



Safe Drinking Water for Private Well Users – Application

Sibley Soil and Water Conservation District, Nicollet Soil and Water Conservation District

Sibley & Nicollet Soil and Water Conservation Districts received funding through the MN Department of Health and the Clean Water Fund to address water quality concerns in private wells. Private well owners meeting the financial criteria with contaminants above safe drinking water standards are eligible and encouraged to apply.

- nitrate-nitrogen levels above the safe drinking water standard of 10 parts per million (mg/L)
- arsenic levels above 10 parts per billion (ug/L)
- manganese levels above the health risk limit for infants- 100 parts per billion (ug/L)
- any level of lead
- any level of coliform bacteria

Well owners with an infant under the age of one or a pregnant woman in the household are prioritized for funding. If a household demonstrates financial need and meets eligibility requirements, they may be eligible for increased funding.

Eligible counties include Sibley and Nicollet.

Please complete this application form and a local representative will contact you directly.

Local Representatives

Jack Bushman, Sibley Soil and Water Conservation District

507-702-7077, jack.bushman@sibleyswcd.org

Blake Honetschlager, Nicollet Soil and Water Conservation District

507-232-2550, blake.honetschlager@nicolletswcd.org

Tennesen Warning

The Sibley & Nicollet Safe Drinking Water Partnership is collecting information to determine if your household may be eligible for funding assistance to install a water treatment system, well repair, or new well construction.

Grant funding through the Minnesota Department of Health (MDH) is currently prioritizing private well households with concentrations of arsenic, coliform bacteria, lead, manganese, or nitrate-nitrogen in the private well above a health risk limit, financial need, and a pregnant person or baby under 1 year old in the home. All households must be in Sibley or Nicollet Counties.

Some of the information this survey asks for is classified as private data under the Minnesota Government Data Practices Act. Responding to this survey is voluntary. You are not legally required to provide the data and may refuse to do so. If you choose to provide the information, staff assigned



to this project will have access to your survey responses in order to determine your household's eligibility. The information may also be shared upon court order or provided to the state legislative auditor upon request. If you choose not to provide information, your household will not be considered for the funding. Participating or not participating in this survey does not affect your eligibility for any other services or programs offered. By completing this survey, you consent to the program collecting, maintaining, and sharing your responses within partnership and to MDH as the project funder.

Contact Information:

Name (First, Last) : _____ Phone: _____

Address (Well Location): _____

County: _____

Email: _____

Housing Information:

Do you own your house? ☐ Yes ☐ No ☐ I am in the process of purchasing my home

Number of People Living in Your Home: _____

Do you rent your house? ☐ Yes ☐ No

If yes, please provide the following: Landowner's Name: _____

Landowner's Phone Number: _____

Do you have infants under the age of 1 in the household? ☐ Yes ☐ No

Is there a pregnant woman in the household? ☐ Yes ☐ No

Well Project Information:

Please provide a description of your well or water quality issues. Additionally, please indicate whether well repair or installation of a treatment system is necessary. For the estimated project cost, please obtain a quote from a licensed plumber, well driller or pump installer and include with your application.

Estimated project cost: _____



Financial Need Eligibility Information:

If you have financial need, you may be eligible for increased funding. Eligibility for increased funding is determined by enrollment in one or more of the assistance programs listed below. Please mark the programs you, or another member of your household, are enrolled in. Please include documentation of enrollment for one of the programs you selected with the completed application.

Federal, State, and County Programs:

- ☐ Women Infants Children (WIC Nutrition Program) ☐ MN Childcare Assistance
☐ Minnesota Supplemental Assistance (MSA) ☐ General Assistance
☐ Housing Support ☐ Food Assistance Program
☐ Supplemental Nutrition Assistance Program (SNAP) ☐ Medical Assistance
☐ Other (please describe in space below):

Senior and Veteran's Programs: *If you participate in a senior or veteran's program, please describe it here:*

Income Threshold:

Federal Poverty Level (Based on your answer to the number of people living in your home above, is your household Adjusted Gross Income (AGI) **below** the income associated with family size in the table provided to the right?)

- ☐ Yes ☐ No

Table 1 - 300% Federal Poverty Level Chart

Household/Family Size	300% of the Federal Poverty Level
1	\$46,950
2	\$63,450
3	\$79,950
4	\$96,450
5	\$112,950
6	\$129,450
7	\$145,950
8	\$162,450
For families/households with more than 8 persons, add \$16,500 for each additional person	



Please include the following documentation with the completed application:

☐ **Certified water test report with results for nitrate-nitrogen, arsenic, manganese, lead and coliform bacteria (completed within the last 3 years.)**

☐ **Estimated project cost obtained from licensed plumber, well driller or pump installer.**
(<https://ewells.web.health.state.mn.us/searchCounty.jsf>)

Completed applications can be sent to:

Jack Bushman, Water Resources Coordinator, Sibley Soil & Water Conservation District

Jack.Bushman@sibleyswcd.org or mailed to: 112 5th Street, P.O. Box 161 Gaylord, MN 55334

To the best of my knowledge, I certify that all information in this application is true. I acknowledge that completion of this application DOES NOT guarantee funding for my proposed project, and that no work can be done on my project prior to approval. I also acknowledge I reviewed the Tennessen Warning and consent to share this data with project partners.

Well Owner/Renter Signature:_____

Date:_____