



Household Water Well Assistance Program Project Application

Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Township: _____

Phone: _____ Email: _____

Well/Site Information

Is this your primary residence, and are you the owner of record for the property? _____

What is the date of construction of the home, and/or age of the home? _____

What type of water source do you currently use? (circle one)

Drilled well Hand dug well Spring Cistern Surface water

Approximately what year was the well drilled or dug? _____

Do you know who drilled the well, and is there a well log/report? _____

What is the depth of the well? _____ What is the casing depth in the well? _____

Is the well casing extending above the ground surface? _____ YES _____ NO

If the well casing is above the ground surface, how far above the surface? _____ Inches

Do you have a standard or sanitary well cap? _____ Standard (bolts on side) _____ Sanitary (bolts on top)

Has your well ever gone dry during a drought? _____ YES _____ NO

Does your water ever get muddy or cloudy after it rains or snows? _____ YES _____ NO

Have you ever disinfected your well using chlorine bleach or other chlorine product? _____ YES _____ NO

Have you ever had your well water tested? _____ YES _____ NO

If you have had your water tested, would you be willing to share the results? _____ YES _____ NO

Do you have any water quality concerns and/or problems? (water cloudy/muddy, discoloration, odors, stains, etc)

Please explain any concerns/problems, _____

Do you have any water treatment system equipment in your home? _____ YES _____ NO

If yes, What type of water treatment equipment is installed on your water supply?

- | | |
|---|--|
| <input type="checkbox"/> Water softener | <input type="checkbox"/> Aeration system |
| <input type="checkbox"/> Ultraviolet light | <input type="checkbox"/> Reverse osmosis system |
| <input type="checkbox"/> Chlorination system | <input type="checkbox"/> Distillation unit |
| <input type="checkbox"/> Iron removal system (oxidizing filter) | <input type="checkbox"/> Nitrate removal system |
| <input type="checkbox"/> Carbon filter | <input type="checkbox"/> Small faucet filter (Brita [®] , etc.) |
| <input type="checkbox"/> Sediment filter | <input type="checkbox"/> Other (_____) |

Approximately how far is your well from your sewage disposal/septic system? _____ Feet

What type of sewage disposal/septic system do you have?

- Standard septic tank and leach field
- Sand mound
- Alternative system (please explain _____)
- Public sewer
- Don't know

How old is your septic system? _____ < 1 year _____ 1-5 years _____ 5-10 years _____ >10 years

About how often do you have your septic tank serviced/pumped?

- | | |
|---|--|
| <input type="checkbox"/> At least once per year | <input type="checkbox"/> Never had it pumped |
| <input type="checkbox"/> Every two or three years | <input type="checkbox"/> Don't own a septic tank |
| <input type="checkbox"/> Every four years or more | |

Please provide the approximate distances (in feet) from the well to each of the following:

	< 50 ft	50 to 100 ft	100-500 ft	500-1000 ft	None Visible
Paved road	_____	_____	_____	_____	_____
Corn field	_____	_____	_____	_____	_____
Other crop field	_____	_____	_____	_____	_____
Garden	_____	_____	_____	_____	_____
Orchard	_____	_____	_____	_____	_____
Mine	_____	_____	_____	_____	_____
Gas/oil well	_____	_____	_____	_____	_____
Septic (if obvious)	_____	_____	_____	_____	_____
Dog kennel/house	_____	_____	_____	_____	_____
Barnyard	_____	_____	_____	_____	_____
Pasture	_____	_____	_____	_____	_____
Stream	_____	_____	_____	_____	_____
Golf course	_____	_____	_____	_____	_____
Paved road	_____	_____	_____	_____	_____
Neighbor well	_____	_____	_____	_____	_____
Neighbor septic system	_____	_____	_____	_____	_____
Other (_____)	_____	_____	_____	_____	_____
Other (_____)	_____	_____	_____	_____	_____

Are there any or were there any source of potential groundwater contamination within 1,000 feet of your well? (This would include gasoline stations, landfills, pipelines, compression stations, old wells, natural gas or oil wells, cemeteries, factories, etc).

If so, please describe _____

Problem Statement and Proposed Solution

(You will need the information from the laboratory and documents from a water well professional to complete this portion of the application, please see list of certified laboratories and well drilling contractors. It is the contactors responsibility to obtain local permits and follow local ordinances.)

Does the local municipality or county have a water well ordinance, or will the project require a permit from the municipality or other regulatory agency?

_____ YES _____ NO

Please describe the current water quality problem, potential cause of problem, and how this cause was determined?

Have any previous actions been taken to correct this problem? If so, what was the outcome? _____

What is the total estimated cost to make the improvements to address the issue(s) and how much financial assistance via the Household Water Well Assistance Program is being requested?

Estimated improvement cost _____ Financial Assistance Request _____

Household/Homeowner Requirements

Provide a Copy of the water testing results that confirm the existing problem and support the treatment system or fix that is proposed. Please note: The program requires that the water be tested for at least pH, conductivity, turbidity, total dissolved solids, and total coliform; and all tests are completed by a certified laboratory – third party chain-of-custody is not required.)

Provide a Copy of the price quotes/estimates with not to exceed limits received from the water well professional and/or water quality treatment professionals. The quotes/estimates must provide a detailed description of the action that is needed to fix the problem or situation. ***Quotes should not include any maintenance agreements or extra repair parts.

Additional information required from the water well/water quality professionals include: warranty for work to be completed, certificate of insurance, and certification or license number.

Have the water well professionals provide an estimated start and completion date for the work being proposed.

Provide a Copy of any and/or all permits that are needed to complete this project.

Complete the loan application packet in its entirety and submit at the same time as this project application.

Submit an application fee of \$25 payable to the Pocono Northeast RC&D Council at the time of application.

Applicant Signature: _____ Date: _____

Applicant Name (Printed): _____

For information on the Household Water Well Systems Loan Program please contact the Pocono Northeast RC&D Council at:

***Pocono Northeast Resource Conservation & Development (RC&D) Council
1300 Old plank Road
Mayfield, PA 18433
(570)282-8732 ext. 4
www.pnesolutions.org***

RC&D Council/Project Internal Review

Date Received by RC&D Council – Date/ Time: _____

Date Received by Loan Agent – Date/Time: _____

Date Approved or Denied by Loan Agent – Date/Time: _____

Date Approved or Denied by Project Committee – Date/Time: _____

Date Approved or Denied by Council Board – Date/Time Project Name: _____

Loan Agent Issues Loan Number Approved Projects – Date/Time Loan Number: _____

Initial Meeting or Consultation Date/Time: _____

Final Meeting or Consultation Date/Time: _____

Final Funds Release and Loan Number – Date/Time – Loan Number: _____

Comments/Notes: