



Maura Healey, Governor  
Kimberley Driscoll, Lieutenant Governor  
Monica Tibbitts-Nutt, Secretary and CEO  
Jonathan L. Gulliver, Highway Administrator



## ENVIRONMENTAL SERVICES SALT REMEDIATION PROGRAM APPLICATION FOR ACCEPTANCE

### GENERAL INSTRUCTIONS

#### **INTRODUCTION**

The Salt Remediation Program was established by the Massachusetts Department of Transportation (MassDOT), Highway Division to investigate potential salt contamination of public, private, industrial, and commercial water supplies that may be associated with the highway deicing process. This package contains application forms and instructions and should provide you with the guidance needed to submit a complete application.

#### **REQUIREMENTS FOR ELIGIBILITY**

Salt contamination complaints for private wells shall be investigated if the well water is potable and one of the following conditions are met: 1) Chloride concentrations are 250 mg/l or greater, 2) a resident is on a sodium restricted diet of less than 1000 milligrams per day (mg/d) and the sodium concentration in the water supply exceeds 20 milligrams per liter (mg/l), or 3) a resident is on a sodium restricted diet of less than 2000 mg/d and the sodium concentration in the water supply exceeds 40 mg/l.

#### **SUBMITTALS**

1. Private Well Data Form (required)
2. Water Quality Results (required)
3. Notarized Right of Entry Form (required)
4. Physician's Documentation Form for Bottled Water Request (if applicable)
5. Resident's Certification Form for Bottled Water Request (if applicable)

#### **WHERE TO SEND THE APPLICATION**

Send the completed submittal forms to:

[Laurene.poland@dot.state.ma.us](mailto:Laurene.poland@dot.state.ma.us) (preferred), or:

Laurene Poland  
MassDOT, Highway Division  
Environmental Services, Salt Remediation Program  
Ten Park Plaza, Room 7360  
Boston, MA 02116

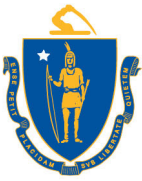
#### **MassDOT's REVIEW AND RESPONSE TO APPLICATION**

If eligible, MassDOT will schedule an initial site inspection. The findings from the site inspection shall provide the basis for a determination to either: a) conduct a detailed investigation, or b) deny the complaint.

#### **ADDITIONAL INFORMATION**

You can obtain additional information and forms by visiting our website at the following URL <http://www.massdot.state.ma.us/highway> go to Quick Links/Departments/Environmental Services and select Hazardous Waste/Salt Remediation.

Questions regarding eligibility and/or completing the application forms can be directed to Cate Kenna, Salt Program Coordinator at [catherine.kenna@dot.state.ma.us](mailto:catherine.kenna@dot.state.ma.us).



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**ENVIRONMENTAL SERVICES**  
**Salt Remediation Program**  
**Private Well Data Form**

<b>I. Owner Information</b>	
Owner Name:	Home Phone:
Address:	Work Phone:
City/Town	Cell Phone:
Zip code	Email Address:
Date Property Purchased:	
<b>II. Occupants(s)</b>	
Name(s):	Number of Occupant(s) using well:
Address at Well Location:	Home Phone:
City/Town:                      Zip code:	Work Phone:
<b>III. Well Type and Use</b>	
<input type="checkbox"/> Domestic <input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial	
Well Water Use: (you may choose more than one): <input type="checkbox"/> Irrigation <input type="checkbox"/> Other (specify):	
<input type="checkbox"/> Drilled: <input type="checkbox"/> Dug: <input type="checkbox"/> Driven: <input type="checkbox"/> Other (specify):	Estimated Daily Water Usage for all purposes in gallons per day:
<b>IV. Well Data</b>	
Well Depth: <input type="checkbox"/> actual <input type="checkbox"/> estimate	Screened Interval: <input type="checkbox"/> actual <input type="checkbox"/> estimate
Well Diameter: <input type="checkbox"/> actual <input type="checkbox"/> estimate	Well Yield (gpm): <input type="checkbox"/> actual <input type="checkbox"/> estimate
Well Casing Depth: <input type="checkbox"/> actual <input type="checkbox"/> estimate	Depth to Bedrock: <input type="checkbox"/> actual <input type="checkbox"/> estimate
Well Casing Material: <input type="checkbox"/> actual <input type="checkbox"/> estimate	Date Well Constructed: <input type="checkbox"/> actual <input type="checkbox"/> estimate
Type of Pump: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Shallow <input type="checkbox"/> Other (specify):	
Pump Intake Depth (bgs): <input type="checkbox"/> actual <input type="checkbox"/> estimate	Nominal Pump Capacity (gpm):
I have enclosed a copy of the Well Completion Report and/or Well Driller invoice : <input type="checkbox"/> yes <input type="checkbox"/> no	
Driller's Name:	Driller's Phone:
Driller's Address:	

<b>V. Water Quality</b>	
Describe water problems:	
When did you first notice water problems?	
Did you <i>attach a water analysis</i> from a MassDEP certified laboratory for: Sodium, Calcium, Chloride, and specific conductance.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date(s) water samples were collected?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If accepted into the program would you like to receive copies of future water quality results?	If Yes, <input type="checkbox"/> Certified Mail <input type="checkbox"/> Email
<b>VI. Water Treatment</b>	
Do you have any water treatment or filtration equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered Yes above, include copies of the bills from the installer and the company that services the equipment and complete the following information.	
Name of Installer:	Phone Number:
Neutralizer:	Softener:
Other(specify):	
How much salt is used each year in your water softener? (pounds)	
What chemical is used in your neutralizer? (pounds)	
<b>VII. Diagrams</b>	
<p>Attach a Site Map showing the information listed below. You may find a plot plan or site map on file at your local assessor's office or board of health.</p> <ul style="list-style-type: none"> <li>• The location of all property structures, well and septic system including the leaching field;</li> <li>• The location of all abutting properties wells, septic systems, and leaching fields</li> <li>• The state highway(s)</li> </ul>	
<b>VIII. Certification</b>	
I hereby certify that all of the statements and information on and supplied with this application form are true and complete to the best of my knowledge and belief and that no information necessary to the resolution of this complaint is withheld.	
Owners Signature:	Date:
Signature of Person Preparing this Form:	Date:



