



Capitol Region Watershed District

595 Aldine Street • Saint Paul, MN 55104

T: 651-644-8888 • F: 651-644-8894 • capitolregionwd.org

Application & Instructions for Well Sealing Cost-Share Funds

1. Determine if your well is located within CRWD by entering your address into our online [MAP](#)
2. Complete the information on lines 1 – 7 of the Application Form.
3. If you have any of the additional information requested in lines 8 – 12, please include this information. This information helps us add to the existing geology and groundwater databases, but is not essential.
4. Send your completed Application Form to Carol Lundgren clundgren@capitolregionwd.org or mail your application to CRWD, Well Sealing Program, 595 Aldine St, St Paul, MN 55104.
5. Obtain at least 2 bids for well-sealing costs from licensed well contractors. The Minnesota Department of Health (MDH) has a list of licensed contractors available by contacting the MDH Well Management section at (651) 201-4600 or online at the [Licensed Well and Boring Contractor Directory](#). You can also search online for “Well Drilling and Service Near Me” for a listing of businesses that perform well abandonment and sealing services.
6. CRWD will send you a Well Sealing Cost-Share Grant Agreement after you submit your Application Form. Please sign and mail a *hard copy* of your Agreement to the CRWD office. You must include copies of at least two (2) bids from licensed well contractors to receive 50 % or up to \$750.00 cost-share funding. If you submit only one bid, you will be considered for only 25 % or \$375.00 of the cost-share funding. Sealed wells are ineligible for receiving cost-share funds. You cannot apply to the program and expect to receive cost-share funds without approval from CRWD prior to the start of work.
7. Once you have received approval from CRWD you will have 120 days in which to get your well sealed and turn in the required documentation. *PLEASE NOTE:* If you do not submit all necessary documentation within 120 days, including a copy of the completed “Well and Boring Sealing Record” prepared for you by your contractor and a paid receipt from your licensed well contractor, you will not be reimbursed.
8. After all your paperwork is correctly submitted, the CRWD Board of Managers will authorize your reimbursement payment, at their regularly scheduled meeting occurring the third Wednesday of each month. A check will be processed and mailed to you.



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Well Sealing Grant Application

1. Name of Applicant: _____
2. Address of Well: _____
3. Applicant Address (If different from above): _____
4. Phone and Email: _____
5. Where on the property is the well located? _____
6. Is the well currently in use? Yes No
7. What was the well used for in the past? _____

If known, please provide the following information about your well. These are supplemental questions and are NOT necessary for the application if you do not have the information.

8. Well Depth: _____
9. Well Diameter: _____
10. Aquifer: _____
11. Information source for above information: _____
12. Do you have a copy of the Driller's log for the well? Yes No
(If yes, please submit log with application)

Please submit application to

clundgren@capitolregionwd.org or

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