

CROW WING COUNTY WELL SEALING COST-SHARE ASSISTANCE APPLICATION



Well Contractor: _____	Property Owner: _____
Address: _____	Property Address: _____
_____	_____
Phone Number: () _____	Parcel Number: _____
Township: _____	Number of wells to be sealed on property _____

NOTE: A separate application must be filled out for each well to be sealed.

COST SHARE INFORMATION

Please visit <https://crowwing.us/242/Grants> for cost sharing information and interactive map to verify location for cost share amount.

Wells located in Pine River Watershed AND surficial sand aquifers - **90% cost share**

Wells located in surficial sand aquifers outside of Pine River Watershed - **75% cost share**

Wells in Pine River Watershed regardless of county - **50% cost share**

Wells located in CWC but NOT within Pine River Watershed or a surficial sand aquifer - **50% cost share**

A visual inspection of the well must be made by a licensed well contractor when making a cost estimate:

Cost estimate for sealing: _____ *Cost-Share Amount* \$ _____

I, the undersigned, as a condition to accepting cost-share funds for sealing the above abandoned well, do agree that:

1. Well sealing will be done in accordance with Minnesota Statute 103I and MN Rules 4725.3850 (MN Department of Health Well Code).
2. The contractor sealing the well must file a sealed well report and a copy of the well record with the Minnesota Department of Health.
3. The cost-share funds will expire one year from the date signed.
4. By signing, the applicant certifies that the above information is true and accurate to the best of their knowledge, and agrees to release Crow Wing County from all liabilities.
5. **Applicant is responsible for cost sharing verification as described above. Crow Wing County will not reimburse more than the allowed cost share percentage as described above and verified by County staff.**

****This application must be returned to Crow Wing County Land Services along with the MDH Well and Boring Sealing Record and invoice for the appropriate cost share amount in order to receive cost share funding**

APPLICANT / WELL CONTRACTOR		For office use only	
Name: _____		Approved _____	
Signature: _____ Date: _____		Not approved at this time Reason: _____	
_____		County Staff Signature: _____ Date: _____	