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

CONTRACT NUMBER 16 - ____ *(Environmental Office to fill in)*

****THIS APPLICATION MUST BE RETURNED TO THE WATER RESOURCES OFFICE & SIGNED BY THE COUNTY *BEFORE* ANY PAYMENT IS MADE! ****

Well Applicant: _____ **Well Owner:** _____

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

WELL INFORMATION: (*circle yes or no*)

Is head of well subject to flooding? ***Y / N***

Is well within 1/2 mile of a well being used? ***Y / N***

Is well a hazard for people or animals to fall into? ***Y / N***

Is this well being voluntarily filled? ***Y / N***

Is well within 100 feet of: *septic tank* ***Y / N*** *drainfield* ***Y / N*** *feedlot* ***Y / N*** *storage tanks* ***Y / N***

chemicals ***Y / N*** *other* ***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: _____

Cost estimate for sealing: $ _____

(Environmental Office to fill in)

Maximum Cost-Share $ _____

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 Statues, Section 1031.331 (1990), (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 the Murray County Water Plan Coordinator. County and/or State employees or their agents may make on-site inspection of the project.
2. All items of cost for which reimbursement is claimed shall be supported by receipts and are to be verified by Murray County to be practical and reasonable.
3. The removal or pulling of the pump in the abandoned well is the responsibility of the well owner and not an eligible cost-share item.
4. The amount of cost-share funds for the sealing of this well will not exceed the maximum cost-share amount of $500.00 or 50% of the actual eligible cost incurred and documented, which ever is less. **The cost-share funds will expire two years from the date signed.**
5. 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.

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APPLICANT VERIFICATION

Well Applicant's Full Legal Name

_____

_____ _____

Well Applicant's Signature **Date**

Applicant SS # or Tax ID #: _____

MURRAY COUNTY VERIFICATION

_____ _____

Water Plan Coordinator Signature ***Date***

Last update 1/6/2016