

Drinking Water and Groundwater Trust Fund

Water Assistance for Natural Disaster Impacts to Low-Income Residential Well Owners

The Water Assistance for Natural Disaster Impacts to Low-Income Residential Well Owners (“WAND”) Program was created for qualifying **homeowners experiencing irreversible water supply quantity or water quality due to extreme weather events or natural hazards such as flooding**. The WAND Program may provide short-term relief with bottled water assistance, 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. Any homeowner requesting assistance must submit this completed application (Parts 1 and 2) to the New Hampshire Department of Environmental Services (“NHDES”). Financial assistance is not retroactive, and 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 and is available after all homeowner insurance has been exhausted.

Description of Application

Financial eligibility is determined 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 water supply quantity or quality 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 total household income and is used to verify eligibility for financial assistance; and

Part 2 – Verification of Project Eligibility to be filled out by the NH-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. *NOTE: There is an agreement page that requires the signature of the homeowner.*

NHDES will not consider applications for financial assistance until both parts of the application are received. Each part of the application must include the required signatures to be considered complete. Please provide as much information as possible to receive a timely review and a project eligibility determination. If necessary, the homeowner or contractor may be contacted if additional information is needed.

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

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

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

Assistance may be available to eligible residential well owners in the following manner and as further described on the tables in Attachment A:

Tier 1: Applicant’s household income is at or below 50% of the median household income (MHI) of the State of NH or of their county of residence, whichever is greater; the well owner may qualify for 100% assistance less a \$250 deductible. ⁽¹⁾

Tier 2: Applicant’s household income is at or below 65% of the MHI of the State or of their county of residence and above 50% of the MHI of the State or of their county or residence, whichever is greater; the well owner may qualify for 80% assistance and will be responsible for a **20% cost-share of the final project costs, regardless of the price(s) estimated by the contractor(s).**

Tier 3: Applicant’s household income is at or below 80% of the MHI of the State or of their county of residence and above 65% of the MHI of the State or of their county of residence, whichever is greater; the well owner may qualify for 50% assistance and will be responsible for a **50% cost-share of the final project costs, regardless of the price(s) estimated by the contractor(s).**

If financial eligibility criteria are met and a project is approved, reimbursement from the fund shall be issued to the NH-licensed contractor listed on the approved application or the homeowner when the project is complete. 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, this application must be processed, and approval notification obtained from NHDES before work begins. For questions regarding financial eligibility for this program, please contact droughtwellinfo@des.nh.gov or John.Pasquale@des.nh.gov.

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 residence? Yes ___ No ___
NOTE: *Additional ownership documentation may be requested if it is not easily verifiable in the public records.*
2. Do you own the well that provides drinking water to your house? Yes ___ No ___

¹ NH and county statewide average median household income (MHI) is based on the most recently published Federal HUD income limits for all areas.

If "No", please explain.

3. How many people live in your household (excluding tenants who rent within an owner-occupied multi-family building of 4 units or less)? _____
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. Do you currently receive assistance such as Social Security Disability Insurance, Women's Infants and Children or other federal or state assistance?
7. Have you filed a homeowner insurance claim to mitigate or replace the impacted well? Please include copy of your insurance policy in regard to natural disasters. *This does not apply to drought.*
8. Are you in need of bottled water assistance?

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 and/or 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. Also include if you have sought financial assistance, loans, grants, etc. from other sources (USDA rural assistance, well driller's, banks, credit unions, etc.) and status or resolution of those efforts.

NOTE: 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



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

Verification as to the current condition of the homeowner’s well related to the determined extreme weather event is required for WAND eligibility. This form must be completed by a licensed NH 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 Greg Barker at (603) 271-1974.

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 existing water supply well yield or water quality experienced irreversible damage due to the qualifying extreme weather event and/or is the well failing to meet typical domestic water needs? Please explain.	
In your professional opinion, what eligible project option do you propose to implement to mitigate the issues impacting 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 ² . <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.**

² N.H. Code of Administrative Rules We 100 through 1000.

