



**Notification under CGS 22a-6u**

Please print or type to complete this form in accordance with the instructions ([DEEP-REM-SEH-INS-500](#)).

If fully completed in accord with the [instructions](#), the information in Parts III and V of this form, with supplemental information as indicated, may meet the statutory requirement to submit a plan or report along with the notification.

Send completed form to:

SIGNIFICANT ENVIRONMENTAL HAZARD PROGRAM  
 REMEDIATION DIVISION  
 BUREAU OF WATER PROTECTION AND LAND REUSE  
 DEPARTMENT OF ENERGY AND ENVIRONMENTAL  
 PROTECTION  
 79 ELM STREET  
 HARTFORD, CT 06106-5127

DEEP USE ONLY		
RemGIS	RemID	SEH#

**\* Part I - Hazard and Site Identification:**

[Connecticut General Statutes (CGS) Section 22a-6u]

Pollution in or threatening a drinking water well:		<input type="checkbox"/>	Surface soil contamination poses potential direct exposure risk [6u(d)]
<input type="checkbox"/>	Contamination is detected in supply well and is above groundwater protection criteria [6u(b)]	<input type="checkbox"/>	Volatile Organic Chemicals in groundwater threaten interior air quality [6u(e)]
<input type="checkbox"/>	Contamination is detected in supply well but is below groundwater protection criteria [6u(c)]	<input type="checkbox"/>	Surface water quality threatened by groundwater contamination [6u(f)]
<input type="checkbox"/>	Supply well is threatened by a groundwater contamination plume above groundwater protection criteria [6u(g)]	<input type="checkbox"/>	Migrating vapors pose an explosion hazard for structures or utility conduits [6u(h)]

\*1. Site identification for parcel with pollution on or emanating from the parcel, causing a significant environmental hazard:

Name of Site					
Address or Location					
City/Town		State	CT	Zip Code	

2. Attach a copy of a topographic map with the site located thereon.

MAP ATTACHED

3. Date Hazard condition(s) discovered: \_\_\_\_\_

4. If due to a recent spill, was spill notification made? YES  NO  / NOT A SPILL

Date		DEEP contact	
Remarks			

5. If due to a UST system release, was DEEP notified? YES  NO  / NOT A UST RELEASE

Date		DEEP contact	
Remarks			

6. For certain conditions only ([see instructions](#)):

Was oral notification to DEEP made [CGS 22a-6u(b), (h), & (f)(2)(A)]? N/A  YES  NO   
 (Drinking water supply well above criteria, explosion hazard, free product breaking out to surface water)

Date		DEEP contact	
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Remarks:

Was verification to TEP client made [CGS 22a-2u(b) & (h)]? N/A  YES  NO   
 (Drinking water supply well above criteria, explosion hazard)

Date		Contact	
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Remarks:

**Part II – Party Identification and Contact Information**

\* 1. Business/person submitting form: *Is this entity/person the site's owner?* YES  NO

Name					
Mailing Address					
City/Town		State		Zip Code	
Business Phone		Ext.		Fax	
Authorized Rep.		Title			
Contact Person		Title			
Contact e-mail^					

2. Owner if not listed above:

Name					
Mailing Address					
City/Town		State		Zip Code	
Business Phone		Ext.		Fax	
Contact Person		Title			
Contact e-mail^					

3. Additional Party for site ([see instructions](#))

NOT APPLICABLE

Name/Firm					
Mailing Address					
City/Town		State		Zip Code	
Business Phone		Ext.		Fax	
Contact Person		Title			
Contact e-mail^					

4. Technical Environmental Professional (TEP) who identified hazard:

CHECK IF NONE

Firm					
Mailing Address					
City/Town		State		Zip Code	
Business Phone		Ext.		Fax	
Contact Person		Title			
Contact e-mail^					

5. Environmental consultant for mitigation or abatement, if not above TEP:

Firm					
Mailing Address					
City/Town		State		Zip Code	
Business Phone		Ext.		Fax	
Contact Person		Title			
Contact e-mail^					

6. Supplemental Information. *If the person submitting this form is not the site owner, describe that person's relationship to the site and its owner. If an entity who is not the site owner will be acting on behalf of the owner to mitigate or abate the hazard condition provide details of this agreement and identify which party will be acting.*

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**Part III - Hazard Information**

\* The law [CGS 22a-6u(j)] requires the significant environmental hazard notification include a description of the nature of the contamination or condition, the location of such contamination or condition, and any steps being taken to abate, remediate or monitor such contamination or condition.

