**Southern Regional Groundwater Protection Planning Committee**

**Water Well Sealing Grant Program**

**The Southern Illinois Regional Groundwater Protection Planning Committee is dedicated to protecting the region’s groundwater resources. Recognizing the public benefits of protecting groundwater and sealing abandoned wells, the committee created this limited-time incentive program. For residential landowners who have consulted their county health department, the committee will offer financial assistance for up to 50% of the cost to seal hand dug wells. A maximum amount of $250 will be allotted and owners must submit a grant application. Reimbursement will be provided to property owners upon documentation that the project has been completed. Funds are limited and are available on a first come, first serve basis.**

**Water wells must be sealed in accordance with the Illinois Water Well Construction Code and a permit must be filed with the county health department. Contact your county health department for assistance with the requirements, procedures, materials, and permitting.**

**Southern Regional Groundwater Protection Planning Committee**

**Water Well Sealing Grant Program Application**

1. **Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Property Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **City, State, Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **County Property Identification Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
6. **Township \_\_\_\_\_\_\_ Range \_\_\_\_\_\_ Section \_\_\_\_\_\_**
7. **Quarter\_\_\_\_\_\_\_\_ Quarter\_\_\_\_\_\_\_ Quarter \_\_\_\_\_\_\_\_**
8. **Type of Well\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
9. **Depth of Well\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
10. **Copy of Projected Cost of Project Attached Yes\_\_\_\_ No\_\_\_\_**

**(Assistance for up to 50% of the cost to seal hand dug wells or a maximum of $250)**

**I certify that the information presented in this grant application is true and correct.**

**Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_**

Submit completed application and all necessary documents to: Southern Regional Groundwater Protection and Planning Committee

c/o St. Clair County Health Department

19 Public Square, Suite 150

Belleville, IL 62220

**Date Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Reimbursed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**