

POPE SOIL & WATER



CONSERVATION DISTRICT

Cost Share Well Sealing Application

Pope Soil & Water Conservation District

1680 Franklin St. N

Glenwood, MN 56334

(320) 634-5327 Phone

www.popeswcd.org

holly.kovarik@mn.nacdnet.net

Name: _____

Application Date: _____

Address: _____

City/Zip: _____

Phone: _____

General Information:

1. The well sealing program is available to any land owner within Pope County who wishes to seal water wells that are no longer functional.
2. The Program will be guided with technical assistance provided by the Natural Resources Conservation Services (NRCS) and with financial assistance from the water plan funding through the Pope SWCD.
3. Financial assistance is provided at a rate of 75% cost share of customer's total approved costs. Remainder of the bill will be borne by the customer (not to exceed \$500). Two estimates are recommended and a contract must be signed prior to any work being done to seal the well.
4. **In order to be eligible for this cost share program, Pope SWCD must have approved the application and design, and completed an inspection BOTH PRIOR TO AND AFTER THE WELL IS SEALED. Also a picture of the site will be required prior to and after sealing.**
5. **When you have completed this page, please bring it or mail it to us at the above address. Attn: Pope SWCD. We will then inspect the well and offer recommendations for sealing it.**

Well information:

Total Well Depth: _____

Flowing Well: Yes ___ No ___

Casing Diameter: _____

Depth of Water: _____

Casing Material: steel, tile, other _____

Former Well Use: Home/Farm ___ Commercial/Industrial ___ Irrigation ___ Other _____

1. Does this well pose a hazard for people or animals to fall into? Yes ___ No ___ Don't Know ___
2. Is this well located within ¼ mile of a public water supply? Yes ___ No ___ Don't Know ___
3. Is this well located in an area that may undergo change that could potentially increase the contamination possibilities? Yes ___ No ___ Don't Know ___
If yes, please explain. _____
4. Age of well or date installed? _____
5. Will this well be replaced by a new well? ___ If yes, approximate date _____
6. Year this well was abandoned? _____

Distance to possible contamination sources:

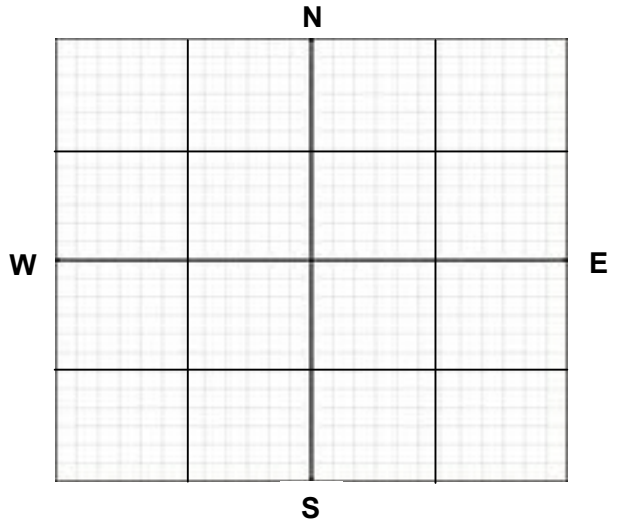
- __ Above and below ground fuel tanks _____ feet
- __ Chemical storage _____ feet
- __ Feedlot, barnyard or manure pit _____ feet
- __ Septic tank system _____ feet
- __ Well presently being used _____ feet
- __ Other potential contamination sources (list)

NOTES:

Well Driller's Estimate:

Name of Driller: _____

Estimate: _____



Mark location - place an "X" in a box on the grid above, which represents a section of land.

Legal Description

Township Name _____

Qtr Sec Twp Range

Applicant Signature

Date

OFFICE USE ONLY:

Date Application Received in the Office : _____

Inspection prior to sealing by: _____ Date: _____

Date well was sealed: _____

Inspected after sealing by: _____ Date: _____

Date well log and bill was received: _____

Payment approved by: _____ Mailed: _____