

NO FAULT WELL REPAIR FUND APPLICATION
APPLICANT INFORMATION:

Owner: _____
Property Address: _____
Mailing Address: _____
City/St/Zip: _____
Phone: _____
Email: _____
Directions To Property: _____

Owner Occupied Rental Property

<u>OCHD USE ONLY:</u>
TMBL: _____
DATE RECEIVED: _____
DATE ASC NOTIFIED: _____
RS: _____

DESCRIPTION OF PROBLEMS:

1. When did the problems begin (if known): _____
2. Water Quality (please describe any problems with taste, stains, cloudiness, etc.):

3. Water Quantity (please describe any problems such as loss of pressure, well running dry, etc.):

4. Is there any type of treatment system for the well water (filters, softeners, etc.): **YES** **NO**
If yes, what type of treatment: _____

WELL INFORMATION:

Please give any of the following information that you know. Leave the space blank if you do not know the information:

1. Well Depth: _____ Ft.
2. Casing Depth: _____ Ft.
3. Amount of Water: _____ Gallons per Minute (GPM)
4. Year Drilled: _____
5. Driller: _____

I authorize the Orange County Health Department staff or other consultants/contractors designated by Orange County to enter my property to determine if a well failure exists. I understand the determination can involve water samples, pump tests or other procedures necessary to fully evaluate the well and water supply system.

OWNER: _____

DATE: _____