PFAS ALTERNATE WATER PROGRAM FOR PRIVATE WELL OWNERS

Purpose

The NC Department of Environmental Quality's (NCDEQ) PFAS Alternate Water Program provides options for a free under sink Reverse Osmosis system or reimbursement for the purchase of treatment system or, where feasible connection to public water to reduce exposure to per- and polyfluoroalkyl substances (PFAS) in private drinking water wells statewide where there is no identified responsible party.

Basis for Determining Treatment Needs

USEPA regulatory standards for the following six PFAS in public drinking water supplies.

- PFOA 4.0 ng/L or parts per trillion (ppt),
- PFOS 4.0 ng/L (ppt),
- PFNA 10.0 ng/L (ppt)
- PFHxS 10.0 ng/L (ppt)
- HFPO-DA (GenX chemicals) 10.0 ng/L (ppt), and
- A mixture of two or more: HFPO-DA, PFBS, PFHXS, PFNA at a hazard index of 1.0.

Sampling results for private water supplies that show an exceedance of one or more of the proposed regulatory standards are eligible for partial or full reimbursement of a treatment system.

Eligibility for Funds

The following persons are eligible:

- Owners of single or multiple unit residential properties serviced by a private well(s).
- Owners of single or multiple unit residential properties serviced by a community well serving 10 or fewer residences.

Owners/operators of businesses, municipalities, private water companies and community wells regulated by NCDEQ's Division of Water Resources are **not eligible**.

Eligibility criteria

- One or more PFAS must exceed a state or federal regulatory limit as specified in the "Basis for Determining Treatment Needs" above.
- The private well must be a source of drinking water (i.e., no irrigation wells).
- The applicant must own the home.
- There is no offer of an alternate water source for the property from a third party.
- One rebate per household.
- A treatment system must have been purchased and installed after November 2019.
- Water service connections must have been completed after November 2019

Funding

The Bernard Allen Memorial Emergency Drinking Water Fund (BAF) and other programs, administered by the NCDEQ Division of Waste Management, provide limited funding for well testing, emergency bottled water and assisting in permanent waterline connections or filter systems for treating contaminated wells. **Property owners have the option to accept a free under sink Reverse Osmosis (RO) treatment system or apply for reimbursement of a treatment system of their choice (designed to remove PFAS from drinking water).** Reimbursement of costs will be made available for approved applicants on a first-come, first-served basis and is not guaranteed to cover the entire cost of purchase or installation of the treatment system or public water service connection. NCDEQ will pay the approved applicant directly via US Mail.

Treatment Systems

The treatment system offered through the PFAS Alternate Water Program is an under-sink Reverse Osmosis system and will include a one-time maintenance of the system. Homeowners are encouraged to consider overall effectiveness of removing PFAS from drinking water and maintenance costs associated with the treatment system of their choosing. Typically, Reverse Osmosis systems have a lower installation and maintenance cost and provide a clean water option at a single source location. Whole house Point of Entry systems have a much higher installation cost as well as higher maintenance costs and provide clean water throughout the home. Maintenance costs of owner selected systems are not covered under this program.

Please note that when considering the selection of treatment systems, the State of NC, DEQ, and the BAF program do not endorse any one manufacturer, brand, or installer. When choosing a treatment system, you should look at the specification data to ensure the system is designed to remove or reduce PFAS to below the EPA drinking water standards. We suggest that you submit your selected system and quote to our staff for review prior to purchase so that we may verify the effectiveness of PFAS removal.

Reimbursement

Due to limited funds available the maximum reimbursement for either reverse osmosis point of use systems or whole house point of entry systems that are installed by homeowners will be $3500. Reimbursements will be on a first-come first-served basis while funding is available.

Disbursement of Funds

The North Carolina Office of the State Controller requires a “Substitute W-9 Form” be completed by the property owner for disbursement of funds. The form and instructions are attached at the end of the application.

Please note that only one homeowner’s information is needed for this form. Please contact our staff should you have any questions.

For homeowners electing to receive a free treatment system, the W-9 Form is not needed. NCDEQ will coordinate installation and payment through its contractors.