**1. How was the pollutant released?**

<input type="checkbox"/> unknown	<input type="checkbox"/> landfill/wastepile	<input type="checkbox"/> septic system	<input type="checkbox"/> Tank leak: UST <input type="checkbox"/> AST <input type="checkbox"/>
<input type="checkbox"/> spill/dumping	<input type="checkbox"/> burial	<input type="checkbox"/> dry well	<input type="checkbox"/> drums
<input type="checkbox"/> agricultural activity	<input type="checkbox"/> pit	<input type="checkbox"/> lagoon	<input type="checkbox"/> discharge

**2. \*What is the general nature of the contamination?**

<input type="checkbox"/> petroleum/oils	<input type="checkbox"/> non-aqueous phase liquid (free product)	<input type="checkbox"/> metals	<input type="checkbox"/> sodium/salt
<input type="checkbox"/> gasoline	<input type="checkbox"/> volatile organic	<input type="checkbox"/> semivolatile organic	<input type="checkbox"/> cyanide
<input type="checkbox"/> fuel oil/diesel	<input type="checkbox"/> nonchlorinated	<input type="checkbox"/> polyaromatic	<input type="checkbox"/> acid/base
<input type="checkbox"/> nitrate/fertilizer	<input type="checkbox"/> chlorinated	<input type="checkbox"/> pesticide/herbicide	<input type="checkbox"/> PCB
			<input type="checkbox"/> leachate
			<input type="checkbox"/> asbestos
			<input type="checkbox"/> radiation

**3. Threats to Supply Wells**

*If neither impact [CGS 22a-6u(b) nor (c)] or threat [CGS 22a-6u(g)] to a drinking water supply well is identified, skip to question 4.*

CHECK IF NONE

**a. SUPPLY WELL DATA:**

For threats to supply wells, provide detail on the following, if applicable:

- contamination above groundwater protection criteria in a supply well [CGS 22a-6u(b)]:
  - \*supply well test results that identify the hazard (submit within 7 days of discovery.)
  - wells polluted with non-aqueous phase liquid (free product)
- contamination in a supply well below groundwater protection criteria [CGS 22a-6u(c)]:
  - \*supply well test results that identify the hazard
  - required 30-day retest results
- groundwater contamination in a monitoring well above groundwater protection criteria [CGS 22a-6u(g)]:
  - supply well test results for abutters tested in initial 30-day response

Identify affected *and/or* sampled drinking water supply wells.

CHECK IF NONE

Address/Town	Contact Name/Phone	Supply Well Analyses (if any) [List Pollutant, Concentration, and Units]	Sample Reason:		
			Discovery	Resample	Abutter test
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attach additional sheets as needed.

**b. MONITORING WELL DATA:**

\*For a groundwater plume that poses a threat to drinking water wells [CGS 22a-6u(g)], list monitoring well analytical data for substances with concentrations at or above the Groundwater Protection Criteria of the RSRs. CHECK IF NONE

Monitoring Well ID	Pollutant	Concentration (units)	Notes

Attach additional sheets as needed.

- c. For a groundwater plume [CGS 22a-6u(g)], are hydrogeologic data/maps supporting the hazard identification included? YES  NO
- d. Include Well Receptor Survey [CGS 22a-6u(g)(3)] (also include for [CGS 22a-6u-(b)] if available at time of notification):
  - i. Attach a site map/ parcel map indicating the location of the drinking water supply well(s) within 500 feet. MAP ATTACHED
  - ii. Attach an inventory of drinking water wells within 500 feet. INVENTORY ATTACHED
- e. Describe any actions already taken, if any, to inform well users and ensure an alternate supply of safe water to affected receptors. CHECK IF NONE

Attach additional sheets as needed.

- f. Attach a report [CGS 22a-6u(c)(3) and (g)(3)] that, based on any additional testing results that includes proposals, as necessary, for any further action to identify and eliminate exposure to contaminants on an ongoing basis. PLAN ATTACHED

4. For **surficial soil direct exposure risk** [CGS 22a-6u(d)]:

*If none, skip to question 5.*

CHECK IF NONE

- a. \*List analytical data that are the basis for determining that a hazard condition exists.  
(Please list only the highest concentration for each pollutant above hazard criteria.)

