



Well Sealing Grant – Cost Sharing Contract

I agree to the following terms to accept cost-share funds for sealing wells:

- Well sealing will be performed in accordance with Minnesota Statute 103I and MN Rules 4725.3850 (MN Department of Health Well Code).
- This contract is between the contracting company who signs this form and Crow Wing County in order that the County can work directly with contractors who will then represent individual property owners directly to seal wells.
- The contractor sealing the well must file a sealed well report and a copy of the well record with the Minnesota Department of Health.
- The cost-share funds will expire one year from the date signed on the application.
- By signing, the applicant certifies that the well sealing information is true and accurate to the best of their knowledge, and agrees to release Crow Wing County from all liabilities.
- Applicant is responsible for cost-sharing verification. Crow Wing County will not reimburse more than the allowed cost-share percentage as verified by County staff. Any over- or under-charges that the Contractor has invoiced to their clients/customers is not the responsibility of Crow Wing County to rectify, reimburse, or be liable/responsible for.
- Applications 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. Incomplete applications will be returned.

IN WITNESS WHEREOF: The parties hereto have executed this Contract on the date(s) indicated below.

COUNTY OF CROW WING & CONTRACTOR

By: _____

By: _____

Chris Pence _____

Printed name: _____

Environmental Services Manager

Company name: _____

Date: _____

Date: _____

Please sign and date this document and return to:

Email: landservices@crowwing.gov - Mail: Land Services, 322 Laurel Street Suite 15, Brainerd MN 56401