LANDFILL AREA WATER ASSISTANCE FUND APPLICATION

For existing wells within 3000 feet of the Orange County Landfill

Property Address _____ **PIN** _____

APPLICANT	PROPERTY OWNER
Name _____	**Name** _____
Address _____	**Address** _____
_____	_____
Phone _____	**Phone** _____
Email _____	**Email** _____

☐ **Owner Occupied** ☐ **Rental Property**

DESCRIPTION OF PROBLEMS

When did the problems begin? _____

Water quality (taste, stains, cloudiness, odor, etc.):

_____

Water quantity (loss of pressure, well running dry, etc.):

_____

Is there any type of water treatment system existing? ☐ **YES** ☐ **NO**

If yes, what type of treatment: (softener, filter, pH neutralizer, etc.)

_____

WELL INFORMATION

Well depth: _____ **Ft.** **Casing depth:** _____ **Ft.**

Amount of water: _____ **Gallons per Minute (GPM)** **Year drilled:** _____

Drilling contractor: _____

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:** _____

Date received _____ WS___-_____
Recommendations _____
Date sampled _____ Results reported _____