



**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) funds a cost share program for sealing unused/abandoned private wells. Costs eligible to be cost shared are typically limited to the permitting, sealing and backfilling of the well site.

The cost share can be up to 100% of these costs, not to exceed \$1,000.00 per well. Any other related costs shall be paid by the landowner. To participate, 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. 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 unless 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.** A list of some of the local contractors providing this service is included in the application packet, but you can work with any contractor licensed for well sealing.
4. **In order to receive payment,** fill out and return the payment voucher on page 3 and include the items listed.

MINNESOTA DEPARTMENT OF HEALTH
WELL AND BORING SEALING RECORD
Minnesota Statutes, Chapter 1031

Well or Boring Location
County Name: Lake of the Woods
Well Name: 11402 RETAIL 168N 33E 34 SW NESE
Date Sealed: 7-27-07
Minnesota Well and Boring Sealing No.: H 249081
Minnesota Unique Well No. or W-Series No.: 1979?

Location: Latitude: _____ degrees _____ minutes _____ seconds
Longitude: _____ degrees _____ minutes _____ seconds
Depth Before Sealing: 60' ft. Original Depth: 60' ft.
Aquifer(s): ☒ Single Aquifer ☐ Multi-aquifer
Well/Boring: ☒ Water Supply Well ☐ Moni. Well
☐ Ems. Bore Hole ☐ Other: _____
Casing Type(s): ☒ Steel ☐ Plastic ☐ Tile ☐ Other: _____
Wellhead Completion: Outside: ☐ Wall House ☐ Wall Pit ☐ Buried Inside: ☐ Basement Offset ☐ Buried
Property Owner's Name/Company Name: Jane Doe
Well Owner's Name/Company Name: Same
Geological Material: CLAY Color: Grey Hardness: 5 From: 0 to: 60
Remarks: House well
Other Wells and Borings: None
Contractor Business Name: Peter Const. Well License or Registration No.: 1756
Authorized Representative Signature: Bruce Gundersen Date: 7-27-07
Name of Person Sealing Well or Boring: Bruce Gundersen

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

Water Well Drillers in the Area (rev. 2024)

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

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 understand that 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 the Special Projects Well Sealing program.

This page to be filled out by SWCD

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

Contract Number: _____ - **SP** Cooperator: _____

Date Approved: _____ (SWCD Board Meeting)

Number of Wells: _____

Cost share not to exceed \$1,000 per well, or 100% of the total eligible cost, whichever is less.

Other sources of cost share? Yes No Amount _____ Source _____

Practice to be installed by this date: _____ (1 year after notification of approval unless extended)

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]

b.) Max. encumbered cost share rate 100% _____ Actual Cost Share Rate _____ %
[d] / [total practice cost]

c.) Max. encumbered payment amount \$1,000 _____

d.) Cost Share Payment \$ _____
equals [a] * [b], not to exceed [c]

SWCD Staff Representative _____ Date _____

Conservation District Board, Chair _____ Date _____