

Nitrate Treatment System Rebate Application Form

Rebate Checklist

- The nitrate treatment system installed **MUST** be certified by the State Water Resources Control Board Division of Drinking Water to reduce nitrate. A list of approved nitrate treatment systems is available on our website at www.valleywater.org/nitraterebate or you may contact us at **(408) 630-2300**.
- Install the nitrate treatment system and submit the completed rebate application to the water district within 90 days of its purchase. Limit one rebate per single family household.
- Include a water quality result dated within the last two years indicating that nitrate is above 45 milligrams per liter (mg/L) as nitrate (NO_3) or 10 mg/L as nitrogen (N) at the address where the nitrate treatment system is installed. The result must be from a state-certified lab. If the District tested your water, you do not need to include the nitrate result.
- Include the original sales receipt of the purchase of the approved nitrate treatment system. If purchased online, please print the online receipt and submit it to the water district along with the original packing list that comes with the nitrate treatment system.
- Mail your completed application and supporting information to:

SCVWD Nitrate Rebate Program
5750 Almaden Expressway
San Jose, CA 95118

Applicant Information¹

First Name	<input type="text"/>	Last Name	<input type="text"/>				
Mailing Address	<input type="text"/>						
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>	Phone	(<input type="text"/>) <input type="text"/>
Email (optional)	<input type="text"/>						
Installation Address (if different from mailing address)	<input type="text"/>						
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>	Phone	(<input type="text"/>) <input type="text"/>
Well Number ²	<input type="text"/>						
Nitrate Level	<input type="text"/>	milligrams per liter (mg/L) as	<input type="text"/>	Sampling Date	<input type="text"/>		
			(NO_3 or N)				

Nitrate Treatment System Information

Manufacturer	<input type="text"/>		Model #	<input type="text"/>
Purchase Date	Installation Date	Purchase Price (before tax)		
<input type="text"/>	<input type="text"/>	\$	<input type="text"/>	

¹ Approved rebate checks will be made payable to the applicant and will be sent to the mailing address listed.

² This can be found on the postcard you received from the District or on your District water production statement (e.g., 04S01W32P001).

Applicant Signature and Agreement

TERMS AND CONDITIONS OF THE NITRATE TREATMENT SYSTEM REBATE PROGRAM

1. To be eligible for a rebate, I must have an active registered private groundwater well in the County of Santa Clara that supplies my residence with potable water that contains nitrate above 45 milligrams per liter as nitrate (NO₃) or 10 milligrams per liter as nitrogen (N) and is not part of a public water system.
2. I will allow, if requested, a representative from the Santa Clara Valley Water District ("District") or any District authorized third party reasonable access to my property to verify the installed nitrate treatment system ("Nitrate Treatment System"). I understand a rebate will not be issued if I refuse to participate in any required verification that is scheduled within thirty (30) calendar days of District or its authorized third party contacting me. District or its authorized third party may contact the Nitrate Treatment System vendor and/or installer to verify purchase and/or installation of the Nitrate Treatment System, and may provide my name and/or address to third parties to complete this verification.
3. If I am a tenant, I have obtained the property owner's permission prior to installing the Nitrate Treatment System.
4. I certify that I have installed the Nitrate Treatment System in accordance with all applicable federal, state, and local laws, building codes, manufacturer's specification and permitting requirements.
5. DISTRICT MAKES NO REPRESENTATION OR WARRANTY, AND ASSUMES NO LIABILITY WITH RESPECT TO THE QUALITY, SAFETY, PERFORMANCE, OR OTHER ASPECT OF THE NITRATE TREATMENT SYSTEM OR ITS INSTALLATION, OPERATION OR PERFORMANCE, AND EXPRESSLY DISCLAIMS ANY SUCH REPRESENTATION, WARRANTY OR LIABILITY. I AGREE TO INDEMNIFY THE DISTRICT, DIRECTORS, OFFICERS, EMPLOYEES AND AGENTS, AGAINST ALL LOSS, DAMAGE, EXPENSE, FEES, COSTS, LIABILITY ARISING FROM ANY CLAIMS RELATED TO THE NITRATE TREATMENT SYSTEM, OR THE NITRATE TREATMENT SYSTEM INSTALLATION, PERFORMANCE, OPERATION OR MAINTENANCE, OR MY PARTICIPATION IN THE REBATE PROGRAM.
6. I understand that treatment systems require regular maintenance and agree to adhere and properly perform all manufacturer recommended maintenance for the Nitrate Treatment System.
7. I understand that each rebate will not exceed \$500, or 100% of the purchase price of the Nitrate Treatment System, whichever is less. Sales tax is not covered by this rebate. Notwithstanding the foregoing, funding for the Nitrate Treatment System Rebate Program is limited and is available on a first come, first serve basis.
8. I understand that if I apply for multiple rebates that result in the issuance of total rebate amounts equal to or greater than \$600, the District will report the rebated amounts to the Internal Revenue Service and the State of California as taxable income.

I have read, understood, and agree to the terms and conditions of the Nitrate Treatment System Rebate Program specified in this Rebate Application. I certify that the information I have provided is true and correct and that the nitrate treatment system described above for which I am seeking a rebate is installed and operational and meets the requirements of the Nitrate Treatment System Rebate Program.

Applicant Signature

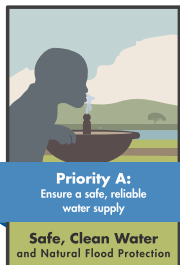
Date

Please allow 6 to 8 weeks for the rebate to be processed.

For Office Use Only

Date Application Received

Verification	Date <input style="width: 100%; height: 15px; background-color: #D9E1F2;" type="text"/>	By <input style="width: 100%; height: 15px; background-color: #D9E1F2;" type="text"/>	Nitrate Result <input type="checkbox"/> Above MCL <input type="checkbox"/> Test Location/Date <input type="checkbox"/> Registered DO Well	Treatment System <input type="checkbox"/> Model <input type="checkbox"/> Purchase/Install Date <input type="checkbox"/> Price
Post Inspection	Date <input style="width: 100%; height: 15px; background-color: #D9E1F2;" type="text"/>	By <input style="width: 100%; height: 15px; background-color: #D9E1F2;" type="text"/>	<input type="checkbox"/> Model Verified	
Rebate Approval	Date <input style="width: 100%; height: 15px; background-color: #D9E1F2;" type="text"/>	Authorized Signature <input style="width: 100%; height: 15px; background-color: #D9E1F2;" type="text"/>	Amount \$ <input style="width: 100%; height: 15px; background-color: #D9E1F2;" type="text"/>	
Rebate Check	Date <input style="width: 100%; height: 15px; background-color: #D9E1F2;" type="text"/>	Check # <input style="width: 100%; height: 15px; background-color: #D9E1F2;" type="text"/>	Amount \$ <input style="width: 100%; height: 15px; background-color: #D9E1F2;" type="text"/>	Account Coding 2017-26-465-6789-26061010-0000



Funded by the
**Safe, Clean Water and
Natural Flood Protection Program**