



**FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
 WATER SUPPLY RESTORATION FUNDING PROGRAM  
 3900 COMMONWEALTH BLVD, MS 3515  
 TALLAHASSEE, FLORIDA 32399-3000  
 Toll-Free 1-833-337-9773**

**An electronic version of this form is available at:**  
[floridadep.gov/wra/water-supply-restoration/documents/request-water-supply-restoration-or-replacement](http://floridadep.gov/wra/water-supply-restoration/documents/request-water-supply-restoration-or-replacement)

**REQUEST FOR WATER SUPPLY RESTORATION/REPLACEMENT**

<b>This section to be completed by DEP.</b>			
Address of Contaminated Supply:	Physical Location (of contaminated well): _____		
Site Id: _____	Resident Name: _____		
Mailing Address: _____	City, State: _____	Zip: _____	
Contaminant: _____	Level: _____		

**RESIDENT INFORMATION (IF ABOVE INFO IS INCORRECT. ALSO, PROVIDE PHONE NUMBERS FOR FUTURE CONTACT)**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**OWNER INFORMATION (IF SAME AS RESIDENT, LEAVE BLANK)**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**\*IF AVAILABLE PLEASE ATTACH A COPY OF THE PROPERTY DEED OR OTHER DOCUMENTATION AS PROOF OF OWNERSHIP\***

**WELL INFORMATION (IF NOT KNOWN, LEAVE BLANK)**

Florida UNIQUE WELL ID \_\_\_\_\_ Label on the well (example AAA1234)  
 Casing Depth \_\_\_\_\_ Well Depth \_\_\_\_\_ Diameter \_\_\_\_\_ Pump Capacity \_\_\_\_\_ (gpm)  
 Permit No. \_\_\_\_\_ Well Drilling Company \_\_\_\_\_

**WELL USE INFORMATION** *Does this well serve a Public Water System?*  Yes, PWS # \_\_\_\_\_  No  Not sure

Number of people using the well \_\_\_\_\_ Number of Infants, age 0 to 6 months \_\_\_\_\_  
 Single Family Home  Multi-dwelling: If so, number of dwellings \_\_\_\_\_  
 Check if the well is used for any of the following:  Pool  Air Conditioner  Irrigation or Livestock  
 Type of Supply:  Private  Community  Non-community  Other: \_\_\_\_\_

**WATER LINE INFORMATION (IF NOT KNOWN, LEAVE BLANK)**

Approximate distance from nearest public water system \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 Name of nearest public water system \_\_\_\_\_

The State of Florida, with coordination with you, will arrange for the purchase and installation of the appropriate filter system(s); or Bottled Water Delivery; or arrange for your home to be connected to an existing public water supply system; or partial well reimbursement, WHICHEVER SOLUTION IS MOST COST EFFECTIVE, as determined by the Department of Environmental Protection. In cases where a filter system has been installed, a connection to a water system may be offered at a later date if water lines become available. I request that the Department of Environmental Protection restore or replace the potable water system described above under the provisions of Section 376.30(3)(c)(1), Florida Statutes. I hereby grant those activities associated with the restoration and/or replacement of the potable water and agree to hold the Department harmless for any act or omission resulting from the restoration or replacement of the potable water supply except to the extent the act or omission is the result of gross negligence or intentional misconduct. I have read and understand the initial contact letter attached with this form.

\_\_\_\_\_  
**Signature of Owner** \_\_\_\_\_ **Date**

May submit electronically to [Water\\_SupplyRestoration@FloridaDEP.gov](mailto:Water_SupplyRestoration@FloridaDEP.gov)