

Drinking Water and Groundwater Trust Fund Drought Assistance Program Application for Low-Income Residential Well Owners

The Drought Assistance Program for Low-Income Residential Well owners (“drought assistance program”) was created for qualifying **homeowners experiencing drought-related loss of a safe, reliable source of drinking water at their primary residence**. The drought assistance program may provide short-term relief with the provision of bottled water, and long-term solutions with financial assistance for activities associated with improving or replacing the homeowner’s well, or connecting the residence to an available community water supply. The effective date of this assistance program is June 23, 2020, and applies to projects that have been completed prior to approval, through this application process and new projects. Any homeowner requesting assistance must submit the completed application (Parts 1 and 2) to the New Hampshire Department of Environmental Services (NHDES). Any work completed prior to notification of approval by NHDES is at risk to the homeowner and the contractor. Funding is discretionary and subject to the availability of funds.

Description of Application

Financial eligibility is determined, in part, using the U.S. Department of Housing and Urban Development (HUD) criteria as outlined in the Technical Guide for Determining Income and Allowances for the HOME Program. For consideration for bottled water delivery and financial assistance for drought mitigation actions, a complete application must be received for review and approval. A complete application includes:

- **Part 1 – Verification of Financial Eligibility** to be filled out by the owner of the home; it requires information about the household income and is used to verify eligibility for financial assistance.
- **Part 2 – Verification of Project Eligibility** to be filled out by the New Hampshire-licensed contractor (water well contractor or pump installer) that is contracted to perform the work on the home’s well and is used to verify eligibility of the project work scope.

Completion of both parts of the application are required in order to be considered for financial assistance. Please provide as much information as possible in order to receive a timely review and a project eligibility determination. If necessary, the homeowner or contractor may be contacted if additional information is needed. Please be aware that in instances where a connection to a nearby community water system is available to the property, the cost of a service connection will be compared to the cost for the residential well improvements and referred back to the homeowner for review as an alternative project.

All applications and documents should be mailed or dropped off in person at the following address:

NHDES MtBE Remediation Bureau
Attn: Paige Relf
PO Box 95
29 Hazen Drive
Concord, NH 03302-0095

PART 1. VERIFICATION OF FINANCIAL ELIGIBILITY (to be filled out by homeowner)

To qualify for the drought assistance program, a homeowner shall demonstrate they meet one of the following financial conditions:

Tier 1 - The total household annual income is no greater than \$37,028.50. If qualified for Tier 1, the cost of the project, minus a \$250 deductible, invoiced by the contractor to the homeowner, may be eligible for reimbursement.

Or;

Tier 2 - The total household annual income is greater than \$37,028.50 but less than or equal to 80% of the area median income as determined by U.S. Department of Housing and Urban Development (HUD) with modifications that is shown on Table 1A of this application. If qualified for Tier 2, 50% of the cost of the project may be eligible for reimbursement.

If financial eligibility criteria are met and a project is approved, reimbursement from the fund shall be issued to the New Hampshire-licensed contractor that does the work on a home's well or the homeowner for completed projects. By signing this application, you are giving consent to NHDES to inspect the work once it is completed. NHDES will contact you ahead of time to schedule any such inspection. **Be advised**, prior to submittal of a reimbursement claim for work that is complete, this application must be processed and approval notification obtained from NHDES. For questions regarding financial eligibility for this program, please contact droughtwellinfo@des.nh.gov or Paige Relf at (603) 271-1355.

SECTION I. Site (Property) Information: (be sure to include location address if different from mailing address)

Name(s): _____

Location Address: _____

City/Town: _____ State: _____ ZIP: _____ County: _____

Mailing Address (if different): _____

Phone #: Home: _____ Cell: _____ Work: _____

Email: _____

SECTION II. Owner Information

1. Are you the homeowner, and is the home your primary, year round residence? Yes ___ No ___

2. Do you own the well that provides drinking water to your house? Yes ___ No ___

If "No," please explain.

3. How many people live in your household (excluding tenants who rent units in a multi-family building)?

4. What is your estimated total household annual income*? _____

[*Total Household Income includes the income from all occupants, over 18, in the household other than tenants. Even if no federal tax returns are filed, all income must be disclosed.]

5. Do you have assets (i.e. real estate holdings, savings and/or investment accounts), excluding equity in your primary residence?

Yes ____ No ____

If yes, please list type and estimated value of assets.

6. Have you, or anyone in your household, completed the Drought Program survey to receive bottled water?

Yes ____ No ____

If "Yes" are you currently receiving bottled water delivery, or in lieu of delivery, a monthly check to buy bottled water?

Yes ____ No ____

SECTION III. Documentation of Owner Income

Written documentation of Total Household Annual Income is required. Documentation shall include a copy of the most recent tax return filed. If not required to file a tax return, please include a complete list of all income and supporting documentation, which may include any of the following:

- Social Security Benefit Statement(s),
- W-2 forms from previous tax year,
- annual pensions/retirement statements,
- Copies of recent paystubs covering a one-month period or any other statement showing benefits or income.

