

CROW WING COUNTY WATER PLAN WELL SEALING COST-SHARE ASSISTANCE APPLICATION AND CONTRACT

CONTRACT NUMBER 16 - _____ *(Environmental Services to fill in)*

Well Applicant: _____
Address: _____

Well Owner: _____
Address: _____

Phone Number: () _____

Phone Number: () _____

Location: ___ 1/4 of ___ 1/4 of ___ 1/4

Parcel Number: _____ *(from tax statement)*

Township Name: _____

Section #: _____

NOTE: A separate application must be filled out for each well to be sealed. Number of wells to be sealed on property _____.

Depth: _____ feet Casing Diameter: _____ inches Age of well construction: _____ year

WELL CONSTRUCTION: (check)

Type:	<i>drilled</i> _____	<i>dug</i> _____	<i>augered</i> _____	<i>sand point</i> _____	<i>other</i> _____
Casing:	<i>steel</i> _____	<i>plastic</i> _____	<i>concrete</i> _____	<i>tile</i> _____	<i>other</i> _____
Head:	<i>above ground</i> _____	<i>basement</i> _____	<i>pit</i> _____	<i>buried</i> _____	<i>other</i> _____
Pump:	<i>submersible</i> _____	<i>jet</i> _____	<i>piston</i> _____	<i>hand</i> _____	<i>other</i> _____
Former Use:	<i>farm/home</i> _____	<i>irrigation</i> _____	<i>commercial</i> _____	<i>other</i> _____	

WELL INFORMATION: (circle yes or no)

Is the well in a wellhead protection area?	Y/N
Is head of well subject to flooding?	Y/N
Is the well within 1 mile of a public supply well?	Y/N
Is the well a hazard for people or animals to fall into?	Y/N
Is the well diameter > 8"?	Y/N
Is the well in more than one aquifer?	Y/N
Is the well within an area of known contamination?	Y/N
Is well within the isolation distances from MN Rules 4725 (see diagram on reverse)?	Y/N
Is a photo of the well included with this application?	Y/N

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

Name of well contractor: _____ *(Environmental Services to fill in)*

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). The contractor sealing the well must file a sealed well report and a copy of the well record with the Minnesota Department of Health. No reimbursement payments shall be made from cost-share funds until proof of said filing is made to Crow Wing County. County and/or State employees or their agents may make on-site inspection of the project. Payment will be made directly to contractor.
2. All items of cost for which reimbursement is claimed shall be supported by receipts and are to be verified by Crow Wing County to be practical and reasonable. Payment will be made directly to contractor.
3. The amount of cost-share funds for the sealing of this well will not exceed the maximum cost-share amount of \$1000.00 or 50% of the actual eligible cost incurred and documented, which ever is less. 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, will allow access to local officials and a licensed well contractor for estimating cost and agrees to release Crow Wing County from all liabilities.

****This Application Must Be Returned to the Crow Wing County Environmental Services & Signed by the County Before the Well is Sealed! ****

APPLICANT'S SIGNATURE	
Well Applicant's Name: _____	Date: _____
Well Applicant's Signature: _____	Date: _____

APPROVAL STATUS	
Approved	
Not approved at this time	
County Staff Signature: _____	Date: _____

