



HO-CHUNK NATION DEPARTMENT OF HEALTH



Ho-Chunk Nation Residential Water Treatment Equipment Installation Program

I, _____ (Print Name) am the lawful owner or lessee of the land/property where water treatment equipment will be installed. I understand and agree to participate in the Ho-Chunk Nation Residential Water Treatment Equipment Installation Program and hereby allow the appropriate parties access to my land or property as necessary to install water treatment equipment.

WAIVER AND RELEASE OF CLAIMS

I agree to and give my consent to the Ho-Chunk Nation and all of its employees, agents, and contractors to install water treatment equipment on my property and forever release and discharge the Nation from any and all claims relating to the installation of water treatment equipment not listed under Ho-Chunk Nations Responsibility.

HOMEOWNERS RESPONSIBILITY

I am aware that I will be **responsible for all costs** associated with maintaining the water softening equipment, including the purchase of salt, if a water softener is required. I am also aware that all costs associated with the **failure to maintain** the water softening equipment will be the homeowner's responsibility as the property owner/lessee. Homeowner to provide the following documentation along with this completed application in order to be served by this program:

- Proof of Ownership of the property (Deed, Mortgage Statement, Tax Bill, etc.)
- Legible copy of Ho-Chunk Tribal ID
- Provide Home Construction Type (Check one below)

Mobile Home: _____ Home w/Crawl Space: _____

Home w/Basement: _____ Home on slab: _____

Ho-Chunk Health Care Center
N6520 Lumberjack Guy Road
Black River Falls, WI 54615
Ph. 715-284-9851 FAX 715-284-5150

House of Wellness
S2845 White Eagle Rd
Baraboo, WI 53913
Ph. 888-552-7889 FAX 608-355-9643

INSTALLATION DATE SELECTION

Please select a PRIMARY date that works best with your schedule. We cannot ensure that there will be availability on that date, but will make best efforts to work around schedules.

Monday August 14th _____ Monday August 21st _____ Monday August 28th _____

Monday September 11th _____ Monday September 18th _____ Monday September 25th _____

HO-CHUNK NATIONS RESPONSIBILITY

The Ho-Chunk Nation shall be responsible for the following:

- Purchase and installation of a Reverse Osmosis filter system.
- Purchase and installation of Water Softener **IF NECESSARY** based on water sample results.
- Training and issuance of an Operation and Maintenance Manual for installed equipment.
- Yearly RO Filter Replacement depending on the below situations:
 - Brockway Public Water System Residents – Filter replacements until Brockway is able to provide PFAS free water to their customers. When the Town of Brockway is able to provide PFAS free water, this RO system will no longer be needed and maintenance will become the homeowner’s responsibility.
 - Private Homeowner Wells – Filter replacements as long as funding is available. If funding becomes unavailable, it will be the homeowner’s responsibility for filter replacement.

Homeowner Signature: _____ Date: _____

Address: _____

Phone #: _____

Turn in completed applications along with supporting documents or direct questions by either option:

In Person or Mail:

Ho-Chunk Health Care Center Black River Falls
 N6520 Lumberjack Guy Rd.
 Black River Falls, WI 546158
 Attn: Brock Burnstad

Email to:

Brock.burnstad@ho-chunk.com