

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

CONTRACT NUMBER _____ - _____ *(Environmental Office to fill in)*

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

Well Applicant: _____ Address: _____ _____ Phone Number: _____ Well Address: _____ Location: _____	Well Owner (if different): _____ Address: _____ _____ Phone Number: _____ Parcel Number: _____ <i>(from tax statement)</i> 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 _____	drainfield _____	feedlot _____	storage tanks _____
	chemicals _____	other _____		

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 current Minnesota Statutes, Section 103I.301. 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.

**THIS APPLICATION MUST BE RETURNED TO THE MURRAY COUNTY ENVIRONMENTAL SERVICES OFFICE & SIGNED BY THE COUNTY BEFORE ANY PAYMENT IS MADE! ** PO Box 57, 2500 28th Street, Slayton, MN 56172

APPLICANT VERIFICATION

Well Applicant's Full Legal Name _____

Well Applicant's Signature _____ Date _____

MURRAY COUNTY VERIFICATION

Water Plan Coordinator Signature _____ Date _____



t)

v

