



Lake of the Woods
Soil & Water Conservation District
PO Box 217, Baudette, MN 56623
218/634-1842 x4

UNUSED/ABANDONED WELL SEALING PROGRAM

Instruction Sheet

The Lake of the Woods Soil and Water Conservation District (SWCD) provides funding through Local Water Plan funding to implement a cost share program for sealing unused/abandoned private wells. Costs eligible to be cost shared are limited to the permit, digging, sealing materials, and backfill of the well site.

The cost share can be up to 75% of these costs, not to exceed \$300.00 per well. Any other related costs shall be paid by the landowner. Just follow the instructions below.

1. **Obtain and fill out an application.** Applications are available at the Lake of the Woods SWCD office, located at the Federal Building, 119 1st Ave NW, in Baudette. One can also be mailed to you. To request an application or to have any questions answered about the program, call 218/634-1842 x4.
2. **Turn in the completed application form to the SWCD office.** The application is then reviewed by the SWCD Board of Supervisors at the regular monthly board meeting. The SWCD board will approve/deny the application and set the cost share amount. You will be notified as to the status of your application following the meeting.

IMPORTANT! Work must not be started until AFTER you receive notification that your application is approved or you have an approved waiver form. If your well will be sealed prior to approval of the application by the SWCD board, a waiver form (see attached waiver form) must be signed by SWCD staff. If work is commenced prior to an approved application or waiver form, the project would not be eligible for cost share.

3. **Have the well sealed by a licensed contractor within 1 year of contract approval.** We strongly recommend that you obtain at least one bid from a licensed well driller/sealer (a list of some of the local contractors is included in the application packet). A contract extension may be granted if requested prior to the expiration.
4. **In order to receive payment,** fill out and return the payment voucher on page 3 and include the items listed.

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MINNESOTA DEPARTMENT OF HEALTH
WELL AND BORING SEALING RECORD
 Minnesota Statutes, Chapter 1009

Minnesota Well and Boring Sealing No. **H 249081**
 Minnesota Unique Well No. or Waterline No. (See seal on form)

WELL OR BORING LOCATION
 County Name **Lake of the Woods**
 Well Name **1140 Lake 168N 33E 34 S NESE**
 Township No. **33E** Range No. **34 S** Section No. **NESE**
 Date Sealed **7-27-07** Casing Well or Boring Constructed **1979?**

Depth Below Sealing **60'** Original Depth **60'**

STATIC WATER LEVEL
 Measured Estimated
 Etc. Dura Hole Other Yes above land surface

WELLBORING
 Single Aquifer Multi-aquifer
 Water Supply Well Minut. Well
 Etc. Dura Hole Other

CASING TYPE(S)
 Steel Plastic Tile Other

WELLHEAD COMPLETION
 Outside: Well House Basement Office
 Pile(s) Adapter/Int. Well Pit
 Well Pit Buried
 Buried

PROPERTY OWNER'S NAME/COMPANY NAME
Jane Doe
 Property owner's mailing address if different than well location address indicated above

CASING(S)
 Depth **0** to **20** ft. Invert hole? No Yes Unknown
 In. from _____ to _____ ft. No Yes Unknown
 In. from _____ to _____ ft. No Yes Unknown

WELL OWNER'S NAME/COMPANY NAME
Same
 Well owner's mailing address if different than property owner's address indicated above

SCREENING METHOD
 Screen from _____ to _____ ft. Open Hole from **20** to **60** ft.

OBSTRUCTIONS
 Check Valve(s) Debris Fill No Obstruction
 Type of Obstruction(s) (Describe) **None**

Obstructions removed? Yes No Describe **None**

GEOLOGICAL MATERIAL	COLOR	THICKNESS (ft.)	FROM	TO
CLAY	Grey	5	0	5
Redrock	Red	H	5	60

PUMP
 Type **Submersible**
 Removed Not Present Other

METHOD USED TO SEAL ANNUULAR SPACE BETWEEN 2 CASINGS OR CASING AND BORE HOLE:
 No Annular Space Exists Annular space grouted with tremie pipe Casing Perforation/Removal
 In. from _____ to _____ ft. Perforated Removed
 In. from _____ to _____ ft. Perforated Removed
 Type of perforator _____
 Other _____

GROUTING MATERIALS (One bag of cement = 94 lbs., one bag of bentonite = 50 lbs.)
 Grouting Material **Bentonite** from **0** to **60** ft. **3 1/2** bags

OTHER WELLS AND BORINGS
 Other unsealed and sealed well or boring on property? Yes No How many? _____

LICENSED OR REGISTERED CONTRACTOR CERTIFICATION
 This well or boring was sealed in accordance with Minnesota Rules, Chapter 4725. The information contained in this report is to the best of my knowledge.
Pelan Const Well 1756 License or Registration No.
Bruce Gardner 198 Date **7-27-07**
 Authorized Representative Signature
Bruce Gardner
 Name of Person Sealing Well or Boring

MINN. DEPT. OF HEALTH COPY **H 249081**

A copy of this form should be available from the Contractor. It is the form that the Contractor fills out and sends in to the Department of Health certifying the well as sealed.

