



Oregon Water Resources Department
Water Measurement Cost Share Program Revolving Fund
Funding/Reimbursement Application

1. Project Information

Project Name:					
Contact Person:					
Mailing Address:					
City, State:		Zip:		County:	
Phone:		E-mail:			

2. Project Description

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4. Project Owner	Applicable Expenses	State Portion	Applicant Portion
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Equipment (Measurement Devices, e.g. Meter)			
Materials, Installation, and In-Kind Contribution			
Total Costs:			

☐ I have enclosed copies of receipts and relevant documentation

Select one: ☐ Payment to Vendor ☐ Reimbursement to Applicant

4. Project Owner	(Same as above)	<input type="checkbox"/>
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Name:			
Mailing Address:			
City/State/Zip:			
Phone:		E-mail:	

FOR OFFICE USE ONLY

WATERMASTER INFORMATION				WRD Application:	
District#:		Checked by DWM	<input type="checkbox"/>	Date Received:	
<input type="checkbox"/> Surface Water	<input type="checkbox"/> Groundwater	<input type="checkbox"/> Water Meter		Reviewed By:	
Other:				PCA:	
Certificate#:		Permit#:		OBJECT:	
Well Log ID:		Well Tag#:		PROJECT:	
Region Manager Signature:				LAT:	LONG:

5. Project Owner Statement

1. I certify that I have the authority to enter into this agreement with the State of Oregon through its Department of Water Resources on matters relating to the Water Measurement Cost Share Program and have the authority to grant access to Oregon Water Resources Department to enter the premises where the equipment or device is located for the duration of this Program.
2. I certify that the information on his application is correct and I am the owner and/or holder of the associated water right. I have complied with all conditions of the Preliminary approval and all related laws and regulations. I grant to the Oregon Department of Water Resources permission to inspect the project and access to the equipment for the purpose of data collection. I understand that failure to grant an inspection is grounds for revoking the Reimbursement and that the return of any furnished equipment and immediate repayment of any Reimbursement for the equipment purchase and installation under this Program would be required.
3. I understand that Oregon Water Resources Department's approval of my project is for carrying out the provisions of ORS 536.021 and data collection purposes only. The Oregon Water Resources Department does not guarantee or in any way ensure the performance of any equipment, the quality of any system or the reliability of any dealer or installer.
4. I will comply with the provision that the equipment or device must operate in accordance with the representation made in the Project Application. I understand that I must inform the Oregon Water Resources Department in writing within 30 days and before any equipment, devices, water rights, ownership, or access to device location is sold, traded or disposed of in some way, or if the term of a leased premises ends.
5. I certify that the project complies with all local, state and federal requirements and that I obtained all necessary permits.
6. I understand that this application is a public record and that Oregon Water Resources Department may be required by law to disclose information in this application to the public on request in accordance with the Oregon Public Records Law.
7. I understand that the Oregon Water Resources Department does not endorse any company or entity that requests information on this application and does not sell information as a mailing list.
8. I hereby release the State of Oregon and its commissions, agencies, officers, employees, contractors, and agents, and agree to defend and indemnify the foregoing from and against any claims, demands, or costs (including attorney and expert witness fees at trial and on appeal) arising from or in any way related to the Oregon Water Resources Department's approval or failure to approve any project or application, or any party's inability to obtain approval for cost reimbursement.
9. I understand that the sum of all financial incentives for this project and the reimbursement amount cannot exceed the total eligible project cost.
10. I verify that the project owner does not restrict membership, sales, or services on the basis of race, color, creed, religion, national origin, sexual preference or gender.

☐ **I have read and agree with the Project Owner Statement of the Project Application and the Reimbursement.**

Printed Name: _____

Signature: _____ Date: _____

Please send all application material to the Oregon Water Resources Department
Measurement Cost Share Program
725 Summer St. NE, Suite A
Salem, OR 97301-1271
OWRD.OB_REQ@water.oregon.gov