



Please return this form to:  
**Department of Environmental Protection**  
**Water Supply Restoration Funding Program**  
**3900 Commonwealth Boulevard, MS 3515**  
**Tallahassee, Florida 32399-3000**  
 or email  
[WaterSupplyRestoration@floridadep.gov](mailto:WaterSupplyRestoration@floridadep.gov)

### New Well Subsidy Reimbursement Request

A permittee/well owner having constructed a potable water well on or after July 1, 1997 in accordance with Chapter 62-524, F.A.C., may be eligible for a subsidy for any increased costs associated with new well construction. This form serves as the application for reimbursement for those increased costs. All reimbursements are contingent upon the availability of funds.

*Please note that reimbursements cannot be made unless you register your electronic Substitute W-9 on-line at <https://fvendor.myfloridacfo.com> . Instructions are enclosed. Please submit this form and supporting documents AFTER you receive the email confirmation of your registration. You may call 850-413-5519 for assistance with MyFloridaMarketPlace.*

Permittee's Full Name \_\_\_\_\_

Mailing Address (Reimbursement will be mailed to this address) \_\_\_\_\_  
 \_\_\_\_\_

Home/Cell/Work Phone Number \_\_\_\_\_  
**Social Security or FEID Number** \_\_\_\_\_  
**W-9 Confirmation Email Date** \_\_\_\_\_  
 Well Construction Permit Number \_\_\_\_\_  
 Unique Well ID (tag on well) \_\_\_\_\_  
 Well Contractor's Name \_\_\_\_\_  
 Well Contractor's Phone Number \_\_\_\_\_  
 Contractor License # \_\_\_\_\_

The following documentation **MUST** be attached:

- \_\_\_ 1. Proof of Full Payment from the well contractor **and** a copy of canceled check/visa receipt.
- \_\_\_ 2. Estimated cost of the same well had it NOT been in a delineated area, from the well contractor. (unit prices for the well construction).
- \_\_\_ 3. Water Management District's Well Construction Permit.
- \_\_\_ 4. Water Well Completion Report.
- \_\_\_ 5. Legal Description of the property (copy of deed or tax receipt).
- \_\_\_ 6. Notarized Letter of Authorization signed by property owner (original signature, not a copy) only if reimbursement is to third party.

**If you have any questions, please call the Water Supply Restoration Funding Program at 1-833-337-9773.**

I request reimbursement for the additional costs that I incurred to have my new potable well installed to a higher standard as required by the Water Management District in accordance with standards adopted pursuant to 373.309, F.S.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

## Electronic Substitute W-9 Form

In order to process any payment request, go to <https://flvendor.myfloridacfo.com> to register and complete the Substitute W-9 Form. **You will need to have your last tax return available to register.**

If you do not have access to a computer, please call 850-413-5519.

### Step 1 - Create your security profile (User ID and password)

1. Click on “**Click Here to Register**”.
2. Complete the Profile Registration Form (do not use commas or periods in the IRS Name as shown on your last tax return).
3. Click the **Register** button
4. Obtain your User ID from your email

Immediately, after you complete the Profile Registration, you will receive a User ID via email. Once you have your User ID, you can complete and submit your Substitute Form W-9.

### Step 2 - Complete and submit your Substitute Form W-9

1. Click on “**Click Here to Sign On**”.
2. Enter the User ID that you received via email.
3. Enter the password you created during the Profile Registration.
4. Click the **Sign On** button.
5. Click on “**Form W-9 Main Menu**”.
6. Click on “**Complete New Substitute Form W-9**”.
7. Complete the Substitute Form W-9. The red asterisks indicate required fields. Please only select the radio button “I am” subject to backup withholding if you have been informed by the IRS that you are subject to backup withholding.
8. Certify the information you are providing by entering the password you created during the Profile Registration and click the **Submit** button.

After you have submitted your Substitute Form W-9, your IRS Name and social security number will be sent to the IRS for verification. You will receive an email with the results. If the email indicates your IRS name and TIN match, you will have no further action. If the email indicates your IRS Name and TIN do not match, you will need to return to the DFS W-9 Web site to correct your information.

The electronic Form W-9 submitted by payees ensures the State’s payment records are accurate.

## **The Delineated Area Well Subsidy Program**

**AUTHORIZATION.** An addition by the legislature, Chapter 376.307(1)(e)4, Florida Statutes, authorizes subsidies for increased costs associated with potable water well construction in delineated areas. The subsidy is limited to one-half the cost of the well including testing, or one-half the present worth of the 10-year cost of providing and maintaining filters.

**FUNDING.** Unfortunately, no additional funds were provided by the legislature for these subsidies, and recent budget cuts will likely create a shortfall in funds for existing programs. A decision was made to prioritize all subsidies available through the Water Supply Restoration Funding Program to ensure the most critical needs are met. The priority was established implicitly by the Statute as follows:

1. Subsidies to provide appropriate filtration systems or connections to public water systems, whichever is more cost-effective, for contaminated potable water wells.
2. Subsidies to utilities to extend water lines to areas of known contamination to prevent further well construction in the area.
3. Subsidies to construct new water systems because of potential contamination.
4. Subsidies for increased costs associated with potable water well construction in delineated areas.

**REQUIREMENTS.** To be eligible for the well subsidy, the well must be constructed after July 1, 1997, and it must be in an area delineated for chemical contamination by the Department of Environmental Protection. To expedite the process, the request should include the permit application, the well completion report, a detailed cost breakdown for the well and general owner information. To assist you in providing the necessary information please complete the New Well Subsidy Reimbursement Request form. The eligible reimbursement amount will be limited to the costs incurred for the additional requirements of the Water Management District. It is therefore very important that the cost breakdown include unit prices for each aspect of construction.

**PAYMENTS.** All payments are subject to Federal Income Tax laws. You will receive a W-9 and a 1099-G, IRS form.