



Well Abandonment, Repair, and Replacement Funding Application

The Oregon Water Resources Department’s (OWRD) Well Abandonment, Repair, and Replacement Fund (WARRF) may reimburse qualifying homeowners for the cost to abandon, repair, or replace a dry or severely declining well or a well that was damaged or destroyed by wildfire. The well must have provided household water for individual households, or members of a federally recognized tribe in Oregon. If approved, WARRF will reimburse the applicant for associated well expenses. The applicant is responsible for initially paying for the work. Please see the [Guidance for Homeowners](#) document for more information. This funding is a grant not a loan, and the applicant will not need to pay the money back.

To apply for reimbursement funding:

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

Be sure to include the following:

- The completed application form
- Proof of income eligibility
- Estimates for all work to be completed

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

Oregon Water Resources Department
Attention: 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.

Questions or Need Assistance?

Call: (503) 779-5763

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

Visit: owrd.info/warrf



Well Abandonment, Repair, and Replacement Funding Application

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Your Information

Please provide the following information:

Name			Application Number For Office Use Only
Email address			
Phone number			
Property address			
City	State	Zip code	County
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?

Call: (503) 779-5763

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

Visit: owrd.info/warrf

Income Eligibility Information

Funding is currently available for low to moderate income households.

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
6	\$0 – \$122,324
6+	For each additional household member above 6, add \$15,609.

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

Proof of Eligibility	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	<p><i>You must submit documentation for all income:</i></p> <ul style="list-style-type: none"> • Entire current federal tax return for every filer residing at the household physical address. • Agency letter showing money received from Social Security, Veteran’s Affairs, Employment Department, or another federal, state, or local agency. • Retirement statement. • Paternity, custody, divorce decree, or support order.

Please note: These grant funds are taxable income for the recipient. You will receive a 1099-G 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 chose “Low to Moderate Gross Yearly Household 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 the household’s physical address, including all family members and roommates who are not related and not part of a separate lease agreement. Further, you attest that this declaration of household size is true and correct. 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.			

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 later determined that you provided false information in your application, false income, or documentation, or if you do not provide supporting information when later requested, your application will not be approved, or, if funded, you may be subject to criminal prosecution or civil action.

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Property Information

Funding is available if your household well is dry or severely declining or was damaged or destroyed by wildfire.

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

3. Please indicate if your well is dry (or severely declining) or was damaged or destroyed by wildfire.

For each option, please also select the statements that describe your property ownership and current residential status. *(Check all that apply)*

- Dry Wells** - I have submitted a [Dry Well Reporting Form](#) (required) (If you do not have access to a computer and would like help completing this, please call 503-779-5763).
- I own the property and live there full-time.
- I was the property owner of record **1 year** (365 days) prior to WARRF application date.
- I do not own additional properties.
- Wildfire** - My well or well components were damaged or destroyed by a recent wildfire.
- I own the property and live there full-time.
- I own the property, but I am not currently living on the property due to being displaced by wildfire impacts.
- I was the property owner of record prior to the wildfire.
- I do not own additional properties.

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

Month _____ Year _____

Property owners are listed on the property deed or as a borrower on the mortgage. You may also be considered an owner if the property is owned by a trust and you are the beneficiary or trustee. If the property is owned by a trust, please provide a copy of the trust documentation with your application.

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Well Information

Funding is only available for wells that do not 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.

5. **Does your property have access to a Public Water System, an alternate source of water, or is more than one water supply well available for household purposes?** Yes No

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

If you selected Yes, list Well Report or well log number. _____ - _____.

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 well tag number. L- _____.

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

Depth of well: _____

Well Diameter: _____

9. **For wells impacted by wildfire, did your system include a water filtration or conditioning system prior to the fire?** Yes No

If yes, you may include the cost for replacement in your request. Please include the cost under "other" on in question 16 and attach an estimate for replacement.