Application Procedures

To receive a free under-sink reverse osmosis system or request reimbursement for a treatment system you purchased, or water service connection, fill out the attached PFAS Alternate Water Application Form and send it with the supporting documentation via U.S. Mail to the address below or via email to Vincent.Antrilli@deq.nc.gov. Please contact Mr. Antrilli at **(919) 707-8353** if you have questions.

Mr. Vincent Antrilli
NCDEQ Bernard Allen Program Manager
1646 Mail Service Center
Raleigh, NC 27699-1646

PFAS ALTERNATE WATER APPLICATION FORM

Applicant 1 Name on Deed: _____ Date: _____

Applicant 2 Name on Deed: _____

Property address where treatment system or water service connection is installed:

_____

Street Address City/Town State Zip Code

Mailing address if different from property address:

_____

Street Address City/Town State Zip Code

I/We may be contacted by one or more of the following: (check all that apply and enter the information)

☐ Phone _____ ☐ Email _____ ☐ US Mail

My primary drinking water source is: (check one)

- ☐ Private well on my property
- ☐ Community well serving less than ten (10) residences
- ☐ None of the above

Within the last twelve (12) months my primary drinking water source has been tested for per- and polyfluoroalkyl substances (PFAS)?

- ☐ Yes (Please attach a copy of the complete lab report to this application*)
- ☐ No
- ☐ Unknown

*Not required if NCDEQ has sampled your well. We will have your lab report on file.

NCDEQ requires the well to be tested within the last twelve (12) months and, based on lab results provided, NCDEQ may request follow-up sample analysis to confirm contamination levels and/or effectiveness of the installed treatment system. In these cases, do you grant NCDEQ and/or its contractor permission to access your property to collect samples of your well water?

- ☐ Yes
- ☐ No

In certain circumstances, parties responsible for PFAS contamination exist. Have you been offered a system for treating PFAS in drinking water by another party?

- ☐ Yes (please explain below)
- ☐ No

_____

Treatment System Options

Please check the box of the selection below.

Free Reverse Osmosis System

☐ I/We have elected to accept the under-sink Reverse Osmosis system offer through the Noth Carolina Department of Environmental Quality's PFAS Alternate Water Program.

Reimbursement Options

I/We have installed or paid a professional contractor to install a treatment system designed to treat PFAS in my drinking water. The treatment system installed is from category: (check one)

- ☐ Whole House Point of Entry System
- ☐ Under-Sink Reverse Osmosis System
- ☐ Connection to a Public Water System

Proof of purchase and installation (treatment system make, model, purchase date and installation date must be included to qualify for reimbursement).

I have attached a copy of: (check all that apply)

- ☐ Treatment System purchase receipt
- ☐ Paid contractor invoice showing zero balance due
- ☐ Documentation showing make and model of installed treatment system
- ☐ Documentation from manufacturer stating the installed treatment system is designed to remove PFAS

I/We acknowledge that ongoing maintenance of the owner selected treatment system is my responsibility and not reimbursable through this program. (Please initial) _____ _____
Applicant 1 Applicant 2

I/We acknowledge that NCDEQ is not responsible for purchase or installation of the treatment system and hold NCDEQ harmless for any damages related to treatment system installation or improper installation of the treatment system. (Please initial) _____ _____
Applicant 1 Applicant 2

Installation of the treatment system was performed in accordance with all state and local plumbing regulations and permitting requirements. (Please initial) _____ _____
Applicant 1 Applicant 2

Public Water Service Connection Option

In lieu of a water treatment system, homeowner(s) may elect to connect to a public water system (if available). This option will require the owner(s) to contact the local utility department about public water system availability, application, fees, and monthly usage costs. If available, owner(s) may apply for the utility department to install a service tap and meter. Homeowner(s) will then need to hire a professional licensed contractor to make the connection from the meter to the residence and disconnect the residence from the well. Costs for meter to residence connections are separate from the utility department costs and may vary from one contractor to the next.

