

Howard County Environmental Health

Well Plugging Grant Reimbursement Application

Applicant Name: _____

Address: _____

Telephone: _____

Well Location: _____

Section: _____ Township: _____

Date Plugged: _____

Plugging cost: _____

Applicant signature: _____

Date: _____

Office use:

Reimbursement paid: _____ Date: _____

Well Number: _____

Approved by: _____