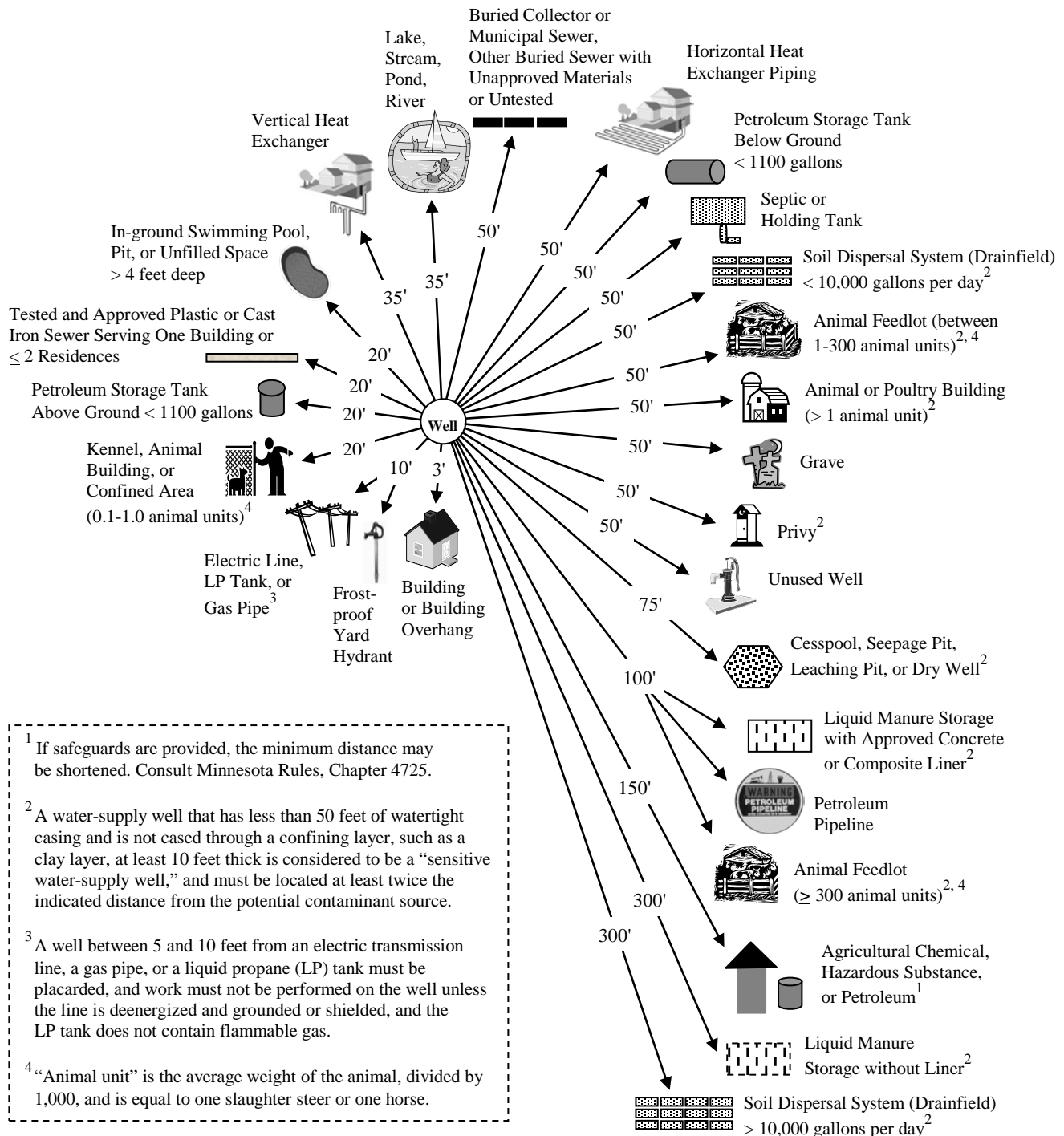
Protecting Your Well

Minnesota Department of Health

Well Management Section
625 North Robert Street, P.O. Box 64975
St. Paul, Minnesota 55164-0975
651-201-4600 or 800-383-9808
www.health.state.mn.us/divs/eh/wells

Environmental Health Division

SELECTED WELL ISOLATION DISTANCE REQUIREMENTS (See Minnesota Rules, Chapter 4725 for a complete list of requirements.)



¹ If safeguards are provided, the minimum distance may be shortened. Consult Minnesota Rules, Chapter 4725.

² A water-supply well that has less than 50 feet of watertight casing and is not cased through a confining layer, such as a clay layer, at least 10 feet thick is considered to be a "sensitive water-supply well," and must be located at least twice the indicated distance from the potential contaminant source.

³ A well between 5 and 10 feet from an electric transmission line, a gas pipe, or a liquid propane (LP) tank must be placarded, and work must not be performed on the well unless the line is deenergized and grounded or shielded, and the LP tank does not contain flammable gas.

⁴ "Animal unit" is the average weight of the animal, divided by 1,000, and is equal to one slaughter steer or one horse.