

Submit completed application to: (choose one)

Mail: Domestic Well Safety Program 800 NE Oregon Street, Suite 640
Portland, OR 97232

Email: Domestic.Wells@dhsoha.state.or.us

Domestic (private) well testing voucher application

Lower Umatilla Basin Groundwater Management Area

This is an application to receive a free well water testing voucher for domestic (private) wells in the Lower Umatilla Basin Groundwater Management Area (LUBGMWA) of Morrow and Umatilla counties.

For help completing the well assessment or for other questions, email domestic.wells@dhsoha.state.or.us or call 971-673-0440.

Disclaimer: Water quality test results will be shared with Oregon Health Authority and become part of the public record. OHA will use this information to track and distribute testing vouchers. OHA shall keep names and addresses confidential to the extent permitted by law if you request that by checking the box below.

By checking the box below:

I am requesting that OHA keep my name and address confidential to the extent permitted by law. OHA will use this information as necessary for voucher tracking and distribution. (A response is required)

Yes, I am requesting that OHA keep my *name and address* confidential to the extent permitted by law.

No, I am not requesting that OHA keep my name and address confidential.

Eligibility questions: Responses determine if you are eligible to receive a State-issued voucher.

Does your household rely on a private well for things like drinking, bathing, cooking and washing dishes?

(A response is required)

Yes

No

Is your property located within the Lower Umatilla Basin Groundwater Management Area of Morrow or Umatilla counties? (Note: If you don't know, please select "unsure" and OHA will contact you for assistance.) (A response is required)

Yes, my property is within the Lower Umatilla Basin Groundwater Management Area.

No, my property is not within the Lower Umatilla Basin Groundwater Management Area.

Unsure

Does the property use a private well, or is it part of a public water system? (A response is required)

The well is private. I own or rent the property and the well.

The well is part of a public water system. I pay a water bill. (application is not eligible)

Unsure

Has Morrow County Health Department or Umatilla County Public Health tested your well for nitrate within the last 12 months? (A response is required)

Yes, Morrow County Health Department tested my well for nitrate.

Yes, Umatilla County Public Health tested my well for nitrate.

No, the counties did not test my well for nitrate.

Unsure

Lower Umatilla Basin Groundwater Management Area (LUBGWMA) Boundary Map

Applicant and Well Information: Responses will be used for voucher distribution and tracking.

Your contact information: *(A response is required)*

Name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____ County: _____

Email: _____ Phone number: _____

Well Address (if different from mailing address)

Address: _____

City: _____ State: _____ Zip: _____

Preferred method of contact

Email Mail Phone

Comments *(please specify)*: _____

Well label/tag number (L-#####). Wells built after 1996 should have a metal well tag on or near the wellhead. If your well tag is missing or damaged or if a well tag has never been assigned, contact the Oregon Water Resources Department at 503-986-0854 to apply for one. Skip this question if you do not have this number.

Well log number. This is a combination of county name and numbers; for example, a well log in Marion County could be MARI-12345. You can find this number on the Oregon Water Resources Department website (<https://go.usa.gov/xArzD>). Tip using the website: click on "Find T-R-S by Address". Enter the property address and click "search". Skip this question if you do not have this number.

Does your household share a well with another property?

Yes No Unsure

Please enter contact names and phone numbers or email addresses for all households served by this well.

Enter "N/A" if this is your primary residence.

Contact	Name	Phone number	Email address
1			
2			
3			

How many people are in your household?

1 3 5 Other *(please specify)*

2 4 6 _____

Race, Ethnicity Language and Disability (REAL D) Questions: These questions are optional, and your answers are confidential. We would like you to tell us your race, ethnicity, language and ability levels so that we can find and address health and service differences. Responses will also help us to prioritize voucher if demand exceeds supply. If you would like to provide this information, please complete the REAL D form on the following page.

Note: You must sign the document at the end of the application even if you opted not to answer the REAL D questions.

Race and Ethnicity

1. How do you identify your **race, ethnicity, tribal affiliation, country of origin, or ancestry**?

2. Which of the following describes your **racial or ethnic identity**? Please check **ALL** that apply.

Hispanic and Latino/a/x

- Central American
- Mexican
- South American
- Other Hispanic or Latino/a/x

Native Hawaiian and Pacific Islander

- CHamoru (Chamorro)
- Marshallese
- Communities of the Micronesian Region
- Native Hawaiian
- Samoan
- Other Pacific Islander

White

- Eastern European
- Slavic
- Western European
- Other White

American Indian and Alaska Native

- American Indian
- Alaska Native
- Canadian Inuit, Metis, or First Nation
- Indigenous Mexican, Central American, or South American

Black and African American

- African American
- Afro-Caribbean
- Ethiopian
- Somali
- Other African (Black)
- Other Black

Middle Eastern/North African

- Middle Eastern
- North African

Asian

- Asian Indian
- Cambodian
- Chinese
- Communities of Myanmar
- Filipino/a
- Hmong
- Japanese
- Korean
- Laotian
- South Asian
- Vietnamese
- Other Asian

Other Categories

- Other (*please list*)
- Don't know
- Don't want to answer

3. If you checked **more than one** category above, is there **one** you think of as your **primary** racial or ethnic identity?

- Yes. Please circle your primary racial or ethnic identity above.
- I do not have just one primary racial or ethnic identity.
- No. I identify as Biracial or Multiracial.
- N/A. I only checked one category above.
- Don't know
- Don't want to answer

Language (*Interpreters are available at no charge*)

Please skip to question 7 if you/the person is under age 5

4. What language or languages do you use at home? _____

Skip to question 7 if you indicated English only

5a. What language would you prefer to use when communicating (in person, phone, virtually) with someone outside the home about important matters such as medical, legal, or health information?

5b. What language would you prefer to use to read important written information such as medical, legal, or health information?

Skip to question 7 if you do not use a language other than English or sign language

6. How well do you speak English?

- Very Well Well Not Well Not at all Don't know Don't want to answer

Your answers will help us find health and service differences among people with and without functional difficulties. Your answers are confidential. (**Please write in "don't know" if you don't know when you acquired this condition, or "don't want to answer" if you don't want to answer the question.*)

Yes	*If yes, at what age did this condition begin?	No	Don't know	Don't want to answer	Don't know what this question is asking
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7. Are you **deaf** or do you have **serious difficulty hearing**?

8. Are you **blind** or do you have **serious difficulty seeing**, even when wearing glasses?

Please stop now if you/the person is under age 5

9. Do you have **serious difficulty walking or climbing stairs**?

10. Because of a physical, mental or emotional condition, do you have **serious difficulty concentrating, remembering or making decisions**?

11. Do you have **difficulty dressing or bathing**?

12. Do you have **serious difficulty learning how to do things most people your age can learn**?

13. Using your **usual (customary) language**, do you have **serious difficulty communicating** (*for example understanding or being understood by others*)?

Please stop now if you/the person is under age 15

14. Because of a **physical, mental or emotional condition**, do you have **difficulty doing errands alone** such as visiting a doctor's office or shopping?

15. Do you have **serious difficulty** with the following: **mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations**?

By entering my name below: (signature required)

- I agree that all of the information provided in the application is correct to the best of my knowledge.
- I agree, that if granted a voucher, I will only use it one time for the well address provided in this application.
- I electronically sign this application.

Signature _____