

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: _____
Address: _____

Well Owner: _____
Address: _____

Phone Number: () _____
Location: ___ 1/4 of ___ 1/4 of ___ 1/4
Township Name: _____

Phone Number: () _____
Parcel Number: _____ *(from tax statement)*
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 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 *trainfield* _____ 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: _____ *(Environmental Office to fill in)*
 Cost estimate for sealing: \$ _____ **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 Statutes, 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 _____
<small>Last update 1/6/2016</small>	