Water Well Drillers in the Area (rev. 2018)

This list is provided as a public service. The Lake of the Woods SWCD does not endorse any of the contractors listed. The list is not exclusive and there may be additional contractors that are capable of completing your project. It is your responsibility to make sure the contractor you select carries the necessary licenses and insurance.

Antlers Well Drilling
 Chris Pink
 16648 Nelson Lake Rd NE
 Hines, MN 56647
 (218) 586-3323
 (888) 810-1283

Davidson Well Drilling
 PO Box 281, 141 2nd St SW
 Newfolden, MN 56738-3826
 (218) 874-6961

Calder Well Drilling
 35300 500th ave
 Salol, MN 56751
 (218) 463-3683



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Payment Voucher

To receive payment, return this signed form, along with the following attachments:

- Copy of the “Well and Boring Sealing Record”
- Copy of invoice from contractor

“I certify that this is an accurate and true summation of the actual costs and quantities of material, labor, and equipment used on the above project. In cases where the receipts included items not used on the project, I have corrected them accordingly.”

Signature _____ **Date** _____

Payment will be approved at a regulary scheduled SWCD board meeting.

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Abandoned Well Sealing Cost Share Application

Lake of the Woods Soil & Water Conservation District
PO Box 217, Baudette, MN 56623 218/634-1842 ext 4

Applicant: _____

Phone Number: Home _____ Work _____

Mailing Address: _____

City/State/Zip: _____

Well owner (if other than applicant): _____

Phone Number: Home _____ Work _____

Address: _____ City/State/Zip: _____

Well Location: Township Name _____ or (T _____ N , R _____ W)

Section # _____ Parcel #: _____

1/4, 1/4 Section: _____ 1/4 of _____ 1/4

Location Description (nearby buildings, direction from driveway)

Well information: *fill out to the best of your knowledge*

1.) Depth of Well: _____ feet 2.) Diameter of Well: _____

3.) Date Drilled: _____

4.) Condition of Well: _____

5.) Type of Well: Drilled _____ Tile _____ Augured _____ Sand Point _____ Unknown _____

6.) Type of Casing: Steel _____ Tile _____ Plastic _____ Concrete _____ Unknown _____

7.) Well Head Status: Above Ground _____ Basement _____ Pit _____ Buried _____ Other _____

8.) Is head of well subject to flooding? _____ 9.) Is well within 100 yards of being used? _____

10.) Does the well pose a hazard for people and/or animals falling into it? Yes No

If yes, reason: _____

Well information continued:

11.) Nearest source of contamination: indicate how many feet from the following for all those that apply to you unused well

Septic Tank _____ ft Drainfield _____ ft Other sewage treatment _____ ft

Pond/Lake/River _____ ft Cattle Feedlot _____ ft Fuel storage tanks _____ ft

Household/farm refuse disposal site _____ ft Chemical-storage area _____ ft

Other (please specify) _____

(ex. Cesspool, dry well, leaching pit, below ground manure storage area, etc.)

12.) Please check each category below if it applies to your unused well:

_____ A threat of contamination from surface water runoff

_____ In the floodplain

_____ Downhill of a sewer system

_____ Downhill of a livestock yard

13.) Approximate year of abandonment? _____

14.) Reason the well was abandoned? _____

15.) Comments: _____

By signing, the applicant:

*certifies that the above information is true and accurate to the best of their knowledge;

*will allow reasonable access to the Lake of the Woods SWCD staff;

*will seal the well through a licensed contractor, according to Minnesota Statute Section 103I, and applicable state statutes and rules.

This agreement is entered into with the condition that the Lake of the Woods SWCD be free from all liabilities and claims for damages and/or suits for or by reason of injury or injuries to any person or persons or property of any kind whatsoever.

Signature _____ Date _____

SWCD Waiver for Starting a Practice PRIOR to Contract Approval

I request a waiver to start the identified practice prior to contract approval. Starting a practice before the contract is approved will cause me to be ineligible for financial assistance for that practice *unless* this waiver has been signed by the authorized SWCD representative.

This waiver *does not* guarantee contract approval. I may be ineligible to receive payments if the practice does not meet SWCD technical standards and specifications, if funding is not available, or if the project does not meet the required scope of the program.

This waiver expires upon review and approval/denial of the official contract application.

Practice(s) requested Abandoned well sealing

Participant signature _____ Date _____

District representative _____ Date _____

ATTACH TO CONTRACT APPLICATION FORM

This form does not conform to rules set for State Cost Share funds. It is to be used solely for distribution of District Water Plan funds or general District funds.