Soil Sample Location ID	Pollutant	Concentration (units)	Notes

Attach additional sheets as needed.

b. Delineation of hazard extent:

- i. Attach a site map indicating the specific location and extent [CGS 22a-6u(d)(3)] of the soil contamination that exceeds significant environmental hazard notification thresholds and applicable sampling locations. SITE MAP ATTACHED
- ii. Attach a table or show on the map the sampling data used to determine the extent of the soil that exceed the notification criteria [CGS 22a-6u(d)(3)]. TABLE ATTACHED
- iii.  Extent not yet fully delineated

- c. Distance from release area to nearest property currently used as a residence, school, park, playground, or day care: \_\_\_\_\_ feet

d. Area that exceeds SEH notification thresholds is:

- i. Covered by maintained pavement N/A  YES  NO
- ii. Fenced off from general public N/A  YES  NO
- iii.  No longer exempt from notification because the above conditions previously present are no longer met [CGS 22a-6u(d)(1)(C)], thus notification is required.

e. Identify notification evaluation criterion used ["DEC" means Direct Exposure Criteria]:

- 30x Industrial/Commercial DEC (for industrial commercial use, i.e. non-residential)
- 15x Industrial/Commercial DEC (for metals or PCBs at industrial or commercial properties that are within 300 feet of a current residential use)
- 15x Residential DEC (for current residential use)

- f. Describe interim control actions taken to prevent exposure to the contaminated soil exceeding the SEH notification threshold. CHECK IF NONE

Attach additional sheets as needed.

g. Attach a report [CGS 22a-6u(d)(3)] with recommendations for further action, including a plan, with an implementation schedule, for maintenance and monitoring of interim controls (including pavement or fences) and submittal of annual reports until the significant environmental hazard is certified abated. REPORT ATTACHED

h. Voluntary notification for DEEP approval of abatement report (optional).

This significant environmental hazard condition is exempt from notification under the provisions of CGS 22a-6u(e)(2)(A), (B), or (C) because abatement was completed within 90 days. However, this notification is being voluntarily submitted for approval of the abatement report and certification of hazard abatement.

Date of completion of abatement \_\_\_\_\_

Abatement achieved by:

- removal of soil above notification threshold
- rendering the soil inaccessible as defined in the RSRs
- remediation of the release in accordance with the RSRs

Describe actions taken to remove hazard condition REPORT ATTACHED

5. For **volatilization risk** [CGS 22a-6u(e)]:

*If none, skip to question 6.*

CHECK IF NONE

a. \*List analytical data that are the basis for determining that a hazard condition exists. (Please list only the highest concentration for each pollutant causing a hazard condition.)

Monitoring Well/ Soil Vapor ID	Pollutant	Concentration (units)	Notes

Attach additional sheets as needed.

b. Site Map:

i. \*Attach a site map/ parcel map indicating the location of samples identifying a hazard condition exists, please include buildings within 50 feet of the hazard condition with their use identified. SITE MAP ATTACHED

ii. If available, include on the maps hydrogeologic data or additional sampling that may be available to provide better delineation of the hazard condition. Attach data tables as appropriate. DATA ATTACHED

- c. Identify any reason for delay (pursuant to the law) in submittal of this notification:
- An indoor air monitoring program was implemented [CGS 22a-6u(e)(3)] and this notification is due to a subsequently identified significant environmental hazard as a result of indoor air monitoring data or is due to a failure to complete the full extent of such monitoring.
  - A previously vacant building was reoccupied and the significant environmental hazard is still present.
  - The pollutant for which a significant environmental hazard was identified had been in an OSHA-regulated industrial/commercial use that has now been discontinued.
- d. Describe any interim measures already implemented. CHECK IF NONE   
 (Note: If trichloroethylene was detected DEEP recommends consulting the 2015 Guidance on [Trichloroethylene Developmental Risks](#) in evaluating the site.)

Attach additional sheets as needed.

- e. Attach a plan [CGS 22a-6u(e)(4)] that describes further actions that may be necessary to fully delineate potential at-risk receptors and to identify and eliminate any exposure to contaminants. PLAN ATTACHED

6. For **threats to surface water** [CGS 22a-6u(f)]:

*If none, skip to next part.*

CHECK IF NONE

- a. \*Is this notification for the presence of non aqueous phase liquid? YES  NO

- b. \*List analytical data establishing that the condition exists. CHECK IF NO DATA

Monitoring Well ID	Pollutant	Concentration (units)	Notes

Attach additional sheets as needed.