I/We have paid the local utility company and a professional contractor to install a water service tap & meter and connect my residence to the public water system: (check all that apply)

- ☐ Water service is active and is the primary source for drinking water
- ☐ Well has been disconnected from residence and is no longer in service
- ☐ Well has been disconnected from residence but still used for irrigation or non-potable use

I/We agree to allow NCDEQ to properly abandon the contaminated well eliminating risk of exposure to PFAS compounds. This work will be coordinated and paid for by NCDEQ.

- ☐ Yes
- ☐ No

Proof of purchase and installation

I have attached a copy of: (check all that apply)

- ☐ Utility Department Receipt showing zero balance due
- ☐ Paid contractor invoice showing zero balance due

I/We acknowledge that monthly water usage costs are my responsibility and not reimbursable through this program. (Please initial) _____ _____

Applicant 1 Applicant 2

Household Income Verification

To accommodate as many affected residents as possible based on limited resources, the program will utilize funds available from various sources, some of which have ties to household income level. For this reason, we ask that homeowners complete this portion of the application regardless of your choice to receive a free system or reimbursement of a system of your choice.

Please review the chart and answer the questions below.

2025 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Persons in Family	Poverty Guideline	**300% or (3x)**
1.....	$15,650	**$ 46,950**
2.....	$21,150	**$ 63,450**
3.....	$26,650	**$ 79,950**
4.....	$32,150	**$ 96,450**
5.....	$37,650	**$ 112,950**
6.....	$43,150	**$ 129,450**
7.....	$48,650	**$ 145,950**
8.....	$54,150	**$ 162,450**

How many family members live at home and are supported by our household income: ____
(Using the number of family members you wrote in, refer to the 300% (3x) column above to answer the next question)

My/Our current household income based on the most recent year tax return is: (check one)

☐ At or below three times (3x) the poverty guideline

☐ Greater than times (3x) the poverty guideline

REV 10/2023

NC Office of the State Controller
(IRS Form W-9 will not be accepted in lieu of this form)
***Denotes a Required Field**

STATE OF NORTH CAROLINA
SUBSTITUTE W-9 FORM
Request for Taxpayer Identification Number

Section 1 – Taxpayer Identification

***1.** ☐ Social Security Number (SSN),
OR
☐ Employer Identification Number (EIN),
OR
☐ Individual Taxpayer Identification Number (ITIN)

***2.**

Please select the appropriate Taxpayer Identification Number (EIN, SSN, or ITIN) type and enter your 9-digit ID number. The U.S. Taxpayer Identification Number is being requested per U.S. Tax Law. Failure to provide this information in a timely manner could prevent or delay payment to you or require The State of NC to withhold 24% for backup withholding tax.

***4. Legal Name** (as registered with the IRS - see instructions):

3. Unique Entity Identifier or Dunn & Bradstreet Universal Numbering System (DUNS) (see instructions):

5. Business Name/DBA/Disregarded Entity Name, if different from Legal Name:

(PRESS THE TAB KEY TO ENTER EACH NUMBER)

Contact Information

***6. Legal Address** (DO NOT TYPE OR WRITE IN THIS FIELD)	**7. Remittance Address** (Location specifically used for payment that is different from Legal Address, if applicable)
***Address Line 1:**	**Address Line 1:**
Address Line 2:	**Address Line 2:**
***City** ***State** ***Zip (9 digit)**	**City** **State** **Zip (9 digit)**
***County**	**County**

***8. Contact Name:**	
***9. Phone Number:**	
10. Fax Number:	
***11. Email Address:**	

***12. Entity Type**	***13. Entity Classification**	**14. Exemptions (see instructions)**
■ Individual/Sole Proprietor/Single-member LLC ☐ C-Corporation ☐ S-Corporation ☐ Partnership ☐ Trust/Estate ☐ Other_____ ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) _____ **Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	☐ Medical Services ☐ Legal/Attorney Services ☐ NC Local Govt ☐ Federal Govt ☐ NC State Agency ☐ Other Govt ■ Other (specify) Owner	Exempt payee code (if any): Exemption from FATCA reporting code (if any):

Section 2 -Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding because of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined later in general instructions), and
4. The FATCA code(s) entered on this form (if any) indicting that I am exempt from FATCA reporting is correct.

