



Application #: _____

***Expiration Date: _____

2620 Airport Drive
Phone: (308) 728-3221

Ord, Nebraska 68862-0210
Fax: (308) 728-5669

WELL DECOMMISSIONING APPLICATION

DATE	LANDOWNERS NAME	PHONE NUMBER
SOC. SEC. OR TAX IDENT NO.	ADDRESS	CITY STATE ZIP
Please check appropriate box: <input type="checkbox"/> Individual/ <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/> Exempt from backup withholding		

Well Location: _____ 1/4, _____ 1/4, Section: _____, Tn _____ N, Rg _____ (W) (E), County: _____

Tenant Information- (Name, Address, Phone)- _____

Type of Well (Circle One)- Irrigation Livestock Domestic Hand Dug Other (list) _____

Conditions:

1. The services of a licensed well decommissioning firm are required to receive cost-share.
2. An approved application is required prior to beginning decommissioning.
3. Cost-share for all wells except hand dug wells will be 70%, not to exceed \$500.00.
4. Cost-share for hand dug wells will be 70%, not to exceed \$700.00.
5. All decommissioning to be in accordance with Dept. of Health regulations, Title 178, Chapter 12.
6. Applicant will agree to-
 - a) hold the Lower Loup NRD harmless from all claims in equity and law.
 - b) submit an FSA (ASCS) aerial farm photo and show detailed location of well to be decommissioned.
 - c) allow the District and it's agents access to the site for 30 days after payment is made.
 - d) remove all obstructions, equipment, and piping that would obstruct decommissioning.
 - e) submit, upon completion, an itemized receipt of services furnished.
 - i) name of abandonment firm, their license number, and date of abandonment shall be included on receipts.
 - ii) submittal of receipts by landowner indicates certification of true and proper charges for work done and paid and that no discounts or reduced cost were, or will be, received after submittal of the receipt.
7. Lower Loup Natural Resources District reserves the right to require further verification, documentation, and/or clarification of receipts received for cost-share prior to making reimbursement payment.

APPLICANT'S REQUEST	PERFORMED		
MAXIMUM ASSISTANCE	ACTUAL COST	70% ACTUAL	COST-SHARE
\$500.00 not to exceed 70% Actual	\$ _____	\$ _____	\$ _____

APPLICATION:

Landowners Signature _____ Date: _____

APPLICATION APPROVAL:
LLNRD Obligates- \$500.00

For the LLNRD _____ Date: _____

NRD Check Number: _____ Dated: _____
#: _____ Code 47100

Authorization for Payment:

NRD Representative _____ Date: _____