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## ENVIRONMENTAL SERVICES

### RIGHT OF ENTRY

I/We, \_\_\_\_\_, the sole owners(s) of property located at \_\_\_\_\_, Massachusetts ("Property"), do hereby grant permission to the Massachusetts Department of Transportation (MassDOT), Highway Division and its duly authorized agents and contractors to enter upon the Property for the purpose of collecting water samples and pertinent data related to the water supply well and plumbing system to evaluate the impact of highway deicing salt use on the water supply. These samples will be collected on a monthly basis for a sufficient length of time to make a determination based on the results of the water analyses. All costs connected with the above described work shall be born by MassDOT, Highway Division.

\*Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signatures of Property Owner(s) \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Name)

### COMMONWEALTH OF MASSACHUSETTS

\_\_\_\_\_  
County

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

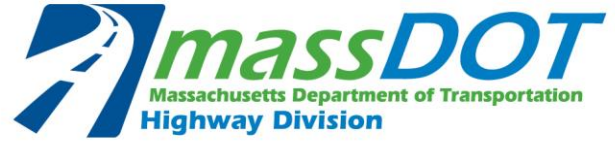
On this \_\_\_\_ day of \_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, proved to me through satisfactory evidence of identification, which were \_\_\_\_\_, to be the person whose name is signed on the preceding or attached document and acknowledged to me that he/she signed it voluntarily for its stated purpose.

Before me,

\_\_\_\_\_  
Notary Public  
My commission expires:



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## ENVIRONMENTAL SERVICES

### RESIDENT'S CERTIFICATION FORM FOR BOTTLED WATER REQUEST

Dear Sir/Madame:

The Massachusetts Department of Transportation (MassDOT), Highway Division is investigating your complaint of salt contamination of your water supply. During our investigation, we may provide bottled water to residents whose sodium intake is restricted to less than 2000 milligrams (two grams) per day because of documented health problems.

*In order to qualify for bottled water, you must:*

1. Be under a doctor's care for a blood pressure or heart condition.
2. You must be on a 2000 milligrams per day, or less, sodium restricted diet.
3. You must already be purchasing diuretics and low sodium foods and can provide and maintain receipts to document these purchases.
4. You must provide a statement from your physician documenting your restricted sodium intake (see attached "Physicians Documentation Form").
5. You must notify this office of any change in your condition that removes your need for this bottled water.
6. You must certify your request for MassDOT supplied bottled water and have your signature notarized by the Notary Public as follows:

I hereby certify that all the statements and information on and supplied by this request for bottled water are true and complete to the best of my knowledge and belief, and that no information necessary to the resolution of this complaint is withheld.

Resident's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COMMONWEALTH OF MASSACHUSETTS**\_\_\_\_\_  
County\_\_\_\_\_  
City/Town\_\_\_\_\_  
State

On this \_\_\_\_ day of \_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, proved to me through satisfactory evidence of identification, which were \_\_\_\_\_, to be the person whose name is signed on the preceding or attached document and acknowledged to me that he/she signed it voluntarily for its stated purpose.

Before me,

\_\_\_\_\_  
Notary Public  
My commission expires:

If you believe that you qualify for this program, please return this form to:

[Laurene.poland@dot.state.ma.us](mailto:Laurene.poland@dot.state.ma.us) (preferred), or:

Laurene J. Poland  
MassDOT, Highway Division  
Ten Park Plaza, Room 7360  
Boston, MA 02116

If you have any questions, you may contact Cate Kenna, Salt Remediation Program Coordinator, at [Catherine.kenna@dot.state.ma.us](mailto:Catherine.kenna@dot.state.ma.us).



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## ENVIRONMENTAL SERVICES

### PHYSICIAN'S DOCUMENTATION FORM FOR BOTTLED WATER REQUEST

To the Physician:

Because of sodium levels of about \_\_\_\_\_ mg/l (milligrams per liter) in the well of:  
Name: \_\_\_\_\_

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

The Massachusetts Department of Transportation (MassDOT), Highway Division, may provide bottled water containing less than 20 mg/l of sodium to: \_\_\_\_\_ if he/she is required to consume less than 2000 mg of sodium daily, because of documented health problems.

Patient:

Physician:

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

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

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

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

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

1. Has this patient been treated for congestive heart failure? <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Is this patient required to consume only foods that are low in sodium? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you restricted this patient's? daily sodium intake to 1000 milligrams (1 gram) or less? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Should this patient be provided with Bottled water containing less than 20 mg/l of sodium? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you restricted this patient's? daily sodium intake to 2000 milligrams (2 grams) or less? <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Is this patient required to use diuretics? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please notify this office of any change in this patient's condition, which obviates the need for bottled water. Any bottled water provided by MassDOT Highway Division will be purchased through public tax dollars.

**CERTIFICATION**

I hereby certify that all of the statements and information on and supplied with this form are true and complete to the best of my knowledge and belief, and that no information necessary to the resolution of this complaint is withheld.

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail completed form to:

[Laurene.poland@dot.state.ma.us](mailto:Laurene.poland@dot.state.ma.us) (preferred), or:

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