

Abandoned Well Sealing Application

Applicants will be contacted to determine their eligibility for funding to seal the well. Depending on the property location, applicants may be eligible for reimbursement at either 50% or 100% of the cost, up to a certain amount (see map on website). Wells covered at 100% of the cost are supported by the Clean Water Fund. Applications are reviewed on a rolling basis, and are prioritized in the case of limited funds. Priority will be given to more vulnerable wells, and other factors may be considered.

Applicant Information Applicants may not proceed with well sealing until the application is approved and a contract has been signed. Funding will not be applied retroactively to wells that have already been sealed.

Name _____
 Address _____ City _____ Zip _____
 Well Address (if different) _____
 Phone (home) _____ (cell) _____ Email _____
 Year well last used _____ Owned by current owner _____ yrs

Well Information If you do not know the answer to a question, please leave it blank.

Year Well Constructed _____ Well Depth _____
 Casing Diameter _____ in Casing Depth _____ ft Casing Material Steel Other _____
 Type Drilled Drive Point Dug Other
 Use Residential Agri./Irrigation Commercial Industrial Other _____
 Casing determination Pitless Pit Well House Above Grade Basement Offset
 Basement/Slab Floor Below Basement Grade Crawl Space Other _____
 Wellhead Sanitary Seal Covered Open Other _____
 Pump type Submersible Jet Piston Jack Hand None Other _____

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Well Information cont'd If you do not know the answer to a question, please leave it blank.

Describe well location _____

Type and distance to contamination sources _____

Is there public water supply within 1 mile? [] Yes [] No

Approved construction [] Yes [] No (Describe) _____

Approved location [] Yes [] No (Describe) _____

Please check if any of the following apply:

- [] Multi-Aquifer [] In Drinking Water Supply Management Area [] In area of known

I verify that the provided information is correct to the best of my knowledge. I understand that any private information, including contact information, is provided for the purpose of determining eligibility and to contact applicants for the well cost share program, and will not be used for any other purpose. I understand that I am not required to provide this information, but it may affect my eligibility for the program.

Signature _____ Date _____

Send Abandoned Well Sealing Grant Application To:

Washington County
Department of Public Health & Environment
14949 62nd Street North
PO Box 6
Stillwater MN 55082
Fax: 651-430-6730
Email: PHE@co.washington.mn.us

For County Use Only

Application Received _____ Date Contacted _____ Date site visit conducted _____

Site visit notes _____

Staff conducting site visit _____

Applicant is eligible for: [] 100% Cost Share [] 50% Cost Share

Application Ranked? [] YES [] NO

Application status: [] Approved [] Waiting List [] Denied _____

Staff signature: _____

Date: _____