CITY OF CIRCLE PINES ABANDONED (UNUSED) WELL SEALING COST-SHARING APPLICATION

Name:				
Address:				
City:	_ State:	Zip:		
Telephone (Home):		Cell Phone:		
Email Address:				
Well Address:				
WELL INFORMATION (If you do not know the answer to a question, please leave it blank)				
What is/was the well used for?_				
Depth: (ft)		Diameter: (in)		

REQUIREMENTS

This grant may not be paired with any other well sealing matching funds.

Well sealing must be performed by a Minnesota licensed water well contractor or limited licensed well sealing contractor in accordance with Minnesota Statutes Chapter 103I and Minnesota Rules Chapter 4725.

The Landowner must submit copies of at least two (2) bids received for the project from two (2) different licensed or limited licensed contractors before well sealing work has began.

Well sealing contractors and/or other parties whose services will be required to carry out the terms of this agreement will not be deemed to be employees, contractors, or agents of the State, Anoka County or the City.

The contractor sealing the well must file a Well and Boring Sealing Record with the Minnesota Department of Health and forward copies to the City to verify that the work has been completed.

The Landowner must submit a copy of the well sealing invoice indicating the total well sealing cost and verification of payment to the well sealing contractor.

Landowner misrepresentation of qualifying information stated on the application will require repayment of grant funds to the City.

CONDITIONS OF PAYMENT

All services provided by the Landowner pursuant to this grant shall be performed to the satisfaction of the City, as determined at the sole discretion of the City. The Landowner shall not receive payment, and the City is entitled to a complete reimbursement, for work found by the City to be unsatisfactory, or performed in violation of federal, state or local law, ordinance, rule or regulation.

RIGHT TO INSPECT

The Landowner will allow authorized representatives of the District, the Minnesota Department
of Health, or State employees or agents to inspect the work during regular business hours before
during, and after the well sealing.

Signature	Date	
Office Use:		
Received on	Accented	Denied