



Capitol Region Watershed District

APPLICATION FORM FOR WELL-SEALING COST-SHARE FUNDS

Instructions for completing your application:

1. Check the information in lines 1 - 8 on the application form and correct it if necessary.
2. If you have any of the additional information requested in lines 9 - 13, please fill in what you can. If you don't have the information, don't worry. We are just trying to add to the existing geology and groundwater databases.
3. Obtain at least 2 bids for well-sealing costs from licensed well contractors.

Unfortunately, District policy prohibits the distribution of lists or recommendations for well sealing contractors. To find a contractor, look in your Yellow Pages directory under "Well Drilling and Service" for a listing of businesses that perform well abandonment. The Minnesota Department of Health (MDH) also has a list of licensed contractors available by contacting the MDH Well Management section at (651) 201-4600.

4. Sign the enclosed contract and mail it, along with the application, to the CRWD. You must include copies of at least two (2) bids from licensed well contractors to receive 50% up to \$500.00 cost share funding. If you submit only one bid, you will be considered for only 25% or \$250.00 of the cost share funding.

What happens next?

1. Sealed wells are ineligible for receiving cost-share grant funds. You cannot apply to the program, and expect to receive cost-share funds without appropriate confirmation, which includes a signed contract with CRWD, 2 bids from licensed well contractors, receipt for sealing, and a Well and Boring Sealing Record from the Minnesota Department of Health.
2. The CRWD Board of Managers will vote to approve or disapprove funding. You will then have 120 days in which to get the well sealed and turn in the required documentation.

NOTE: If you do not submit all necessary documentation within 120 days, including a copy of the completed "Well and Boring Sealing Record" (prepared by your contractor) and a receipt from your licensed well contractor, you will not be reimbursed.

3. Submit the necessary documentation, following the requirements set forth in your application packet.
4. After all your paperwork is correctly submitted, the CRWD Board of Managers will authorize payment at their next meeting. A check will be processed and mailed to you.



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WELL-SEALING COST-SHARE APPLICATION FORM

Please verify the following information and correct it if needed.

1. NAME OF APPLICANT : _____
2. ADDRESS: _____
3. CITY, STATE, ZIP: _____
4. PHONE #: _____
5. ADDRESS WHERE WELL IS LOCATED: _____
6. WHERE IS WELL LOCATED ON PROPERTY?: _____
7. IS WELL CURRENTLY IN USE?: _____
8. WHAT WAS THE WELL USED FOR IN THE PAST?: _____

If known, please provide the following information about your well.

(Note: information is not necessary for application)

9. WELL DEPTH: _____
10. WELL DIAMETER: _____
11. AQUIFER: _____
12. WHAT ARE THE INFORMATION SOURCES FOR WELL DEPTH, DIAMETER AND AQUIFER?: _____
13. DO YOU HAVE A COPY OF A DRILLER'S LOG FOR THE WELL?: _____
(IF YES, PLEASE SUBMIT LOG WITH APPLICATION)

PLEASE SUBMIT FORM, SIGNED CONTRACT, AND AT LEAST TWO (2) COPIES OF BIDS FROM LICENSED WELL CONTRACTORS TO:

**Capitol Region Watershed District
1410 Energy Park Dr., Suite 4
St. Paul, MN 55108**