WELL ABANDONMENT COST SHARE AGREEMENT

LCD CSA #: WA –_____
DATE RECEIVED: _____

OWNER INFORMATION

Name:	Phone Number:

Mailing Address:

City:	State:	Zip:

E-mail Address:

MUNICIPALITY

☐Bridge Creek	☐Brunswick	☐Clear Creek	☐Drammen	☐Fairchild	☐Lincoln
☐Otter Creek	☐Pleasant Valley	☐Seymour	☐Union	☒Washington	☐Wilson

WELL INFORMATION

Type of Well: ☐Drilled   ☐Dug   ☐Driven

Dimensions of Well: Diameter _____x_____ Depth

Closure Plans: ☐Chipped Bentonite   ☐Concrete   ☐Grout   ☐Other:_____

Bags of Material: _____	Cost: $ _____ X 50% = $_____Eau Claire County Cost Share Amount (Reimbursement will be 50% of the abandonment up to $400)

AGREEMENT FOR COST SHARING

As a Cost Share recipient, I agree to:

1. Properly abandon the well, in accordance with specifications and provisions of the Natural Resources Chapter of the Wisconsin Administrative Code.

2. Provide evidence of abandonment, including the completed DNR Form 3300-5B, "Well/Drill Hole/Borehole Abandonment" and receipts for materials and labor.

Signature of Applicant:_____ Date: _____

LAND CONSERVATION COMMISSION APPROVAL

The County Agrees to Cost Share the Well Abandonment once receipts and proper certification have been received:

Land Conservation Commission Action: ☐Approved   ☐Denied

LCC Member Signature: _____ Date: _____

LCD CSA #: WA –_____

OFFICE USE ONLY	
Total Project Cost	$_____
Cost Share Rate	50%
Eligible Cost Share Amount up to $400	$_____
**Form 3300-5B and receipts are attached	

The applicant has met all program requirements and is eligible to receive the cost share pay from Eau Claire County in the amount shown above:

Administrator Signature: _____ Date: _____