

CROW WING COUNTY WELL SEALING COST-SHARE ASSISTANCE APPLICATION



Well Contractor: _____

Property Owner: _____

Address: _____

Property Address: _____

Phone Number: () _____

Parcel Number: _____

Township: _____

Number of wells to be sealed on property _____

NOTE: A separate application must be filled out for each well to be sealed.

COST SHARE INFORMATION

Wells are eligible for a **50%** cost-share reimbursement.

Please visit <https://crownwing.us/242/Grants> for more Well Sealing Cost-Share Grant information.

A visual inspection of the well must be made by a licensed well contractor when making a cost estimate:

Cost estimate for sealing: _____	Cost-Share Amount \$ _____
----------------------------------	----------------------------

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 Statute 103I and MN Rules 4725.3850 (MN Department of Health Well Code).
2. The contractor sealing the well must file a sealed well report and a copy of the well record with the Minnesota Department of Health.
3. The cost-share funds will expire one year from the date signed.
4. By signing, the applicant certifies that the above information is true and accurate to the best of their knowledge, and agrees to release Crow Wing County from all liabilities.
5. **Applicant is responsible for cost sharing verification as described above. Crow Wing County will not reimburse more than the allowed cost share percentage as described above and verified by County staff.**

****This application must be returned to Crow Wing County Land Services along with the MDH Well and Boring Sealing Record and invoice for the appropriate cost share amount in order to receive cost share funding**

APPLICANT / WELL CONTRACTOR		For office use only	
Name: _____		Approved _____	
Signature: _____		Not approved at this time _____	
Date: _____		Reason: _____	
		County Staff Signature: _____ Date: _____	