




Water Well Abandonment, Repair, and Replacement Funding Application

The Water Well Abandonment, Repair, and Replacement Fund provides funding to permanently abandon, repair or replace affected wells used for household purposes in areas recently impacted by drought or wildfire. Funding is currently available to qualifying low-to-moderate income households. Please see the [Guidance for Homeowners](#) document for more information.

To apply for funding:

1. Download  this application and save the PDF form to your computer.

If you do not have Adobe Reader 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.

Complete the application, all fields are required.

Save  and print  your completed application.

2. If you do not have access to a computer and printer, call us at (503) 779-5763 to request an application form and we will mail one to you.


Once you receive the form, complete the application below, all fields are required.

3. Collect all required documents, including a cost estimate from a licensed well constructor.

4. Mail the application **and** required documents to:



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

 *To ensure that your personal information is secure, all applications must be mailed until a secure web portal is available.*

Questions or Need Assistance?

Call: (503) 779-5763

Email: OWRD.Well.Funding@water.oregon.gov

Visit: <https://www.oregon.gov/owrd/programs/GWWL/WARRF/Pages/default.aspx>

Water Well Abandonment, Repair, and Replacement Funding Application

1

Your Information

Please provide the following information.

County		Application Number-For Office Use Only	
Name		Co-Applicant name <i>(if applicable)</i>	
Phone number		Co-Applicant phone number <i>(if applicable)</i>	
Email address		Co-Applicant email address <i>(if applicable)</i>	
Property address			
City	State	Zip code	
Is the property address also your mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you selected no, please provide your mailing address</i>			
Mailing address			
City	State	Zip code	

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

If you need translation services to complete this application, please contact us.

Si necesita servicios de traducción para completar esta solicitud, comuníquese con nosotros.

Questions or Need Assistance?

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2

Income Eligibility

Funding is currently available for low to moderate income households.

There are three ways to establish income eligibility. Choose how you qualify below.

1a. You qualify if you are determined eligible in this Oregon Housing and Community Services program: *(Check if applicable)*

- Low Income Home Energy Assistance Program (LIHEAP)



Complete and attach a signed [Option 1a. Income Eligibility Form](#)

OR

Complete section 1b ONLY if you do are not qualifying through the program in section 1a.

1b. You qualify if you are determined eligible in certain Oregon Department of Human Services or Oregon Health Authority programs: *(Check the applicable program)*

- Supplemental Nutrition Assistance Program (SNAP)
- Oregon Health Plan (OHP) (Medicaid)
- Children's Health Insurance Program (CHIP) *(This option is available only for households consisting of six or fewer people)*
- Temporary Assistance for Needy Families (TANF)



Complete and attach a signed [Option 1b. Income Eligibility Form](#)



Attach a copy of an Eligibility Notice for the program you selected.

OR

Complete section 1c ONLY if you are not qualifying through programs in sections 1a or 1b.

1c. You are eligible if you can prove qualifying household income. To qualify, your Household Gross Yearly Income must fall within the range indicated next to your Household Size as listed in [Option 1c. Income Eligibility Form](#). A "Household" means all individuals who reside in the place of residence, including all family members and roommates who are not related and not part of a separate lease agreement.

- Check if using Option 1c.



Complete and attach a signed [Option 1c. Income Eligibility Form](#)



Attach Oregon Department of Revenue tax transcript(s) (Form OR-40) as described in the [Option 1c Income Eligibility Form](#). To order tax transcript(s) please call the Department of Revenue at 503-378-4988 or visit any Oregon Department of Revenue location in person.

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Property Eligibility

Funding is currently available if your household well is in an area recently impacted by drought or wildfire.

Please answer the following questions about your property to establish eligibility.

2. Is your primary residence owner occupied and, in an area recently impacted by wildfire or drought? (Check all that apply)

- Wildfire** - My primary residence is owner occupied and within a 2020 or 2021 wildfire perimeter area (Check the [OSU Extension Wildfire Map](#) to confirm)
- Drought** - My primary residence is owner occupied and, in an area recently impacted by drought and located in either (Check one):
 - A Governor Declared Drought area and I have submitted a [Dry Well Reporting Form](#)
 - An area on the [Secretarial Disaster Designations for Drought](#) within 6 months prior to submitting an application and I have submitted a [Dry Well Reporting Form](#)

3. Select the option that describes your property ownership and current residential status. To be eligible for funding, all the following statements in either A or B must apply.

