



ASPETUCK HEALTH DISTRICT

180 Bayberry Lane, Westport, CT 06880-2855

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

APPLICATION FOR ASPETUCK 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 AHD Certificate of Approval for Well Water, Zoning Certificate of Compliance, or Building Department Certificate of Occupancy, requires a Sanitarian from Aspetuck 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 AHD 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 VOC's 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 **ASPETUCK HEALTH DISTRICT**

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

Please TYPE OR PRINT. Complete all items.

Sample Source: _____ Westport Weston Easton
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:
