

WELL SEALING COST-SHARE APPLICATION

Version July 2020

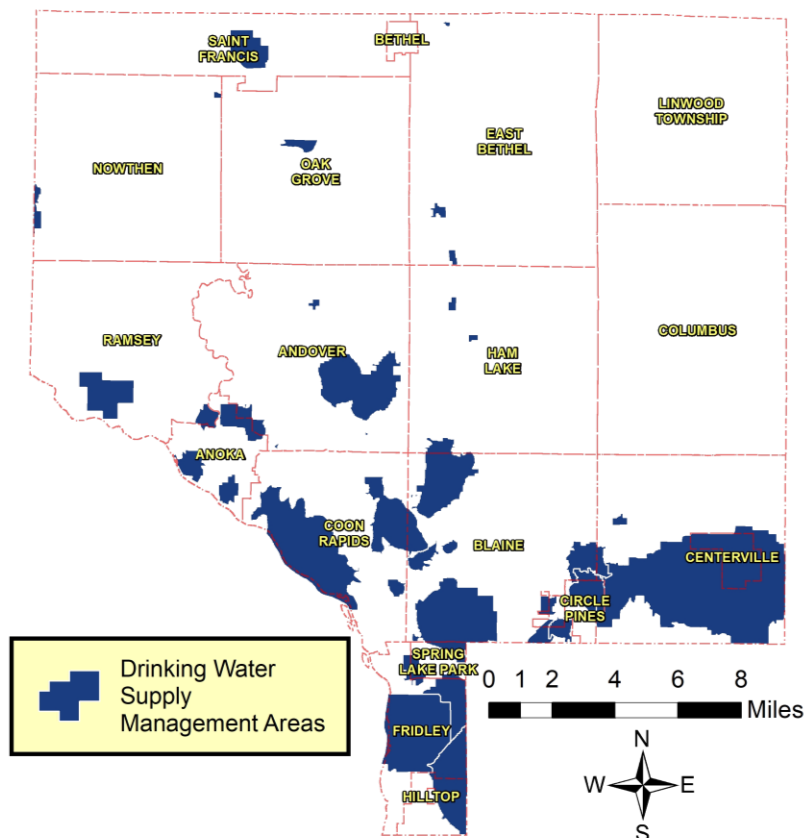


Program Purpose: In order to protect our drinking water from contamination, Anoka Conservation District (ACD) secured funds to aid Anoka County property owners in **Drinking Water Supply Management Areas** (see map to right) with the cost of professionally sealing wells that are not in use. Sealing unused wells prevents contaminants near the surface from entering drinking water supplies.

Application Process:

PART 1 of this application determines if your property is located in an area that is eligible for up to 60% reimbursement from the well sealing cost-share program.

PART 2 will be used by ACD to coordinate the bidding process from interested licensed well sealing companies in Anoka County and the surrounding counties.



Post-Application Process:

Applications will be reviewed by ACD on a first-come-first serve basis.

Eligible applicants will be **mailed** a cost-share agreement from ACD about 2 - 6 weeks after ACD receives a **complete** application. This cost-share agreement will include items such as your final cost-share amount (60% of the lowest bid that ACD coordinated) and a list of items that must be submitted to ACD to verify project completion and contractor payment. The cost-share agreement must be signed by **both** ACD **and** the applicant, and be on-file at ACD's office prior to proceeding with the well sealing project. **ACD will NOT reimburse projects that were started prior to the signed cost-share agreement.** Generally, applicants will have 90 days to request project reimbursement from the day that ACD received the signed cost-share agreement.

WELL SEALING COST-SHARE APPLICATION

ID Code: _____ (ACD Use)



PART 1

Well Sealing Cost-Share Eligibility Questions: *To be eligible for cost-share, the permanent well sealing project must be located in both Anoka County AND in a Drinking Water Supply Management Area.*

1. Are you seeking to protect drinking water by permanently sealing your well? **Yes** **No**
2. Is your well located in Anoka County? **Yes** **No**
3. Is your well located in a Drinking Water Supply Management Area? **Yes** **No**

See map above, or see MN Dept. of Health DWSMA Map Viewer for more detail
www.health.state.mn.us/communities/environment/water/swp/mapviewer.html

Next Steps

If “**yes**” to **ALL** three questions, proceed to PART 2, below.

If “**no**” to **ANY** question, then you are either ineligible for this program, or you don’t need your well sealed because it is still in use.

PART 2



Applicant Information:

Landowner Name _____

Mailing Address _____

City _____ State _____ Zip _____

Well Address (if different) _____

Phone (home) _____ (cell) _____

Email _____



Well Information:

Year Original House was Built (approximate) _____

Number of years house owned by current owner (approximate) _____

Year well last used (approximate) _____

Generally, where is the well located? _____
(e.g., in the front yard, in the basement under the front step, etc)

Is there anything that would prevent a crew from backing up to the well with a hoist truck?

(e.g., roof overhang, a fence, flower garden, trees, retaining wall, electrical lines, deck, etc.)



Attach the Following Photos to your Application:

1. Looking down on the well, as if you're standing on top of it. Include a tape measure in the photo that shows the diameter of the well.
2. View of well from the side, showing the context of where the well is located
3. Showing the access path to the well from the main road or driveway

If your well is located in your basement, also include photos of:

4. The sidewalk or front step above the well (sometimes there's a glass block above the well)
5. Any obstruction(s), such as roof overhang, that might limit the use of a hoist truck to pull the well equipment through the basement access point.



Applicant Verification of Information:

I verify that the provided information is correct to the best of my knowledge. I understand that any private information, including contact information, is provided for the purposes of determining program eligibility; obtaining licensed well sealer project bids, and contacting applicants about the well sealing cost share program. I agree that typing my name and date in the signature constitutes a valid, binding electronic signature.

Landowner Signature _____ Date _____

Submit complete application to:

Email (preferred)

kris.larson@anokaswcd.org

Or,

Mail

Anoka Conservation District
1318 McKay Dr NE, Suite 300
Ham Lake MN, 55304

FOR ANOKA CONSERVATION DISTRICT USE ONLY:

Application Received _____ ID Code¹ _____

Application Status: Approved Incomplete Application

Ineligible _____

Staff Signature _____ Date _____

Notes _____

¹Code = yy + mm + dd + city + lastname

Funding
Provided
Through

