

KRE/AID Management Zone – Safe Drinking Water Program Request to Participate in the Alternative Water Program

The KRE/AID Management Zone is implementing a safe drinking water program in the local area to ensure that residents who are dependent on water for drinking and cooking that exceeds the nitrate water quality objective of 10 mg/L nitrate (measured as nitrogen) have access to an alternative safe drinking water source. This program has two mechanisms to provide safe drinking water:

1. Residents can obtain drinking water from one of the free **Public Water Filling Stations** in your area. Operating facilities currently include (Go to INSERT URL for updates as more filling stations become operational):

INSERT List

2. Residents that are not able to obtain safe drinking water from one of the free public water filling stations may request to participate in an **Alternative Water Program**. Approved participants may receive safe drinking water at no cost - either through direct delivery of bottled water to their residence or by having a Point of Use Treatment System installed in their home and maintained, per the requirements of the Management Zone.

To request to participate in the Alternative Water Program, you must meet the following eligibility criteria:

- Your residence is located within the KRE/AID Management Zone.
- The source for drinking water at your residence (e.g., well or water system) contains nitrate concentrations above 10 mg/L (nitrate as nitrogen).

Note: If you do not know the nitrate concentration of your drinking water source, the Management Zone will test your well at no cost to you – please indicate the need for well testing on the attached table.

- You are willing to sign any necessary agreements with the vendor used by the Management Zone to provide drinking water to your residence.

If you believe you meet all of the eligibility requirements above, please complete all of the information in the attached table. The Management Zone will not provide this information to any local, state, or federal agency involved with law enforcement or immigration enforcement.

The completed table and attachments (if any) may be submitted in one of the following ways:

- Mail to: [INSERT Address]
- Electronically scan and email to: [INSERT Email Address]
- Go to [INSERT URL] and complete the request to participate online.

Request to Participat in the Turlock Management Zone Alternative Water Program (Complete All Parts of this Form)					
Part 1 - Resident Information	Resident's Name				
	Address				
	City		Zip Code		
	Primary Phone:				
	Alternative Phone:				
	Email:				
	Language Preference				
	How many people live at this residence?				
Part 2 - Well Testing	Do you need your well tested? <i>(Circle one)</i>	Yes	No*	* If no, please attach well test results for nitrate from within the last two years	
	What is the best way to coordinate with you to have your well tested? <i>(Circle one)</i>	Primary Phone	Email	Mail	
	If by phone, during which time period is it best call? <i>(Circle one)</i>	8 am - 12 pm	1 pm - 5 pm	5 pm - 8 pm	
Part 3 - Alternative Water Program Preference	If approved, do you prefer bottled water deliver or installation of a Point-of-Use (POU) Treatment System in your residence? <i>(Circle one)</i>	Bottled Water Delivery	POU Treatment System		
	Initial to indicate you are willing to sign agreement with Management Zone vendor to receive bottled water or install a POU treatment system	Intial: _____			
Part 4 - Land/ Property Ownership	Is the resident named above the landowner? <i>(Circle one)</i>	Yes	No		
	If yes, <u>Stop here.</u>				
	If no, please provide the requested information below about the land or property owner				
	Land/Property Owner's Name				
	Address				
	City		State		Zip Code
	Phone:				
Email:					