



# Harney Domestic Well Remediation Funding Application

The Oregon Water Resources Department's Harney Domestic Well Remediation Fund (HDWF) may reimburse qualifying homeowners in the [Greater Harney Valley Groundwater Area of Concern](#) (GHVGAC) for a portion of the cost to repair or replace and abandon a household water well. The well must provide or have provided household water for homes constructed prior to April 15, 2016. If approved for funding, a homeowner could receive 75% of the cost (up to \$10,000) to repair or replace their well. If the well is replaced, the old well must be abandoned, and an additional \$3,500 may be awarded to cover those costs. Please see the [Guidance for Homeowners](#) document for more information, including how applications will be prioritized for funding.

## To apply for reimbursement funding:

- Download this application and save the PDF form to your computer.
  - If you do not have access to a computer and printer, call us at (503) 779-5763 to request an application packet and we will mail one to you.
  - If you do not have Adobe Reader or other PDF viewer installed on your computer, you may download the latest version free of charge from <http://get.adobe.com/reader/otherversions>.
  - Open the application form on your computer using Adobe Reader or other PDF viewer.
- Complete the application, all fields are required.
- Save and print your completed application.

## Be sure to include the following:

- The completed application form.
- Estimates for all work to be completed.
- Proof of income eligibility (if applicable).
- Evidence regarding risk of well going dry (if applicable).

## Mail the application and required documents to:

Oregon Water Resources Department  
Attention: Harney Well Fund  
725 Summer Street NE, Suite A  
Salem, OR 97301

**Please do not email applications, they will not be accepted in order to protect personal confidential information.**

Have Questions or Need Assistance?

Visit: [www.oregon.gov/owrd/programs/FundingOpportunities/HDWF](http://www.oregon.gov/owrd/programs/FundingOpportunities/HDWF)

Email: [OWRD.well.funding@water.oregon.gov](mailto:OWRD.well.funding@water.oregon.gov)

Call: (503) 779-5763



# Harney Domestic Well Remediation Funding Application

1

## Your Information

Please provide the following information:

<b>Name</b>			<b>Application Number For Office Use Only</b>
<b>Email address</b>			
<b>Phone number</b>			
<b>Property address</b>			
<b>City</b>	<b>State</b>	<b>Zip code</b>	<b>County</b>
<b>Is the property address also your mailing address?</b> Yes    No <i>If you selected no, please provide your mailing address</i>			
<b>Mailing address</b>			
<b>City</b>	<b>State</b>	<b>Zip code</b>	

If you have questions or need assistance to complete this application, please contact us.

### Have Questions or Need Assistance?

**Visit:** [www.oregon.gov/owrd/programs/FundingOpportunities/HDWF](http://www.oregon.gov/owrd/programs/FundingOpportunities/HDWF)

**Email:** [OWRD.well.funding@water.oregon.gov](mailto:OWRD.well.funding@water.oregon.gov)

**Call:** (503) 779-5763

## Income Prioritization Information

Funding will be prioritized for low to moderate income homeowners.

You do not need to be low to moderate income to qualify, but funding will be prioritized for low to moderate income homeowners.

### 1. Do you qualify as a low to moderate income homeowner? Yes No

You meet the definition of low to moderate income if your household gross yearly income (income before taxes or deductions) falls within the range indicated next to your household size:

Household Size	Gross Yearly Income
1	\$0 – \$44,281
2	\$0 – \$59,890
3	\$0 – \$75,498
4	\$0 – \$91,107
5	\$0 – \$106,716

If you selected Yes, please choose how you qualify from the options below and include proof of eligibility with your application. You only need provide proof for one of the following to qualify for this priority:

Qualifying option:	Examples of Proof of eligibility accepted:
<input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP)	No additional proof is required, we will contact the Oregon Housing and Community Services to verify eligibility.
<input type="checkbox"/> Oregon Medicaid (OHP)	A current copy of an eligibility notice or letter.
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	A current copy of an eligibility notice or letter.
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	A current copy of an eligibility notice or letter.
<input type="checkbox"/> Low to Moderate Gross Yearly Household Income (see table below)	<p><b><i>You must submit current documentation for all income:</i></b></p> <ul style="list-style-type: none"> <li>• Entire current federal tax return for every filer residing at the household physical address.</li> <li>• Agency letter showing money received from Social Security, Veteran’s Affairs, Employment Department, or another federal, state, or local agency.</li> <li>• Retirement statement.</li> <li>• Paternity, custody, divorce decree, or support order.</li> </ul>

These grant funds are considered taxable income. You will receive a 1099G form for the year your reimbursement is processed. Program participants are responsible for understanding any tax implications as a result of accepting this funding. OWRD cannot provide tax advice. For additional information, contact the IRS or a tax professional.

2. If you selected low to moderate gross yearly income above, please fill out the table below to identify the members in your household and their yearly gross income. "Household" means all individuals who reside at your home's physical address, including all family members and roommates who are not related and not part of a separate lease agreement. If there are more than 8 members in your household, please attach a separate page.

	Name	Yearly gross income	Relationship to applicant
1.			Self
2.			
3.			
4.			
5.			
6.			
7.			
8.			

**Please note:** By applying, you agree to provide proof of income with additional documentation upon request. If, during the evaluation of your application, or after you have received the assistance, it is determined that you provided false information in your application, false income, or documentation, or if you do not provide supporting information upon request, your application will not be approved.



## Property Ownership

Funding will be prioritized for owner-occupied homes.

Please answer the following questions about your property to establish funding priority.

Option 1 – Owner Occupied	Option 2 – Rental Property
<input type="checkbox"/> I own the property and live there full-time.	<input type="checkbox"/> I own the property, but I rent it to someone else who lives there full-time

3. How many individuals live at the home(s) that the well supplies water for? \_\_\_\_\_

4. Was your home constructed prior to April 15, 2016?  Yes  No

5. When did you purchase the property or become the property owner of record?

Note: you must have owned the property for one year prior to applying for funding.

Month \_\_\_\_\_ Year \_\_\_\_\_

## 4

## Well Condition

Funding will be prioritized for wells that are currently unable to sustain the household's needs for drinking, culinary, washing, bathing, and other household needs.

Please answer the following questions about your well and well system.

6. Do you have the [Well Report #](#), or copy of your well log?  Yes  No

If you selected "Yes", list the Well Report or well log number. HARN \_\_\_\_\_.

If you have the well report or well log, please include a copy with your application.

7. Does your well have a tag on it?  Yes  No

If you selected "Yes", list the well tag number. L-\_\_\_\_\_.

8. Please provide the following information about your well (if known):

a. Depth of Well: \_\_\_\_\_

b. Well Diameter: \_\_\_\_\_

9. Is the well on your property?  Yes  No

10. Is this a shared well?  Yes  No

If it is a shared well, please provide a copy of the shared well agreement.

11. Does your property have access to a public water system or another source of water?

Yes  No

12. Has the work to repair or replace your well already been completed?  Yes  No

If yes, please note work completed prior to September 25, 2021, is not eligible for reimbursement.

a. If you selected "Yes", was the well able to supply enough water for your household's needs in the 12-months prior to the work?  Yes  No

b. If you selected "No", in the past 12-months, has your well been able to supply enough water for your household's needs:  Yes  No

If you selected "No", then submit a [Dry Well Reporting Form](#) (If you need assistance completing this, please call 503-779-5763).

13. If you selected "No" in question 12 a or b, when did the well stop supplying enough water for your household?

Month \_\_\_\_\_ Year \_\_\_\_\_

14. If you selected "Yes" in question 12 b, do you feel your well is at risk of going dry?

Yes  No

If you selected "Yes", please describe why you feel your well is at risk of going dry in question 15 below. If you have evidence to support your concern, please attach it to the application.

**15. Please describe the current situation with your well.**

- If your well is currently dry or severely declining, please include information about the issues with your well. Please describe **how much** water your well is able to supply, **how long** can you use your water before your well goes dry, and if known, **how many gallons** per minute your well provides. If your pump has been lowered, please also describe **how far** the pump was lowered and if it is currently at or near the bottom of the well.
- If you have already repaired or replaced your well, please describe what led to your decision to complete the work. **How much** water was your well supplying before the work was completed, **how long** could you use the water before the well went dry, and what (if any) alternatives did you try before having the work completed?
- If you feel your well is at risk of going dry, please describe why you feel your well is at risk.



## Cost Estimate & Eligible Costs

Please attach cost estimates for all necessary work.

### 16. Please see the definitions in right sidebar.

**What are you requesting funding for (choose all that apply)?**

- To repair my well (75% up to \$10,000)
- To replace my well (75% up to \$10,000)
- To abandon my well (100% up to \$3,500)

If you replace your well and the existing well does not meet current construction standards, you will be required to abandon it. If you would like to retain the existing well, include a copy of the well log and a letter of request to retain the old well with your application.

#### Definitions

**Abandon** - Permanently abandon a well and remove it from service as defined in 690-200-0050 (1).

**Repair** - To restore the condition of an affected household water supply well or components of the well system for drinking, culinary, washing, bathing, or household uses. Repair includes but is not limited to deepening.

**Replace** - Means installation of a new water supply well for household purposes that replaces an existing affected water supply well used for household purposes when repair is not appropriate as determined by OWRD.

### 17. Please attach the estimated costs to abandon, repair, or replace your well. Please fill out the table below to identify estimated costs for the following items:

Type of Work	Estimated cost	Estimate Attached?
Drilling		<input type="checkbox"/> Yes <input type="checkbox"/> NA
Electrical		<input type="checkbox"/> Yes <input type="checkbox"/> NA
Plumbing		<input type="checkbox"/> Yes <input type="checkbox"/> NA
Pump		<input type="checkbox"/> Yes <input type="checkbox"/> NA
Abandonment		<input type="checkbox"/> Yes <input type="checkbox"/> NA
Other		<input type="checkbox"/> Yes <input type="checkbox"/> NA
<b>Total Cost</b>		

Please attach a copy of the estimates to your application. If you are replacing your well, you must provide an estimate to **abandon** your existing well.

