



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

[Water\\_SupplyRestoration@FloridaDEP.gov](mailto:Water_SupplyRestoration@FloridaDEP.gov)

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**

**RESIDENT INFORMATION**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ SECONDARY PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ Contaminated well at this address? YES NO

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

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ SECONDARY PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ Note: Owner permission required to do any work.

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

**WELL INFORMATION**

FLORIDA UNIQUE WELL ID: \_\_\_\_\_ Label on the well (example AAA1234)

CASING DEPTH: \_\_\_\_\_ WELL DEPTH: \_\_\_\_\_ DIAMETER: \_\_\_\_\_ PUMP CAPACITY: \_\_\_\_\_ (gpm)

PERMIT #: \_\_\_\_\_ WELL DRILLING COMPANY: \_\_\_\_\_

**WELL USE INFORMATION** Does this well serve a Public Water System? NO YES, PWS# \_\_\_\_\_

SINGLE FAMILY HOME MULTI-DWELLING If so, number of dwellings \_\_\_\_\_

NUMBER OF PEOPLE (age 7 and older) USING THE WELL: \_\_\_\_\_

NUMBER OF CHILDREN (age 0 to 6) USING THE WELL: \_\_\_\_\_

CHECK ALL THAT APPLY: POOL AIR CONDITIONER IRRIGATION OR LIVESTOCK

TYPE OF WELL: PRIVATE COMMUNITY NON-COMMUNITY OTHER: \_\_\_\_\_

**PUBLIC WATER LINE INFORMATION**

APPROXIMATE DISTANCE FROM NEAREST PUBLIC WATER SYSTEM: \_\_\_\_\_

NAME OF NEAREST PUBLIC WATER SYSTEM: \_\_\_\_\_ PHONE: \_\_\_\_\_

**THIS SECTION COMPLETED BY DEP**

Well ID: \_\_\_\_\_ Contaminant: \_\_\_\_\_ Level: \_\_\_\_\_

Physical Location (of contaminated well): \_\_\_\_\_

Rev. 05-22-2025 MAY SUBMIT ELECTRONICALLY TO: [Water\\_SupplyRestoration@FloridaDEP.gov](mailto:Water_SupplyRestoration@FloridaDEP.gov)  
Persons who require translation services (free of charge) may contact DEP's Limited English Proficiency  
Coordinator at 850-245-2118 or [LEP@FloridaDEP.gov](mailto:LEP@FloridaDEP.gov)



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**Conditions for Receiving Restoration or Replacement Assistance from the Water Supply Restoration Funding Program (WSRF)**

I, the undersigned, hereby acknowledge that I have read and understand the conditions set forth below for receiving assistance related to the restoration or replacement of my potable water well through the WSRF program, coordinated by the State of Florida Department of Environmental Protection (Department), and certify that the information provided by me in this request is true and correct.

**Scope of Assistance:** The WSRF will evaluate the circumstances and arrange for assistance that is determined by the Department to be the most cost-effective option for potable water restoration or replacement. This may include:

- The purchase and installation of an appropriate water filtration system.
- A connection to an existing public water supply system.
- Partial reimbursement for well replacement.

**Future Adjustments:** In cases where a filter system is installed, a connection to a public water supply may later be selected by the Department as a more cost-effective solution if public water lines become available.

**Legal Authorization and Waiver:** Pursuant to Section 376.30(3)(c)(1), Florida Statutes, I request the restoration or replacement of my potable water system as described above. I hereby grant permission for any activities necessary for the restoration or replacement process, and I understand that if I refuse to allow any restoration or replacement activities, the Department may revoke this assistance and discontinue these activities.

**Liability Waiver:** I shall indemnify and hold harmless the Department, and any authorized representatives, for any claims related to any act or omission that arise in connection with the restoration or replacement of my potable water system, except where such an act or omission is proven to be the result of gross negligence or intentional misconduct.

**PRINT OWNER NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SIGNATURE OF OWNER:** \_\_\_\_\_