A	B
<input type="checkbox"/> I am either listed as borrower on the mortgage of the property or listed on the property deed	<input type="checkbox"/> I am either listed as borrower on the mortgage of the property or listed on the property deed
<input type="checkbox"/> The property is owner occupied	<input type="checkbox"/> I am not currently living on the property due to being displaced by wildfire impacts (You must have indicated in question 2 that the property is within a wildfire area)
<input type="checkbox"/> The property is my primary residence	

4. To be eligible for funding, you must have owned your home by one of the following dates.

Please check which of the following statements applies to you.

- If in a wildfire area, I was the property owner of record prior to the date of the wildfire
- If not in a wildfire area, I was the property owner of record prior to January 1, 2021

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

Month _____ Year _____

4a

Well Eligibility and Cost Estimate

Funding is currently available for abandonment, repair, and replacement of affected wells used for household purposes in areas recently impacted by drought or wildfire.

A water supply well used for household purposes means a water supply well that is connected to a residential dwelling for the purpose of supplying water for drinking, culinary, washing, bathing, or household uses and is not a public water supply.

An eligible well is an affected household water supply well, or components of the well system, is one in an area recently impacted by drought or wildfire whose condition is unable to supply water for drinking, culinary, washing, bathing, or household uses.



Attach a cost estimate from a licensed well contractor to this application.

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

6. Does your property have access to a Public Water System or an alternate source of water? You are not eligible for funding to repair or replace your household well if you have access to other sources of water. You are eligible for funding to abandon your household well if you have access to another source of water.

My property does not have access to a Public Water System or an alternate source of water **AND** my property only has one water supply well available for household purposes

Check here if you do not meet the above criteria but are seeking funding to permanently abandon your household well.

7. Have you submitted a [Dry Well Reporting Form](#)? Yes No *(You are required to report your well if you selected **Drought** in Question 2. You do not need to attach your submitted form with your application.)*

8. What is the approximate date your well went dry?

Month _____ Year _____

9. Is the well on your property? Yes No

10. What is the current condition of your well or water supply?



Well Eligibility and Cost Estimate

Funding is currently available for abandonment, repair, and replacement of affected wells used for household purposes in areas recently impacted by drought or wildfire.

Please answer the following questions about your well and well system. (Continued from previous page.)

11. Please see the definitions and funding limit in the right sidebar. What are you requesting funding for? (Check all that apply) If you plan to replace your well, you must also abandon your existing well.

- To abandon my well
- To repair my well **OR** To replace my well

Funding Limit

There is a \$40,000 funding limit per applicant

12. Do you have the [Well Report](#) #, or copy of your well log?

- Yes No

If you selected Yes, list Well Report number. _____



Or, Provide a copy of your well log

Definitions

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

Repair - Means to implement actions necessary 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 a licensed water supply well constructor or OWRD.

13. Please provide the following information about your well (if known): Depth of well: _____

Diameter of well: *(Attention: A replacement well eligible for funding shall not exceed the diameter of affected well, except when expressly permitted. See Guidance for Homeowners)* _____

Type of pump: _____

Current well yield: _____

14. Funding requested: \$ _____



Provide a cost estimate from a [licensed well constructor](#) to complete the proposed work (abandon, repair, or replace your well). If you plan to replace your well, please also include a cost estimate to abandon your existing well.

See the [Guidance for Homeowners](#) for the list of eligible and ineligible costs. 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.



Affirmation and Signature

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

You must initial next to each statement.

_____ I have read the above and attest that my household water supply well, or components of the well system, is one in an area recently impacted by drought or wildfire whose condition is unable to supply water for drinking, culinary, washing, bathing, or household.

_____ 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 am not applying for or receiving funding from a county 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 am not involved in an unresolved Oregon Water Resources Department (OWRD) regulation order, notice of violation, or well construction compliance violation.

_____ I understand that completing this application does not immediately approve me for Water Well Abandonment, Repair, and Replacement funding. I will be notified in writing of my application status.

_____ 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.

_____ I attest that the water well to be developed will serve the residence at the address listed above for household purposes.

_____ 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.



Affirmation and Signature

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

You must initial next to each statement and sign below.

_____ I grant permission to OWRD or its designated agent to verify any or all information contained herein with respect to this application for funding.

_____ If granted funding, I agree to allow OWRD access to the property and shall cooperate in:

- 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.

Signature of Applicant

Date

Signature of Co-Applicant

Date