



**LE SUEUR COUNTY
WELL-SEALING APPLICATION**



APPLICANT INFORMATION

Property Owner

Name:		Phone:	
Mailing Address:	City:	State:MN	Zip:

Well Owner (if different from property owner)

Name:		Phone:	
Mailing Address:	City:	State:MN	Zip:

Well Contractor (if applicant)

Name:		Phone:	
Mailing Address:	City:	State:MN	Zip:

PROPERTY INFORMATION

Property Address:			
Parcel Number:	City:	State: MN	Zip:

WELL LOCATION INFORMATION

Legal Description

Township Name:	Township:	Range:	Section:
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Describe well location by relationship to other structures such as buildings, roads, creeks, etc.:

NOTICE AND SIGNATURE

With your signature below you are agreeing to and acknowledging that you fully understand the following:

- I declare the above information is accurate and understand that if any of the information isn't correct it may affect my eligibility for the Le Sueur County Well-Sealing Grant Funds.
- With this application, I have included a copy of my well sealing permit from the County and estimate from my licensed well contractor. I understand that if I have not provided these documents that my well-sealing application will be considered incomplete.
- I understand that if I start any work prior to my application being approved and completing a cost-share contract with Le Sueur County that my well-sealing project will not be eligible for grant funds.
- I understand that if at any time I violate the terms and conditions of the well-sealing policy or my contract with Le Sueur County I will automatically forfeit my eligibility for grant funds.
- I understand that the cost-share that is available for well-sealing is not intended to cover 100% of the costs. The remaining expenses that are not covered by the well-sealing grant will be my responsibility.

Property Owner Signature

Date

Property Owner Signature

Date

Well Owner Signature (if different from property owner)

Date

Well Contractor Signature (if applicant)

Date

*** FOR OFFICEUSEONLY***

The applicant(s) have submitted and have been approved for a Le Sueur County well-sealing permit prior to being approved for well sealing cost-share.

PRIORITY WELL CHARACTERISTICS FOR WELL-SEALING COST-SHARE FUNDS

(More conditions met the higher priority for sealing)

Construction, depth, condition (provides pathway for contamination migration substantially faster than provided by natural hydrogeologic conditions):

- Well serves to channel surface or near surface contaminants into an aquifer (drainage or waste disposal wells reaching water table, wells in pits with surface water drainage to the well).
- Well penetrates confining layer(s).
- Well has sand-packed or ungrouted casing(s) penetrating confining layer(s).
- Shallow well.
- Multi-aquifer well.*
- Large diameter wells (8 inches or greater).*

Location, aquifer characteristics:

- Within 1 mile of public water supply well and in same aquifer.*
- Within a designated Drinking Water Supply Management Area (DWSMA).*
- Well in an area that is classified as having a high aquifer vulnerability.
- Well in an area that has shallow depth to bedrock (100ft. or less).
- Well provides connection to water supply aquifer for which there are limited alternative supplies.
- Well in or near a confirmed or suspected zone of contamination and capable of transferring contamination to water supply aquifer(s) faster than natural flow paths.
- Well in or near areas of known (documented) groundwater contamination.*
- Well in an area where unused and/or abandoned wells provide the main pathways for contamination to reach the aquifer.
- Well in an area which will undergo development or other changes in land and water use which have the potential to increase the contaminant load (ex: frac sand mining).

Reasons cost-share funds are not being used:

- Well does not meet any of above criteria.
- Well has potential use as a monitoring or water level observation well and an organization is willing to “adopt” it and meet all provisions of the well code.

*** One of more of these criteria must be checked in order to be eligible for well-sealing grant. ***