

**Macon County SWCD**  
**Cost Share Program Application**

4004 College Park Rd  
Decatur, IL 62521  
(217) 877-5670 x 3

For office use only
<input type="checkbox"/> CPP
<input type="checkbox"/> Decatur
<input type="checkbox"/> Finley Creek
<input type="checkbox"/> Sand Creek
<input type="checkbox"/> Big/Long Creek

Date of Application: \_\_\_\_\_

Applicant: \_\_\_\_\_ Relationship to landowner: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_ (Work): \_\_\_\_\_

Location of Site: Township \_\_\_\_\_ Section \_\_\_\_\_

Farm Number \_\_\_\_\_ Tract \_\_\_\_\_ Acres \_\_\_\_\_ Watershed \_\_\_\_\_

**Please attach a copy of plat map with site location indicated**

Landowner: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_ (Work): \_\_\_\_\_

1. Practice Applying For: (Please Check Box)

- Grassed Waterway
- Sediment basin/pond (**excludes dugout ponds**)
- Small basin installation (wetlands)
- Stream bank stabilization
- Structures (block/rock chutes/toewalls/pipe)
- Terraces/WASCOBs
- Strip till (first time fields only)
- Cover Crops (first time fields only)

Other: Well Sealing

2. Cost Share Payment

- CPP Project:** 60% with a cap of \$5,000.00 per practice
- CPP Well Sealing:** 60% with a cap of \$400.00 per well
- LDWP Project:** 60% with a cap of \$5,000.00 per practice
- Special City Cost Share:** 75% with a cap of \$5,000.00 per practice  
*Big/Long, Finley, or Sand Creek*

3. Practice can be constructed in: Spring\_\_\_\_ Summer\_\_\_\_ Fall\_\_\_\_
4. MCSWCD encourages that the applicant acquire at least three (3) estimates for the proposed project (cost share payment will be based on the LDWP Avg Cost List if within the Lake Decatur watershed, or the CPP State Cost Share List if outside the Lake Decatur watershed).
5. The MCSWCD requires the applicant to meet "T" (tolerable soil loss) in the field where the practice is installed. For most fields, this will mean using, at least, a conservation tillage system or chisel disk system.
6. Land user agrees to allow free access to the property where the land adjustment, soil conservation project or cropping management project is to be constructed, installed, or implemented for the purpose of planning and ranking the project. Neither the District or its representatives, nor the landowner or operator will be liable for any damage to the other's property in carrying out the provisions of this agreement, unless such damage is caused by negligence or misconduct.
7. Cost share dollars will not be used for partial payments for components or any other appurtenances of projects unless conservation practice is completed and meets NRCS Standards.

Signature: \_\_\_\_\_  
**Landowner or Decision Maker**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
 DIVISION OF ENVIRONMENTAL HEALTH  
 525 W. JEFFERSON ST.  
 SPRINGFIELD, IL 62761

**WATER WELL SEALING FORM**

TYPE OR PRESS FIRMLY

RETURN ALL COPIES TO IDPH OR  
 LOCAL HEALTH DEPARTMENT

This form shall be submitted to this Department or the local health department not more than 30 days after a water well, boring or monitoring well is sealed. Such wells are to be sealed not more than 30 days after they are abandoned in accordance with the sealing requirements in the Water Well Construction Code. **THE LOCAL HEALTH DEPARTMENT OR REGIONAL PUBLIC HEALTH DEPARTMENT MUST BE NOTIFIED AT LEAST 48 HOURS PRIOR TO SEALING.**

1. Ownership (Name of Controlling Party) \_\_\_\_\_
2. Well Location \_\_\_\_\_  

	Address - Lot Number _____	City _____	County _____
General Description _____	Township _____ (N)(S)	Range _____ (E)(W)	Section _____
_____ Quarter of the _____ Quarter of the _____ Quarter			
3. Year Drilled \_\_\_\_\_
4. Drilling Permit Number (and date, if known) \_\_\_\_\_
5. Type of Well Bored \_\_\_\_\_ Drilled \_\_\_\_\_ Other \_\_\_\_\_
6. Total Depth \_\_\_\_\_ Diameter (inches) \_\_\_\_\_
7. Formation clear of obstruction \_\_\_\_\_ Yes \_\_\_\_\_ No
8. DETAILS OF PLUGGING
 

Filled with _____	from _____	to _____	ft.
(cement or other materials)			
Kind of plug _____	from _____	to _____	ft.
Filled with _____	from _____	to _____	ft.
Kind of plug _____	from _____	to _____	ft.
Filled with _____	from _____	to _____	ft.
Kind of plug _____	from _____	to _____	ft.
9. CASING RECORD Upper 2 feet of casing removed \_\_\_\_\_ Yes \_\_\_\_\_ No
10. Date well was sealed Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_.
11. Licensed water well driller or other person approved by the Department performing well sealing.

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Complete License Number

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State/ZIP

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 85-0863. Disclosure of this information is mandatory. This form has been approved by the Forms Management Center. IL 482-0631