



## Capitol Region Watershed District

595 Aldine Street • Saint Paul, MN 55104

T: 651-644-8888 • F: 651-644-8894 • [capitolregionwd.org](http://capitolregionwd.org)

### Well Sealing Grant Guidelines

#### Are you located in CRWD?

Before applying to the Well Sealing Grant Program determine if your well is located within CRWD by entering your address into our [online map](#)

#### Application (step 1)

Complete the attached Well Sealing Grant Application and send completed form to:  
[amorrison@capitolregionwd.org](mailto:amorrison@capitolregionwd.org)

or

Capitol Region Watershed District  
Well Sealing Grant Program  
Attn: Alexandra Morrison  
595 Aldine Street  
St. Paul, MN 55104

#### Licensed Contractor Bids (step 2)

Obtain TWO bids for well sealing costs from licensed contractors and send to the above contact information.

- Bids must be from contractors licensed with the Minnesota Department of Health (MDH):  
[Well and Boring Contractors Directory](#)
- Contact MDH with questions about licensed contractors at 651-201-4600 or by visiting their [website](#)

#### Well Sealing Grant Agreement (step 3)

A Well Sealing Grant Agreement will be sent to the grantee via Adobe Sign once bids have been submitted. CRWD can provide an alternate method for signature if needed.

- Two bids: 50% CRWD match or up to \$750.00 for each well sealed
- One bid: 25% CRWD match or up to \$375.00 for each well sealed
- Wells sealed or work completed before a grant agreement is fully executed are ineligible for grant funding

#### Timeline (step 4)

Wells must be sealed and required documents submitted within 120 days of the fully executed grant agreement to receive grant reimbursement.

#### Required Documents (step 5)

Grantee must submit a copy of the "Well Sealing and Boring Record" (Record) and an itemized invoice or receipt that shows proof of payment to the above contact information. A copy of the Record can be obtained from the contractor after the well(s) has been sealed.

#### Reimbursement (final step)

Grant awards are issued as a reimbursement. Reimbursement is issued in the form of a check to the address provided on the application. Allow up to 60 business days after required documents have been submitted to receive the check. CRWD holds the right to deny, adjust or withhold funds based on grant guidelines.



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### Well Sealing Grant Application

Name of Applicant:

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Address of Well:

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Applicant Address (if different from above):

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Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Where on the property is the well located?

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Is the well currently in use?

Yes

No

If known, what was the well used for in the past?

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Questions or comments:

**Submit application to:**

[amorrison@capitolregionwd.org](mailto:amorrison@capitolregionwd.org)

or

Capitol Region Watershed District

Well Sealing Grant Program

Attn: Alexandra Morrison

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