



Safe Drinking Water for Private Well Users Grant - Application

Return by mail, email or fax to:

Dakota County Environmental Resources Department, Attn: Sarah Kamrath
14955 Galaxie Ave., Apple Valley, MN 55124
Email: watertreatment@co.dakota.mn.us
Phone: (952) 891-7549 or Fax: (952) 891-7588
Saving the form as a PDF and emailing is the preferred method.

Applicant Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (day): _____ Telephone (evening): _____

Email Address: _____

Well Address: _____

Well Project Information:

Please provide a description of your well or water quality issues. Additionally, please indicate whether well repair, well construction or installation of a treatment system is necessary. A licensed professional must provide a detailed explanation if recommending a well replacement instead of a repair. For the estimated project cost, please obtain bid(s) so far as practicable from a licensed professional per the application instructions (plumber, well driller, pump installer, water conditioning professional) and include with your application.

Estimated project cost: _____

Eligibility Information:

1. Do you own or rent the house/building where the private well is located? Yes No

If renting, please provide the following information: Homeowner's Name: _____

Homeowner's Phone Number: _____

2. Is the well water the primary source of drinking water for the residence? Yes No

3. Does your well water have one or more contaminants over the guidelines?

- | | |
|--|---|
| <input type="checkbox"/> Arsenic (over 2 µg/L) | <input type="checkbox"/> Coliform Bacteria (detected) |
| <input type="checkbox"/> Manganese (over 0.100 mg/L) | <input type="checkbox"/> Lead (detected) |
| <input type="checkbox"/> Nitrate (over 10 mg/L) | |

4. Are you applying for the **low-income cost-share grant option**? If yes, you must meet the below financial eligibility requirements (see table). Yes No

Number of people in household: _____

Is there a pregnant resident or infant under the age of 1 in the household? Yes No

No. of People in Household	Financial Eligibility Requirements (as of 6/18/2025) USDA Rural Development Guidelines Adjust Gross Income
1-4 people	\$104,200
5+ people	\$137,550

Please include the following documentation with the completed application:

Most recent water test from a state certified laboratory, documenting water has one or more contaminants over the drinking water guidelines. If testing was completed by a Dakota County program, let us know when the testing occurred.

If you are applying for the low-income cost-share grant option: First page of most recent income tax return(s) (Minnesota or Federal), documenting proof of income meets financial eligibility requirements and total number of dependents. (Please be sure to block out/redact all social security numbers, dates of birth, minor dependents names, bank account and routing numbers prior to submission). **This is only needed if applying for the low-income cost-share grant option.**

Well Repair/Replacement or Well Disinfectant: Provide at least 2-bids from a licensed professional.

Water Treatment: Provide bid from licensed water treatment professional.

Bids should include an outline of the proposed work to include materials, labor, and equipment (e.g., brand/model of water treatment system) and component unit costs. Water treatment devices must be certified by NSF, UL or WQA for the targeted contaminant(s) of concern if treating for arsenic, nitrate or lead. If working with a water treatment professional not listed on the pre-approved list, the bid must provide the treatment device’s performance data sheet showing reduction of the target contaminant(s). Reasoning and justification must be provided if recommending pretreatment.

Dakota County Grant Program General Tennesen Warning:

Your participation in the Safe Drinking Water for Private Well Users Grant (“Grant Program”) is strictly voluntary. You are not legally required to furnish any of the information listed in the above Application. If you choose to participate, the following information provided in this Application is classified as private pursuant to the Minnesota Government Data Practices Act, Minn. Stat. § 13.3805: name, address and telephone number of residential homeowners and address of testing site. Additionally, if submitted with your Application, the information contained in your redacted Minnesota tax return is private or nonpublic data pursuant to Minn. Stat. § 270B.02. Dakota County Environmental Resources Department uses the information you have provided in this Application to determine cost-share eligibility for the Grant Program. You may refuse to supply the information in this Application to Dakota County staff, but if you do, the County cannot complete screening for the Grant Program to determine if you are eligible. This information will be accessed by County staff and the Minnesota Department of Health, and will only be shared as authorized by state or federal law.

To the best of my knowledge, I certify by signing below under penalty of perjury that all information in this application is true and correct on every material point. I acknowledge that completion of this application DOES NOT guarantee funding for my proposed safe water drinking project, and that no work can be done on my project prior to written approval.

Applicant Signature: _____

Date: _____