Certification instructions: Please refer to the IRS Form W-9 located on the IRS Website **(https://www.irs.gov/)**:

***Printed Name:**		***Printed Title:** Owner	
***Authorized U.S. Signature:**			***Date:**

Please complete the Modification to Existing Supplier Records form if there have been any changes to the following: Tax Identification Number (TIN), Legal Name, Business Name, Remittance Address.

If you would like to receive your payments electronically, please complete the Supplier Electronic Payment form.

Return all completed forms to the State Agency from which you are requesting payment.

General Instructions

For General Instructions, please refer to the IRS Form W-9 located on the IRS Website (https://www.irs.gov/).

Specific Instructions

Section 1 -Taxpayer Identification

1. Taxpayer Identification Type. Check the type of identification number provided in box 2.

2. Taxpayer Identification Number (TIN). Enter taxpayer's nine-digit Employer Identification Number (EIN), Social Security Number (SSN), or Individual Taxpayer Identification Number (ITIN) without dashes.

Note: If an LLC has one owner, the LLC's default tax status is "disregarded entity". If an LLC has two owners, the LLC's default tax status is "partnership". If an LLC has elected to be taxed as a corporation, it must file IRS Form 2553 (S Corporation) or IRS Form 8832 (C Corporation).

3. Unique Entity Identifier or DUNS Number. Suppliers are requested to enter their Unique Entity ID number or DUNS Number created in SAM.gov, if applicable.

4. Legal Name. Enter the legal name as registered with the IRS or Social Security Administration. For individuals, enter the name of the person who will do business with the State of NC as it appears on the Social Security Card or other required Federal tax documents. An organization should enter the name shown on its charter or other legal documents that created the organization. Do not abbreviate names. Do not enter a DBA or Disregarded Entity Name on this line.

5. Business Name. Business, Disregarded Entity, trade, or DBA ("doing business as") name.

Contact Information

6. Enter your **Legal Address.**

7. Enter your **Remittance Address, if applicable.** A **Remittance Address** is the location in which you or your entity receives business payments.

8. Enter the **Contact Name.**

9. Enter your **Business Phone Number.**

10. Enter your **Fax Number**, if applicable.

11. Enter your **Email Address**.

For clarification on IRS Guidelines, see www.irs.gov.

12. Entity Type. Select the appropriate entity type.

13. Entity Classification. Select the appropriate classification type.

Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the Exemptions box, any code(s) that may apply to you. See Exempt payee code and Exemption from FATCA reporting code below.

14. Exempt payee code. Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:
1 - An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
2 - The United States or any of its agencies or instrumentalities
3 - A state, the District of Columbia, a possession of the United States, or any of their political subdivisions, or instrumentalities
4 - A foreign government or any of its political subdivisions, agencies, or instrumentalities
5 - A corporation
6 - A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
7 - A futures commission merchant registered with the Commodity Futures Trading Commission
8 - A real estate investment trust
9 - An entity registered at all times during the tax year under the Investment Company Act of 1940
10- A common trust fund operated by a bank under section 584(a)
11 - A financial institution
12 - A middleman known in the investment community as a nominee or custodian
13 - A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

If the payment is for…	THEN the payment is exempt for…
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 5[2]
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

A - An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
B - The United States or any of its agencies or instrumentalities
C - A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
D - A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472- 1(c)(1)(i)
E - A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
F - A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
G - A real estate investment trust
H - A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
I - A common trust fund as defined in section 584(a)
J - A bank as defined in section 581
K - A broker
L - A trust exempt from tax under section 664 or described in section 4947(a)(1)
M - A tax exempt trust under a section 403(b) plan or section 457(g) plan

Section 2 - Certification

To establish to the paying agency that your TIN is correct, you are not subject to backup withholding, or you are a U.S. person, or resident alien, sign the certification on NC Substitute Form W-9. You are being requested to sign by the State of North Carolina.

For additional information please refer to the IRS Form W-9 located on the IRS Website (https://www.irs.gov/).