

Spill Fund Application Info

The state will reimburse you for the cost of your water test once you receive a clean water test after the POET system has been installed. Make sure you keep the receipt to submit to the State for reimbursement.

You should drink and cook with only bottled water until your post installation test confirms that the water is safe to drink. The Spillfund will reimburse you for the bottled water you purchase if you keep the receipts.

The State requires three quotes for the cost of the installation. Please call three treatment companies in your area. Once you receive your approval letter, please contact us with your unique claim number Id.

Treatment Vendors-

- Passaic/ Bergen Water Softening: 973-697-6055
- Advanced Water Conditioning: 973-839-2456
- Superior Water Conditioning: 201-891-8837

The Spillfund Claim Form Application is attached, and the answers are listed below.

Package Submission

The package to the state must include the following items.

The **notarized** Damage Claim Form Application must include:

1. Your test results report
2. 3 vendor quotes
3. A recent tax bill or 1st page of your deed
4. Paid invoice if want to be re-imbursed

Mail to the address on the Claim Form.

Email us the approval letter when you receive it so installation of treatment can be scheduled.

Below are the answers for the claim form

1. Your name
2. Check off individual
3. Leave blank
- 4a. Your address
- 4b. Only fill this out if you have PO box or a different mailing address
- 4c. Your phone number
- 4d. Your email
5. Your address
6. You can find the tax block and lot number on a tax bill
7. Your Social Security Number
8. Leave blank
9. Check off "no"
10. "unknown"
11. "unknown"
- 12a. "unknown"
- 12b. The day that the samples were collected listed on the test report
- 12c. "PFAS"
- 12d. "water test"
- 12e. "contaminated well"
- 12f. Your address
- 12g. Description: "single family home" use: "residence"
- 12h. "N/A"
- 12i. Check off no
- 12j. "NA"
- 12k. The month and year you purchased the house
- 12l, 12m, 12n, 13, 14, 15, 16. Cross out, **you do not need to fill these out**
- 17-21. "unknown" for each one
- 22-25. Check off "no" for each one. leave the lines blank
26. "no"
27. "health concerns"

Take the form to a notary and sign in front of a notary