SECTION IV. Acknowledgement of Conditions

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 the qualifying extreme weather 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 _____

Part 2. Verification of Project Eligibility
Table 1B – Water Quality Sampling Requirements

Upon completion of water supply well mitigation actions associated with improvements or replacement of the existing well, all wells must be sampled for the following water quality parameters. 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.**

The analyses must be performed by a laboratory accredited through the New Hampshire Environmental Laboratory Accreditation Program. The laboratory costs for parameters listed below are eligible:

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 the NHDES for residential well users and home buyers. For additional information, please visit the NHDES website:

<https://www.dhhs.nh.gov/programs-services/environmental-health-and-you/water-testing>

The NHDES website has an accredited laboratory search available at

<http://www4.des.state.nh.us/CertifiedLabs/Certified-Method.aspx>

A list of accredited laboratories providing well water quality testing services in New Hampshire at

<https://www.des.nh.gov/sites/g/files/ehbemt341/files/documents/labs-private-wells.pdf>

ATTACHMENT A

Median Household Income Limits

Median household income (MHI) defined for each Tier of assistance is calculated based on income data from your county of residence or the State of NH if it is greater than your county of residence. Recognizing that expenses vary based on the number of people in a household, the MHI table shown below is adjusted for family size. NHDES will use the tables below to determine if applicants qualify for financial assistance. Determination is based on Total Household Annual Income, inclusive of all eligible persons in the household.

New Hampshire		1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People	9 People	10 People
<i>2021 State of New Hampshire MHI</i>		\$ 68,740	\$ 78,560	\$ 88,380	\$ 98,200	\$ 106,056	\$ 113,912	\$ 121,768	\$ 129,624	\$ 137,480	\$ 145,336
Financial Assistance											
Tier 1: 100% assistance after \$250 deductible	<i>50% MHI</i>	\$ 34,370	\$ 39,280	\$ 44,190	\$ 49,100	\$ 53,028	\$ 56,956	\$ 60,884	\$ 64,812	\$ 68,740	\$ 72,668
Tier 2: 80% assistance, 20% owner contribution	<i>65% MHI</i>	\$ 44,681	\$ 51,064	\$ 57,447	\$ 63,830	\$ 68,936	\$ 74,043	\$ 79,149	\$ 84,256	\$ 89,362	\$ 94,468
Tier 3: 50% assistance, 50% owner contribution	<i>80% MHI</i>	\$ 54,992	\$ 62,848	\$ 70,704	\$ 78,560	\$ 84,845	\$ 91,130	\$ 97,414	\$ 103,699	\$ 109,984	\$ 116,269

The State of New Hampshire MHI Limits is to be used in place of County specific MHI data for the following NH Counties: Belknap, Carroll, Cheshire, Coos, Grafton, Merrimack, Sullivan, and Hillsborough with exceptions identified below.

Hillsborough County (Nashua HUD)		1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People	9 People	10 People
<i>MHI for Amherst, Brookline, Greenville, Hollis, Hudson, Litchfield, Mason, Merrimack, Milford, Mont Vernon, Nashua, New Ipswich, Pelham, Wilton</i>		\$ 76,720	\$ 87,680	\$ 98,640	\$ 109,600	\$ 118,368	\$ 127,136	\$ 135,904	\$ 144,672	\$ 153,440	\$ 162,208
Financial Assistance											
Tier 1: 100% assistance after \$250 deductible	<i>50% MHI</i>	\$ 38,360	\$ 43,840	\$ 49,320	\$ 54,800	\$ 59,184	\$ 63,568	\$ 67,952	\$ 72,336	\$ 76,720	\$ 81,104
Tier 2: 80% assistance, 20% owner contribution	<i>65% MHI</i>	\$ 49,868	\$ 56,992	\$ 64,116	\$ 71,240	\$ 76,939	\$ 82,638	\$ 88,338	\$ 94,037	\$ 99,736	\$ 105,435
Tier 3: 50% assistance, 50% owner contribution	<i>80% MHI</i>	\$ 61,376	\$ 70,144	\$ 78,912	\$ 87,680	\$ 94,694	\$ 101,709	\$ 108,723	\$ 115,738	\$ 122,752	\$ 129,766

Strafford-Rockingham Counties (Ports-Roch HUD)		1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People	9 People	10 People
<i>MHI for All Strafford County Towns and Cities. Rockingham County: Brentwood, East Kingston, Epping, Exeter, Greenland, Hampton, Hampton Falls, Kensington, New Castle, Newfields, Newington, Newmarket, North Hampton, Portsmouth, Rye, Stratham</i>		\$ 74,620	\$ 85,280	\$ 95,940	\$ 106,600	\$ 115,128	\$ 123,656	\$ 132,184	\$ 140,712	\$ 149,240	\$ 157,768
Financial Assistance											
Tier 1: 100% assistance after \$250 deductible	<i>50% MHI</i>	\$ 37,310	\$ 42,640	\$ 47,970	\$ 53,300	\$ 57,564	\$ 61,828	\$ 66,092	\$ 70,356	\$ 74,620	\$ 78,884
Tier 2: 80% assistance, 20% owner contribution	<i>65% MHI</i>	\$ 48,503	\$ 55,432	\$ 62,361	\$ 69,290	\$ 74,833	\$ 80,376	\$ 85,920	\$ 91,463	\$ 97,006	\$ 102,549
Tier 3: 50% assistance, 50% owner contribution	<i>80% MHI</i>	\$ 59,696	\$ 68,224	\$ 76,752	\$ 85,280	\$ 92,102	\$ 98,925	\$ 105,747	\$ 112,570	\$ 119,392	\$ 126,214

