



Application # \_\_\_\_\_  
Date Approved \_\_\_\_\_

APPLICATION FOR WELL TESTING COST SHARE OPPORTUNITY

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Are you a resident of Gallatin County? \_\_\_\_\_ Length of residency in Gallatin County: \_\_\_\_\_

Landowner and/or lessee name, address, telephone (if other than applicant):  
\_\_\_\_\_

How did you hear about the GCD Well Testing Cost Share Program?  
\_\_\_\_\_

Well Location: \_\_\_ ¼, \_\_\_ 1/4, \_\_\_ 1/4, Section \_\_\_\_, Township \_\_\_\_, Range \_\_\_ Nearest Town \_\_\_\_\_ **OR**

Latitude/Longitude Coordinates: \_\_\_\_\_

**Are you willing to share your test results and well location with county health and research organizations and databases? (Items I – N on the Well Educated Registration Form):**  
\_\_\_\_\_

Which parameter package(s) will you be testing for? \_\_\_\_\_

Total cost incurred by the well owner: \_\_\_\_\_

Total cost requested for reimbursement by GCD (up to 75% of total costs): \_\_\_\_\_

**SIGNATURE**

I hereby declare that the information and all statements attached to this application are true, complete, and accurate to the best of my knowledge.

Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Questions and applications can be submitted to Sarah Bowman at [sarah@gallatincd.org](mailto:sarah@gallatincd.org), mailed to the GCD office at Gallatin Conservation District, PO Box 569, Manhattan, MT 59741, or physically dropped off at the office drop box (or inside the office) at 120 S 5<sup>th</sup> St, Suite B104, Manhattan, MT 59741.