

Sodium Chloride Runoff Damage Report Form

Important: All fields are required and must be completed to guarantee the report will be reviewed.

Please submit reports to the Manchester Health Department.

I hereby attest to my understanding that the filing of this report form indicates my consent for the report to be transmitted to the State of Connecticut, Office of Policy and Management in accordance with Section 19 of Public Act 23-31 and that this report is for informational purposes only and in no way binds the State of Connecticut to provide financial remediation to the filer and that filing of this form does not guarantee nor should it be filed with the expectation of receipt of financial remediation from the State of Connecticut.

I hereby attest that to the fullest extent of my knowledge, the damage reported on this form is the direct result of sodium chloride runoff.

(1) Name:

**(2) Address: Street:
Zip Code:**

City/Town:

(3) Phone Number: Primary:

Alternate:

(4) Email Address:

(5) Damaged Item(s) (e.g., water heater, piping, dish washer, clothes washer, well casing):

NOTE: If you need to remove a damaged item(s) it is strongly recommended that you take a picture of the damage and preserve relevant documentation in case it is needed for future claims.

(6) Description of Damage:

(7) Date of Purchase of Damaged Item:

(8) Purchase Price of Damaged Item:

NOTE: It is highly suggested that you attach a receipt/invoice proving the date and purchase price of the damaged appliance/item.

(9) Attach Water Quality Test Results for Sodium and Chloride from A DPH Approved Laboratory (test results can be uploaded). You can find a list of DPH approved water testing laboratories here:

<https://portal.ct.gov/dph/Environmental-Health/Environmental-Laboratory-Certification/Environmental-Laboratory-Certification>