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.
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

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

Davidson Well Drilling
PO Box 281, 141 2nd St SW
Newfolden, MN 56738-3826
(218) 874-6961
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 regular scheduled SWCD board meeting.
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:___________________________________________________________

Well Location: Township Name______________ or (T_______N, R______W)
Section #__________________ Parcel #:________________________
¼, ¼ Section: __________ ¼ of __________ ¼
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.
This page to be filled out by SWCD

**Contract Information** (fill out following board approval and attach to application)

<table>
<thead>
<tr>
<th>Contract Number:</th>
<th>-</th>
<th>SP</th>
<th>Cooperator:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Approved:</td>
<td></td>
<td></td>
<td>(SWCD Board Meeting)</td>
</tr>
<tr>
<td>Number of Wells:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost share not to exceed:</td>
<td>$_________ per well, or _____% of the total eligible cost, whichever is less.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other sources of cost share?</td>
<td>Yes</td>
<td>No</td>
<td>Amount _________ Source _________</td>
</tr>
<tr>
<td>Practice to be installed by this date:</td>
<td>______________________ (1 year after notification of approval unless extended)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Board Chair Signature __________________________________________ Date ________________

**Payment Information** (attach necessary receipts/invoices and complete prior to board meeting)

**Whole or Partial Payment** (circle one)

a.) Total Approved Cost $ ________________ Final landowner cost $ [total practice cost] - [d] / [total practice cost] 

b.) Max. encumbered cost share rate % Actual Cost Share Rate % [d] / [total practice cost] 

c.) Max. encumbered payment amount $ ________________ 

d.) Cost Share Payment $ 

equals [a] * [b], not to exceed [c] 

SWCD Staff Representative __________________________________________ Date 

Conservation District Board, Chair __________________________________________ Date 

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Revised 6/18/2018