



## Aspetuck Health District Ground Water Monitoring Form

This form documents groundwater elevations during the wet season (Feb 1 – May 31) as required by CT Public Health Code § 19-13-B103d.(e)(2) and CT Technical Standards.

### Property Information:

Site Address: \_\_\_\_\_

*Please provide the complete street address of the property being monitored.*

### Property Owner Information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Monitoring Event Details:

Monitoring Period: Start: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Enter the start and end dates during which the groundwater monitoring was conducted.*

Number of Monitoring Wells: \_\_\_\_\_

*Indicate the total number of monitoring wells on the property.*

### Consultant / Engineer Information:

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Monitoring Well Data:** *(Per CT Technical Standards: average of at least five consecutive weekly readings during the most restrictive 30-day wet-season period)*

*Complete the following table for each monitoring well. Add rows as needed.*

Well ID/Number	Date of Reading	Groundwater depth (feet/inches)

### Submission:

Please submit this completed form, along with any required attachments (e.g., site map with monitoring wells located on the survey), to the appropriate regulatory agency as specified in the applicable Connecticut Technical Standards.

#### Aspetuck Health District

180 Bayberry Lane, Westport, CT 06880

Office Hours: Mon–Fri, 8:30 AM–4:30 PM | Tel: (203) 227-9571 | Fax: (203) 221-7199 |

<https://aspetuckhd.org>