If the documentation provided does not accurately reflect your current financial situation, please provide a clarifying statement, or an explanation of the changes. Summarize what you have done in an attempt to address the well problem. For example, if you have sought financial assistance, loans, grants, etc. from other sources (USDA rural assistance, well driller's, banks, credit unions, etc.) and current status or resolution of those efforts.

After the initial review, NHDES may request additional information to assist in determining eligibility.

SECTION IV. Confirmation

I declare under penalty of perjury that the representation made in this application is, to the best of my knowledge, true, complete, and correct.

Owner's signature

Date signed

Internal Use Only	Reviewer: _____	Date: _____	Approval: YES NO	Project ID: _____
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Part 1. Verification of Financial Eligibility

Table 1A – Tier 2 income Criteria

COUNTY ⁽²⁾	HOUSEHOLD SIZE ⁽¹⁾					
	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON
BELKNAP	\$ 59,246	\$ 59,246	\$ 61,450	\$ 68,250	\$ 73,750	\$ 79,200
CARROLL	\$ 59,246	\$ 59,246	\$ 61,450	\$ 68,250	\$ 73,750	\$ 79,200
CHESHIRE	\$ 59,246	\$ 59,246	\$ 62,300	\$ 69,200	\$ 74,750	\$ 80,300
COOS	\$ 59,246	\$ 59,246	\$ 61,450	\$ 68,250	\$ 73,750	\$ 79,200
GRAFTON	\$ 59,246	\$ 59,300	\$ 66,700	\$ 74,100	\$ 80,050	\$ 86,000
HILLSBOROUGH	\$ 59,246	\$ 60,250	\$ 67,800	\$ 75,300	\$ 81,350	\$ 87,350
^(a) Nashua MSA	\$ 59,246	\$ 62,800	\$ 70,650	\$ 78,500	\$ 84,800	\$ 91,100
^(b) Manchester MSA	\$ 59,246	\$ 59,246	\$ 61,450	\$ 68,250	\$ 73,750	\$ 79,200
MERRIMACK	\$ 59,246	\$ 59,246	\$ 64,250	\$ 71,350	\$ 77,100	\$ 82,800
ROCKINGHAM	\$ 59,246	\$ 62,750	\$ 70,600	\$ 78,400	\$ 84,700	\$ 90,950
^(c) Boston MSA	\$ 67,400	\$ 77,000	\$ 86,650	\$ 96,250	\$ 103,950	\$ 111,650
^(d) Lawrence MSA	\$ 59,246	\$ 62,750	\$ 70,600	\$ 78,400	\$ 84,700	\$ 90,950
^(e) Western Rockingham	\$ 59,246	\$ 62,800	\$ 70,650	\$ 78,500	\$ 84,800	\$ 91,100
^(f) Portsmouth-Roch MSA	\$ 59,246	\$ 62,800	\$ 70,650	\$ 78,500	\$ 84,800	\$ 91,100
STRAFFORD	\$ 59,246	\$ 62,800	\$ 70,650	\$ 78,500	\$ 84,800	\$ 91,100
SULLIVAN	\$ 59,246	\$ 59,246	\$ 61,450	\$ 68,250	\$ 73,750	\$ 79,200

October 2020

Notes:

1. Income criterion is based on U.S. Department of Housing and Urban Development (HUD) guidelines and the average statewide Median Household Income (MHI). For county and household sizes with a MHI below 80% of the statewide average, the calculated value of 80% of the statewide average MHI, \$59,246, has been substituted for the HUD criteria. The HUD income criteria presented are 80% of the area MHI. The New Hampshire statewide average MHI is based on the 2014-2018 American Community Survey 5-year estimates.
2. Income Limits shown are for the entire county or for towns included in a separate Metropolitan Statistical Area (MSA) within a particular county.
 - a. Amherst, Brookline, Greenville, Hollis, Hudson, Litchfield, Mason, Merrimack, Milford, Mont Vernon, Nashua, New Ipswich, Pelham, Wilton
 - b. Bedford, Goffstown, Manchester, Weare
 - c. Seabrook, South Hampton
 - d. Atkinson, Chester, Danville, Fremont, Hampstead, Kingston, Newton, Plaistow, Raymond, Salem, Sandown, Windham
 - e. Auburn, Candia, Deerfield, Londonderry, Northwood, Nottingham
 - f. Brentwood, East Kingston, Epping, Exeter, Greenland, Hampton Falls, Kensington, New Castle, Newfields, Newington, Newmarket, North Hampton, Portsmouth, Rye, Stratham



PART 2. VERIFICATION OF PROJECT ELIGIBILITY (to be filled out by the New Hampshire licensed contractor and homeowner)

Verification as to the current condition of the homeowner’s well related to drought is required for eligibility in the drought assistance program. This form must be completed by a licensed New Hampshire Water Well Contractor and/or Pump Installer or an employee working under the licensee and signed by the licensee and the well owner. The New Hampshire Department of Environmental Services (NHDES) will review the information to determine project eligibility and may request additional information to justify the proposed cost. Any work completed prior to notification of approval by NHDES is at risk to the homeowner and the contractor. Funding is discretionary and subject to the availability of funds.

