

**SECTION A
WELL ABANDONMENT: REQUEST FOR COST-SHARING**

Purpose of Application: To abate water pollution in the County. To provide financial assistance for landowners to properly abandon a well by sharing the costs. This funding assistance is to help aid the landowner in avoiding the difficulties of monetary hardship that can result with providing the total necessary funds for the abandonment.

Application Date: _____

Please describe the well to be abandoned (use additional paper if necessary): _____

Legal Description: T. _____ R. _____ Section _____

Address of Water Pollution Problem: _____

Reason for Well Abandonment :

- | | | |
|---|--|---|
| <input type="checkbox"/> Home construction or expansion | <input type="checkbox"/> Not in Use (How long _____) | <input type="checkbox"/> Well inside the house |
| <input type="checkbox"/> Water Tested/Failed Test – Please provide copy of failed results | <input type="checkbox"/> Casing below grade or non-compliant with NR 812 | <input type="checkbox"/> Other (please explain) _____ |

In applying for county cost-share funds to assist in paying the costs of installing management practices to control water pollution:

- A. I request the assistance of the Door County SWCD in the planning and installing of the management practices needed to correct my well which is creating or has the potential to create a water pollution problem.
- B. I agree that without the financial cost-share assistance of the SWCD, providing the total necessary funds for abandonment will create the difficulties of monetary hardship.

Signature: _____

Name: _____

Type or print

Mailing Address: _____

Phone: _____

SECTION B

A water pollution abatement plan has been prepared by our technical staff in consultation with the applicant. Below is the estimated cost of the practice and the amount of county cost-sharing grant allotted.

Practices to be installed	Quantity	Estimated Cost
WELL ABANDONMENT	_____	_____
_____	_____	_____
_____	_____	_____
Estimated total Cost:	\$	_____
Amount of county cost-share grant:	\$	_____
Expected date of completion:	_____	_____

Additional comments: Cost-share rate is 90%, Maximum grant if well depth is <100' =

Maximum grant if well depth is ≥100' =

Other cost-sharing assistance requested for this project: _____

SECTION C

The Door County Soil & Water Conservation Department,

_____ ACCEPTS this application, and agrees to provide assistance as requested.

_____ REJECTS this application due to, _____ TABLES this application due to,

_____ Insufficient funds

_____ Priority ranking problem

_____ Program requirements not met

Signed: _____ LCC Chairman County Conservationist

Date: _____