If your work has already been completed, please enter the actual cost above and attach the invoices or receipts instead of estimates.

If approved for funding, a homeowner could receive 75% of the cost (up to \$10,000) to repair or replace their well. If the well is replaced, the old well must be abandoned, and an additional \$3,500 may be awarded for those costs. Please see the [Guidance for Homeowners](#) document for more information.

➤ **Eligible costs include work and materials associated with and necessary to abandon, repair or replace eligible wells. This work may include:**

- Work by a driller licensed in Oregon to repair, replace or abandon a domestic well
- A pressure tank
- A replacement pump
- A storage tank
- Electrical wiring and work to connect the pump to power source (must be licensed professional)
- Plumbing necessary to connect well to home (must be licensed professional)

➤ **Costs not eligible for reimbursement:**

- Electrical or plumbing to out-buildings or non-residential structures, to landscaping, or within the residence
- Fencing
- Homeowner or family labor
- Landscaping costs / wells used solely for irrigation
- Maintenance of any kind
- Road construction expenses
- Water filtration or treatment systems
- Water quality testing
- Well/pump house construction or reconstruction
- Work completed by unlicensed driller, plumber, etc.



## Affirmation and Signature

I agree, under penalty of perjury, to the following statements:

*You must **initial** next to each statement.*

- \_\_\_\_\_ My household water supply well is located within the [Greater Harney Valley Groundwater Area of Concern](#) and the water well replaced or repaired will serve household purposes at the residence at the address listed above.
- \_\_\_\_\_ I understand that completing this application does not immediately approve me for Harney Domestic Well Remediation funding.
- \_\_\_\_\_ I am not applying for or receiving funding from any other well funding assistance program or any other OWRD well funding program. I have not received funding from home insurance, or any other source of funding such as other grants, city, local, state, federal, or non-profit funding for the same expenses for which I am seeking funding.
- \_\_\_\_\_ I understand that the Harney Domestic Well Remediation Funding is limited to 75% of the cost to repair or replace my well up to a maximum of \$10,000 and a maximum of \$3,500 for abandonment. I am responsible for any additional costs necessary to repair or replace and abandon the well.
- \_\_\_\_\_ I understand that Harney Domestic Well Remediation Funding is taxable income and OWRD will report all payments as income to the Internal Revenue Service.
- \_\_\_\_\_ I agree to allow OWRD access to the property and shall cooperate in the following:
- 1) a **pre-inspection** to confirm the well type, location, condition of the well or well components, and that the proposed work to abandon, repair, or replace the well is eligible.
  - 2) a **post inspection** (after work is completed) to verify that the approved work was conducted and that the work complies with OWRD standards, and to document the current condition of the well; and
  - 3) other inspections by OWRD that may be requested with sufficient prior notice.
- \_\_\_\_\_ I am not involved in an unresolved Oregon Water Resources Department (OWRD) regulation order, notice of violation, or well construction compliance violation.
- \_\_\_\_\_ I understand and have advised the licensed well contractor that all well construction work must be conducted in accordance with Oregon well construction standards (OAR 690-200 through 690-240) to be eligible for funding.
- \_\_\_\_\_ I understand that a replacement well shall be constructed in a manner consistent with the original affected well's diameter and shall not exceed the diameter of the original affected well except where the original well is less than six inches, the replacement well may exceed the original affected well's diameter but shall not exceed six inches.
- \_\_\_\_\_ I have reviewed the information provided and attest that to the best of my knowledge nothing has been omitted or misrepresented on this application and to the best of my knowledge that the information provided in this application is correct.

# Applicant Consent and Release of Information

By signing, you attest that the information provided is true, correct, and authentic. You grant permission to OWRD or its designated agent to verify any or all information contained herein with respect to this application for funding.

Furthermore, you acknowledge that if the document content has been altered, or the Household size falsified, funding shall be returned to OWRD and OWRD may pursue appropriate legal action against you. Additionally, if you selected LIHEAP in question 1, you authorize the Oregon Housing and Community Services Department to confirm with OWRD that you are receiving benefits from the LIHEAP program.

<b>Applicant Name (Printed)</b>		<b>Social Security Number or Tax Identification Number</b>	
<b>Property address</b>			
<b>City</b>	<b>State</b>	<b>Zip code</b>	
<b>Mailing address (if different than Property Address)</b>			
<b>City</b>	<b>State</b>	<b>Zip code</b>	
<b>Applicant Signature</b>		<b>Date</b>	



## STOP! DID YOU DO THE FOLLOWING?

(please check each box)

- Attach Income Prioritization proof (such as entire Federal Tax Return, or eligibility letter or notice from Medicaid, SNAP, or TANF)?
- Complete a [Dry Well Reporting Form \(if well is unable to sustain household needs\)](#).
- Attach cost estimate(s) from a licensed well contractor for **all** proposed work.
- If drilling a new well, attach an estimate to **abandon** your old well?
- Initial**, sign and date **pages 8 and 9**.

**Please mail the application and required documents to:**

Oregon Water Resources Department  
Attention: Harney Well Fund  
725 Summer Street NE, Suite A  
Salem, OR 97301

**Please do not email applications, they will not be accepted.**