manganese, hardness, and sulfate. Standards for these parameters should be met because they affect overall quality, but are advisory only.
- 8. Water samples are obtained on Wednesdays only. Requests for water testing must be received at least 24 hours in advance.
- 9. Water analyses are done by a laboratory approved by the Connecticut Department of Public Health and completed within seven (7) to ten (10) working days from the receipt of the sample. All results will be mailed.

- The fee for this well water test (B,C,P,VOC) is **\$330.00 paid in advance.**
- The fee for a well water test (B,C,P,) with no VOCs is \$220.00 , paid in advance.
- Any additional follow-up tests must be paid in advance.
- Samples that contain a chlorine residual (improper flushing of the well) are unacceptable for testing, and a fee will be charged for handling and processing. A sample which has a free chlorine residual will not be tested further and a period of one (1) week must elapse before another sample is obtained from the same source.



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**APPLICATION FOR WATER TEST**

Submit Application with check payable to the WESTPORT WESTON HEALTH DISTRICT

- Well Water (B, C, P, Voc) - **\$330.00**
- Water test without VOCs (B, C, P) - **\$220.00**

Please **TYPE** or **PRINT**. Complete all items.

**Sample Source:** \_\_\_\_\_  Westport  Weston  
Street Address Lot Number

**Owner:** \_\_\_\_\_ Address: \_\_\_\_\_

Tel: (\_\_\_\_) \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

*Owner's Signature:* \_\_\_\_\_

**Pump Installer:** \_\_\_\_\_ Address: \_\_\_\_\_

Tel: (\_\_\_\_) \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date Chlorinated: \_\_\_\_\_

**Health District Use Only**

**SAMPLING DATE REQUESTED:** \_\_\_\_\_

DATE COLLECTED BY HEALTH DISTRICT: \_\_\_\_\_

DATE RESULTS SENT TO APPLICANT: \_\_\_\_\_

- Raw water sample
- Treated water sample

**Fixture Sampled:** \_\_\_\_\_  
Date

**Final Inspection Checklist**

No. of Bedrooms: ..... \_\_\_\_\_

No of Tubs > 60 gallon capacity.. \_\_\_\_\_

Approx. Tub capacity (gallons) ... \_\_\_\_\_

SDS Final Cover: .....  Yes  No

Well casing mounded: ...  Yes  No

Water treatment: .....  Yes  No

Type: \_\_\_\_\_

Softener discharge satisfactory: .....  Yes  No

**Notes:**

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