



APPLICATION FOR WELL SEALING COST SHARE FUNDING

File Number (Office Use Only): _____

Instructions

1. Complete and submit application. Electronic submittals preferred. See page 2 for information on how to submit applications.
2. Applications are accepted on a rolling basis.

APPLICANT INFORMATION (MAIN CONTACT)

Name: _____

Telephone: _____

Email: _____

Address: _____

City/Township: _____ Zip: _____

WELL LOCATION

Address: _____

City/Township: _____ Zip: _____

PID: _____

WELL INFORMATION

(If known – a well contractor may be able to assist with completing this section)

Depth (ft): _____ Aquifers penetrated: _____

Diameter (in): _____ Year Constructed: _____

Casing Depth (ft): _____ Well Condition: _____
(ruptured casing, rusting)

Type of Construction: _____
(ungROUTED, open hole, etc.)

WELL SEALING COST ESTIMATES

Number of Wells to Be Sealed: _____

Estimate 1: \$ _____ Company Name: _____

Estimate 2: \$ _____ Company Name: _____

Estimate 3: \$ _____ Company Name: _____

WELL QUESTIONNAIRE

The questionnaire below will enable us to assess eligibility of wells for sealing. Please answer as many questions as possible to the best of your knowledge. A well contractor may provide valuable assistance.

	Yes	No
1. Is the well a public safety hazard (e.g. a large diameter open pit)?		
2. Is the well located within 100' of an active feedlot?		
3. Is the well located within a 100 yr floodplain?		
4. Is the well located within a Wellhead Protection Area?		
5. Is the well located in an industrial area or in the right-of way of roads, railroads, or pipelines?		
6. Is the well located at an unattended site?		
7. Is the well located within an area sensitive to groundwater pollution as identified in the Carver County Geologic Atlas Part B?		
8. Does the well extend through multiple aquifers?		

As the owner of the above listed property, I/we apply for cost share funds to have the unused well(s) sealed.

Property Owner Signature: _____ **Date:** _____

Please note: This is the application to be considered for funding. This is not a contract that guarantees reimbursement. Your application will be evaluated and you will be notified if your well is chosen for the cost share program.

Return application to:

Tim Sundby
Carver County Planning & Water Management
600 East Fourth Street
Chaska, MN 55318

Email: tsundby@carvercountymn.gov
Phone: 952.361.1816

OFFICE USE ONLY

Date Received: _____

Staff Recommendation: _____

County Board Approval: _____

Amount Funded: _____