10. **Is the well on your property?** Yes No

11. **Is this a shared well?** Yes No

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

12. **How many individuals live at the home(s) that the well supplies water for?** _____

13. **When did your well stop supplying enough water for your household needs?**

Month _____ Year _____

14. Please describe the current condition of your well.

Please include information about the issues with your well. Please describe **how much** water your well is able to supply, **how long** you can use the water before the 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.

Cost Estimate & Eligible Costs

Please attach cost estimates for all necessary work.

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

15. Please see the definitions the right sidebar.

What are you requesting funding for?

(Check only one)

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

If you replace your well, you will typically be required to abandon the existing well. If the existing well meets current construction standards, OWRD may authorize you to retain the existing well. 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. You must still submit an abandonment estimate with the application even if you are requesting to retain the old well.

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 OWRD.

16. 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
Total Cost		

- Please attach a copy of the estimates to your application.
- Work cannot be completed prior to your application being approved.
- If you are replacing your well, you must provide an estimate to **abandon** your existing well.
- Grants will be approved for a set funding amount up to \$40,000 based on estimated costs. You are responsible for any costs in excess of your grant.

The Well Abandonment, Repair, and Replacement Fund (WARRF) may reimburse up to \$40,000 to qualified homeowners to permanently abandon, replace, or repair a well used for household purposes.

The homeowner will not be reimbursed for any costs above the funding limit or costs identified as ineligible.

Eligible costs

- Costs including work and materials associated with and necessary to permanently abandoning eligible wells in accordance with [690-210](#), [690-215](#), and [690-220](#)
- [OWRD Start Card fee](#)
- [OWRD Groundwater use registration fee](#)
- Costs including work and materials associated with and necessary to abandon, repair, or replace eligible wells include:
 - Annular seal
 - Casing
 - Drilling
 - Electrical necessary to connect the pump to a power source (must be licensed professional)
 - Liner
 - Mobilization
 - Perforating and/or removing casing
 - Pitless adapters
 - Plumbing necessary to connect the well head to the residence (must be licensed professional)
 - Pressure tank
 - Pump
 - Seal material to abandon well
 - Storage tank
 - In the case of a well affected by wildfire, a confirmed previously existing water treatment system when the water treatment system was destroyed by wildfire

Ineligible costs

Costs **NOT** eligible include but are not limited to:

- Electrical wiring inside the residence
- Electrical wiring to out-buildings or non-residential structures
- Fencing
- Homeowner or family labor
- Landscaping costs
- Maintenance of any kind
- Plumbing to out-buildings or non-residential structures, to landscaping, or within the residence
- Road construction expenses
- Water testing
- Water treatment systems when not destroyed by wildfire
- Water witching or water dousing or any other method to predict water production
- Well/pump house construction or reconstruction
- Wells used only for irrigation
- 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, or components of the well system, is dry or severely declining or was damaged or destroyed by wildfire. The well is unable to supply water for drinking, culinary, washing, bathing, or household purposes.
- _____ The water well to be developed will serve the residence at the address listed above for household purposes.
- _____ I understand that completing this application does not immediately approve me for a Water Well Abandonment, Repair, and Replacement Fund (WARRF) grant.
- _____ 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 understand that WARRF funding is limited to a maximum of \$40,000 and I am responsible for any additional costs necessary to repair or replace and abandon the well.
- _____ I understand that WARRF funding is taxable income and OWRD will report all payments to the Internal Revenue Service.
- _____ I agree to allow OWRD access to the property and shall cooperate in the following:
- 1) a **pre-award 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.

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



STOP! DID YOU DO THE FOLLOWING?

(please check each box)

- Complete a [Dry Well Reporting Form](#) (unless well destroyed or damaged by wildfire).
- Initial**, sign and date **pages 10 and 11**.
- Attach Income Eligibility proof (such as entire Federal Tax Return, or eligibility letter or notice from Medicaid, SNAP, or TANF).
- 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.

Please mail the application and required documents to:

Oregon Water Resources Department
Attention: 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.