- c. \*Attach a table and site map showing the specific monitoring locations, analytical data, available hydrogeologic data, and their relationship and distance to the threatened surface water body. MAP ATTACHED

- d. Was a site specific dilution calculation made? YES  NO   
 If yes, attach the calculation on a separate sheet. ATTACHED

- e. Attach a plan [CGS 22a-6u(f)(3)] that describes further actions that may be necessary to fully delineate potential at-risk receptors and to identify and eliminate any exposure to contaminants. PLAN ATTACHED



**Part IV – Additional Information** (optional, except #7 which is required by the law)

1. Voluntary Remediation/ECAF/Property Transfer filings: CHECK IF NONE

Form	Date	Certifying/Verifying/Filing Party	DEEP Determination

2. DEEP staff involved with assessment or remediation of the site: CHECK IF NONE

Time Period	DEEP Section	Name

3. Reports to DEEP Emergency Response and Spill Prevention Division: CHECK IF NONE

Date	UST Release or other spill?	Material Released	Quantity

4. Describe other relevant DEEP permitting or enforcement involvement: CHECK IF NONE

EPA ID#: CT	DEEP-WPC #:	DEEP Inventory #:
RCRA Notifier Status:	RCRA Permit Status:	
Remarks:		

5. What environmental reports exist for the site and are available to DEEP? CHECK IF NONE

Report Type	Date (mo/yr)	Preparer (Firm)	Attached? (Y/N)	Previously submitted?	DEEP Unit to which sent
Phase 1					
Phase 2					
Phase 3					

Do not list routine monitoring reports in this section.

Attach additional sheets as needed.

6. Recurring periodic monitoring:

a. Is this notification the result of data obtained through a periodic, recurring groundwater monitoring program being conducted at the site? YES  NO

b. If yes, please identify the reason for this monitoring and the DEEP unit to which reports are made, if any.

i. Reason: \_\_\_\_\_

ii. DEEP Unit: \_\_\_\_\_

c. DEEP requests that a tabular summary for the location and constituent triggering a hazard notification of historic monitoring data from the past three years is provided to better evaluate future actions that DEEP may prescribe or no action, related to this notification. DATA TABLE ATTACHED

\*7. Identify any *other* affected properties: CHECK IF NONE AFFECTED

Address/Town	Contact Name/Phone	How is Property Affected?

Attach additional sheets as needed.

8. Describe the land use of the site and surrounding area, and identify any sensitive land uses within 1/4 mile of the site (i.e., schools, day care, public water supply wells, wetlands, etc.):

9. Additional comments regarding the hazard condition(s):

Attach additional sheets as needed.

**Part V – Reports, Plans, and Implementation Schedule for Proposed Actions**

\* The law [CGS 22a-6u(j)] requires the significant environmental hazard notification include a description of any steps being taken to mitigate abate, remediate or monitor the contamination or condition. In addition the law provides for submittal (contemporaneously with the notification except for supply wells polluted above criteria) of a report of initial actions taken, as specified by law, and a plan of recommended actions. Completion of this form, accompanied by attachments as necessary for specific hazard conditions, can meet this requirement

CHECK IF PLAN OR REPORT ATTACHED

Provide an implementation schedule for additional evaluation, mitigation or abatement actions:

Action or Step	Completion Date

Attach additional sheets as needed.

Describe the implementation frequency for proposed monitoring and maintenance activity:

Monitoring/Maintenance program	Frequency

Attach additional sheets as needed.

**\* Part VI – Signature of Notifying Party**

“I have personally examined and am familiar with the information submitted in this document and all attachments, and certify that based on reasonable investigation the submitted information is true and accurate to the best of my knowledge and belief. I certify that this form is complete and accurate as prescribed by the Commissioner without alteration of the text.”

Name (print or type)		Title (if applicable)	
Signature		Date	

\* Signifies information required by CGS Section 22a-6u.

^By providing this e-mail address you are agreeing to receive, when permissible under law, official correspondence from the DEEP, at this electronic address, concerning the subject significant hazard. Please remember to check your security settings to be sure you can receive e-mails from “ct.gov” addresses. Please notify DEEP if your e-mail address changes.