Western Rockingham County		1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People	9 People	10 People
<i>MHI for Auburn, Candia, Deerfield, Londonderry, Northwood, Nottingham</i>		\$ 80,500	\$ 92,000	\$ 103,500	\$ 115,000	\$ 124,200	\$ 133,400	\$ 142,600	\$ 151,800	\$ 161,000	\$ 170,200
Financial Assistance											
Tier 1: 100% assistance after \$250 deductible	<i>50% MHI</i>	\$ 40,250	\$ 46,000	\$ 51,750	\$ 57,500	\$ 62,100	\$ 66,700	\$ 71,300	\$ 75,900	\$ 80,500	\$ 85,100
Tier 2: 80% assistance, 20% owner contribution	<i>65% MHI</i>	\$ 52,325	\$ 59,800	\$ 67,275	\$ 74,750	\$ 80,730	\$ 86,710	\$ 92,690	\$ 98,670	\$ 104,650	\$ 110,630
Tier 3: 50% assistance, 50% owner contribution	<i>80% MHI</i>	\$ 64,400	\$ 73,600	\$ 82,800	\$ 92,000	\$ 99,360	\$ 106,720	\$ 114,080	\$ 121,440	\$ 128,800	\$ 136,160

ATTACHMENT A

Median Household Income Limits

Boston-Cambridge-Rockingham HUD Area		1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People	9 People	10 People
<i>MHI for Seabrook, South Hampton</i>		\$ 84,560	\$ 96,640	\$ 108,720	\$ 120,800	\$ 130,464	\$ 140,128	\$ 149,792	\$ 159,456	\$ 169,120	\$ 178,784
Financial Assistance											
Tier 1: 100% assistance after \$250 deductible	50% MHI	\$ 42,280	\$ 48,320	\$ 54,360	\$ 60,400	\$ 65,232	\$ 70,064	\$ 74,896	\$ 79,728	\$ 84,560	\$ 89,392
Tier 2: 80% assistance, 20% owner contribution	65% MHI	\$ 54,964	\$ 62,816	\$ 70,668	\$ 78,520	\$ 84,802	\$ 91,083	\$ 97,365	\$ 103,646	\$ 109,928	\$ 116,210
Tier 3: 50% assistance, 50% owner contribution	80% MHI	\$ 67,648	\$ 77,312	\$ 86,976	\$ 96,640	\$ 104,371	\$ 112,102	\$ 119,834	\$ 127,565	\$ 135,296	\$ 143,027

Lawrence MA-Rockingham HUD Area		1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People	9 People	10 People
<i>MHI for Atkinson, Chester, Danville, Derry, Fremont, Hampstead, Kingston, Newton, Plaistow, Raymond, Salem, Sandown, Windham</i>		\$ 73,780	\$ 84,320	\$ 94,860	\$ 105,400	\$ 113,832	\$ 122,264	\$ 130,696	\$ 139,128	\$ 147,560	\$ 155,992
Financial Assistance											
Tier 1: 100% assistance after \$250 deductible	50% MHI	\$ 36,890	\$ 42,160	\$ 47,430	\$ 52,700	\$ 56,916	\$ 61,132	\$ 65,348	\$ 69,564	\$ 73,780	\$ 77,996
Tier 2: 80% assistance, 20% owner contribution	65% MHI	\$ 47,957	\$ 54,808	\$ 61,659	\$ 68,510	\$ 73,991	\$ 79,472	\$ 84,952	\$ 90,433	\$ 95,914	\$ 101,395
Tier 3: 50% assistance, 50% owner contribution	80% MHI	\$ 59,024	\$ 67,456	\$ 75,888	\$ 84,320	\$ 91,066	\$ 97,811	\$ 104,557	\$ 111,302	\$ 118,048	\$ 124,794