Please provide as much information on this form as possible and include the requested attachments. For questions regarding project eligibility for this program, please email droughtwellinfo@des.nh.gov or contact Stephen Roy at (603) 271-0660.

SECTION I. Owner Information

Name(s): _____

Location Address: _____

City/Town: _____ State: _____ ZIP: _____ County: _____

Mailing Address (if different): _____

Phone #: Home: _____ Cell: _____ Work: _____

Email: _____

SECTION II. Contractor Information

Name(s): _____

Business: _____

License Number: _____

Mailing Address: _____

City/Town: _____ State: _____ ZIP: _____ County: _____

Phone #: Home: _____ Cell: _____ Work: _____

Email: _____

SECTION III. Project Information

Is the existing well requiring mitigation the primary source of water for indoor domestic use and have all discretionary water uses such as lawn watering ceased?	Yes	No
Please provide information about the well (if unknown leave blank):		
Well Type (circle one): Dug Gravel Bedrock	Installation Date:	WRB#:
Well Depth:	Current depth to water:	

Depth of well pump:	Age of pump and pressure tank:
Please describe the current characteristics of the well such as yield, water level recovery rate and overall viability of the water supply to meet indoor domestic needs:	
In your professional opinion, has the yield of the existing well declined due to drought and is the well failing to meet typical domestic water needs? Please explain.	
In your professional opinion, what eligible project option have you completed or do you propose to implement to mitigate the drought impact on the household water supply?	
<input type="checkbox"/> Lower the depth of the pump (Will a new pump be required? Yes ___ No ___) <input type="checkbox"/> Deepen the well (Will a new pump be required? Yes ___ No ___) <input type="checkbox"/> Hydrofracture of existing well <input type="checkbox"/> Construct a replacement well ___ The existing well will be decommissioned as part of this project ___ The existing well will not be decommissioned. The homeowner will properly maintain the well per Env-We 600 ¹ . <input type="checkbox"/> Install auxiliary tank and pump system for additional storage	
Provide any additional information related to the proposed project.	
<p>Please provide an estimate of the total cost of the improvements or replacement: _____</p> <p><i>REQUIRED:</i> Provide a detailed quote for proposed project OR a detailed invoice for completed projects, and project cost must include the analysis of a water quality sample per the requirements outlined in Table 1B.</p>	

***Contractor and homeowner acknowledgement of conditions and signature lines on the next page.**

SECTION IV. Acknowledgement of Conditions

¹ N.H. Code of Administrative Rules We 100 through 1000.

CONTRACTOR'S CONDITIONS:

- I assert that I am a contractor individually licensed under the State of New Hampshire Water Well Board (RSA 482-B).
- It is my professional opinion that the homeowner's well has been affected by drought conditions.
- I attest that the proposed costs associated with the project described are consistent with typical industry rates.
- All work is in accordance with the state's Water Well Board administrative rules¹.
- I understand that I am required to submit a Well Completion Report, Well Abandonment Report and/or Well Redevelopment Report to the Water Well Board to be reimbursed by NHDES.
- I agree to waive all claims against the homeowner for costs that have been paid by the NHDES.

By signing below, I agree to the above conditions:

Contractor's Printed Name _____

License # _____

Contractor's signature _____

Date _____

WELL OWNER'S CONDITIONS:

- I agree with the above opinion and in good faith intend to have the above work performed on my property by the signing contractor or the above work has been completed on my property by the signing contractor.
- I agree that NHDES and the State provide funding for approved work only and do not warranty or otherwise guarantee well performance, contractor performance, product quality, water quality, yield, or any other aspect of the approved work.

By signing below, I agree to the above conditions:

Well Owner's Printed Name _____

Well Owner's Signature _____ Date _____

Internal Use Only			
Reviewer: _____	Date: _____	Approval: YES NO	Project ID: _____

Part 2. Verification of Project Eligibility

Table 1B – Water Quality Sampling Requirements

Upon completion of drought mitigation actions associated with improvements or replacement of the existing well, all wells must be sampled for the following water quality parameters. The laboratory costs for parameters listed below are eligible project costs.

Arsenic	Bacteria (Total Coliform and E.coli)
Chloride	Copper (both stagnant and flushed)
Fluoride	Lead (both stagnant and flushed)
Iron	Manganese
Nitrate/Nitrite	pH
Hardness	Sodium
Uranium	Radon

The list of water quality parameters is recommended by NHDES for residential well users and home buyers. For additional information, please visit the [NHDES website](#).

For the laboratory costs to be eligible, the analyses must be performed by a laboratory accredited through the New Hampshire Environmental Laboratory Accreditation Program.

The NHDES website has an [accredited laboratory search](#) available and a [list of accredited laboratories](#) providing well water quality testing services in New Hampshire.

Water quality results are required to be provided to the homeowner and NHDES.

Submission to NHDES can be via hard paper copy or direct submission from the accredited laboratory; **results are to be submitted to NHDES within 90 days of completion** of the project. Reimbursement of project costs are not contingent on receipt of water quality results.