

**Sodium and/or Chloride (Salt)
 Liability Claim Form**



CLAIMANT INFORMATION

Water System Owner: _____ **Date of Claim:** _____ / _____ / _____
 _____ / mm / dd / yyyy

Primary Phone: _____ **Secondary Phone:** _____
 (xxx) xxx-xxxx (xxx) xxx-xxxx

Mailing Address: _____ **Fax:** _____
 _____ (xxx) xxx-xxxx

Authorized Representative(s): _____ **E-Mail Address:** _____
Phone: _____
 (xxx) xxx-xxxx

POTABLE WATER SOURCE AND DISTRIBUTION SYSTEM

Claimants may include photos, diagrams, maps, and technical data, including laboratory and well driller documents.
 A **WATER SYSTEM** is comprised of the water source, pumping facility, storage, distribution system and appurtenances used to provide potable water.

Address of system point of entry and location of well*: _____

Property Type(s) connected to this water system:
 (check all that apply)

<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential
<input type="checkbox"/> Service to the public	<input type="checkbox"/> Single Family
<input type="checkbox"/> Industrial	<input type="checkbox"/> Multi-unit
<input type="checkbox"/> Manufacturing on-site	<input type="checkbox"/> Agricultural
<input type="checkbox"/> Lodging & Hospitality	<input type="checkbox"/> Educational
<input type="checkbox"/> Service to the public	

* Provide the address(es) of additional service connections on a separate page

Water System Identification:
 Public WSID #: _____
 Private Well ID # _____

Chlorinated System? YES NO

Well Construction Date: _____
 mm / dd / yyyy

Well Driller:
 Name: _____
 Phone: _____
 Address: _____

Well Depth: _____ fbgs
Well Yield: _____ gpm

CLAIM NARRATIVE

Provide a detailed narrative of past and present evidence of contamination and property damages. Include potential sources of contamination, relevant dates, and service and maintenance history of well and/or appurtenances.
 Attach photos, monitoring data, and any other pertinent documentation that may aid in the investigation and resolution of claim.

