



## Safe Drinking Water Grant Application

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**Background:** Olmsted, Goodhue, Wabasha, Dodge & Rice Counties received funding through the MN Department of Health to be used for addressing water quality concerns in private wells. Private well owners with elevated nitrate-nitrogen levels above the safe drinking water standard of 10 mg/L are encouraged to apply. Additionally, well owners that demonstrate financial need and meet the eligibility requirements below will be prioritized to receive funding. Please complete this application and return to the Olmsted Soil and Water Conservation District for consideration.

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### Contact Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_

Email: \_\_\_\_\_

### Housing Information:

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

Do you rent your house?  Yes  No

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

Landowner's Phone Number: \_\_\_\_\_

Number of people in household: \_\_\_\_\_

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

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### 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: \_\_\_\_\_

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**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)
- Minnesota Supplemental Assistance (MSA)
- Housing Support
- Supplemental Nutrition Assistance Program (SNAP)
- Other (please describe in space below)
- MN Childcare Assistance
- General Assistance
- Food Assistance Program
- Medical Assistance

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

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**Waiver Programs and Other Programs:** *If you, or a household member, is not enrolled in any of the programs listed above, please describe your need for financial assistance:*

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**Please include the following documentation with the completed application:**

- Documentation of enrollment in a financial assistance or waiver program (if applicable)
- Certified water test report with results for nitrate-nitrogen (analyzed within last 3 years)
- Estimated project cost obtained from licensed plumber, well driller or pump installer.

**Completed applications can be sent to:**

Caitlin Meyer, Water Resources Coordinator  
Olmsted Soil & Water Conservation District  
[Caitlin.meyer@olmstedcounty.gov](mailto:Caitlin.meyer@olmstedcounty.gov) or mailed to: 2122 Campus Drive SE, Suite 200, Rochester MN 55901

*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.*

**Well Owner/Renter Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_