

ABANDONED WELL SEALING PROGRAM

**Yellow Medicine County Zoning Office
1000 10th Avenue P.O. Box 675
Clarkfield, MN 56223-0675**

The Yellow Medicine County Water Task Force has money available to seal abandoned wells in the County. The Yellow Medicine County Zoning Office will be administering the program. **Owners of privately owned abandoned wells in the County will be entitled to apply for cost share at the rate of 50% of the total cost, not to exceed \$400.00 per well.** Completed applications will be reviewed and prioritized according to the Yellow Medicine County Water Task Force guidelines.

Application procedures are as follows:

1. Complete the attached application form as accurately as possible and return it to the address listed at the top of this form. A cost estimate from a licensed well driller is required as part of the application.
2. Wells will be given a priority ranking and selected for cost sharing according to the information received on the application.
3. Wells approved for cost share will be required to sign a cost share contract.
4. Upon notification of approval, your licensed contractor can proceed with the well sealing. The work must be completed by the date shown on the cost-share contract or the cost-share will be forfeited.
5. The owner is responsible for paying the well contractor for the entire well sealing costs.
6. When the well sealing is completed, and after receiving a copy of the abandoned well record and a copy of the itemized bill, the County will reimburse to the well owner the specified cost share amount.
7. Applicants who seal wells prior to receiving a signed contract from the Yellow Medicine County Zoning Office will lose their eligibility for cost share.
8. At no time, will the list of abandoned wells be used to force any property owner to abandon an unused well. The purpose of this abandoned well list is strictly to be used for cost sharing grant programs on a voluntary basis and the County's data base.
9. If you have any questions regarding the application, please call 320-669-7524 or email jolene.johnson@co.ym.mn.gov

APPLICATION FOR COST SHARE

Yellow Medicine County Zoning Office
 1000 10th Ave PO Box 675
 Clarkfield MN 56223
 320-669-7524

1. Property owners name: _____

2. Mailing address: _____

City/State/Zip: _____

3. Phone Number: (Home): _____

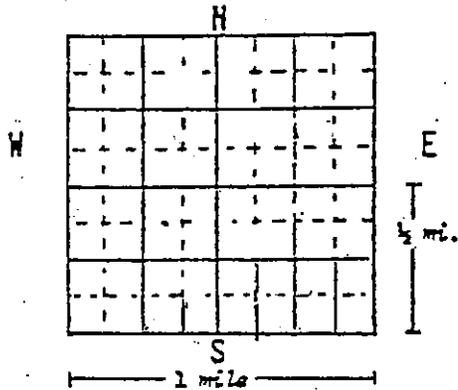
(Cell): _____

4. Location of inactive/abandoned well:

Township Name: _____ Section #: _____

Legal Description (ex: SW 1/4 NW 1/4): _____

5. Please indicate the location of the abandoned well by placing an "X" in this diagram of 1 section of land:



6. Approximate year well was abandoned or became inactive: _____

Reason: _____

7. Depth of well: _____

8. Diameter of well: _____

9. Type of construction: _____
(Ex. Drilled, bored, hand dug, other)

10. Who constructed the well (if known): _____

11. Type of casing: _____
(Ex. Plastic, steel, brick lined, cement tile, other)

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

13. Please check each category below if it applies to your abandoned well:

- _____ Located on an abandoned building site
- _____ Located within the City of Canby's Drinking Water Supply Management Area
- _____ Located within one mile of a public water supply well
- _____ Located in a source water protection area
- _____ Fuel storage tank either above or below ground with 20 feet
- _____ Active well within 20 feet
- _____ Septic tank within 50 feet
- _____ Sewage treatment area (drainfield of mound system) within 50 feet
- _____ Feedlot within 50 feet
- _____ Pond, lake or river within 50 feet
- _____ Below ground manure storage area within 100 feet
- _____ Fertilizer or chemical storage area or load/rinse area within 150 feet
- _____ In the floodplain

14. Is there any other information that might be helpful in regard to this abandoned well?

I certify that this information is true and accurate to the best of my knowledge, and if approved, agree to a contractual cost share agreement with the County to have this well properly sealed by a licensed well driller in accordance with Well Construction Code, Minnesota Rules Chapter 4725.

Applicant

Date

A cost estimate from a licensed well driller is required as part of the application. Please have a licensed well driller fill out the cost estimate section located on the back of this application.

COST ESTIMATE REQUIRED:

(This section is to be completed by a Licensed Well Contractor)

Name of Company: _____

Address: _____

Phone: _____

Depth of well: _____

Diameter of well: _____

Cost Estimate: _____

Signature of Well Contractor

Date

FOR OFFICE USE ONLY:

- _____ **Date cost share application received in the office**
- _____ **Priority Rating**
- _____ **Date cost share contract was sent to well owner for review and signature**
- _____ **Date cost share contract returned by well owner**
- _____ **Contract Number**
- _____ **Date well was sealed**
- _____ **Date well log and bill was received**