NRD'S COST-SHARE:

WELL OWNER'S SHARE:

\$

\$_

(60% - \$1,000 maximum)

AQWACAP

AQUIFER QUALITY WELL ABANDONMENT COST-SHARE ASSISTANCE PROGRAM APPLICATION

NRD USE ONLY APPLICATION NO
DATE RECEIVED:
COOPERATOR NO:
W-9 FORM REC'D:
CITIZENSHIP FORM REC'D:
EXPIRATION DATE:
CHECK NO:
DATE MAILED:

Please use a separate application for each well

<u>Cost-Share payments will only be made to 1 individual or entity.</u> If there are multiple landowners PLEASE complete information for only 1 individual or entity. <u>Completed Taxpayer Identification Form (W-9) MUST match</u> the name of the individual or entity applying for cost-share. BOLDED ITEMS ARE REQUIRED.

NAME AND ADDRESS OF WELL OWNER:

LICENSED CONTRACTOR PERFORMING WORK:

			LICL			
Address3			Addres	s3		
Phone			Pho	ne		
E-mail			E-m	ail		
SSN/FID						
LEGAL DESCRIPTI OF WELL LOCATIO	ON1/4 N:	_¼, SECTION	T_	N, R	East/West	COUNT
USE OF WELL TO	BE ABANDONED:	IRRIGATIO	N	DOMESTIC	HAND DUG	
		OTHER:(SP	ECIFY)			
INSIDE DIAMETER C	F CASING:	· ·	,			
					_ (IF WELL IS REGISTER	FD)
 The well must be If the work is no is subject to can The landowner v The maximum co Removal of abov The landowner a Applicant must b Upon completion District to verify ALL decommissioning 	cellation by the District vill accept a cost-share ost-share rate is \$1,000 e ground structure and ssumes all liability rela e in compliance with a of decommissioning, the cost of labor and n oned wells must be sub form must be forward	ording to Nebraska H ontractor's itemized s t. amount not to exce 0 for all wells. d below ground pum ted to the actual dec ill Upper Big Blue Dis a copy of the water w naterials.	lealth an statemer ed 60 p d ping equ commissi strict Rule well cont ska Depa	d Human Service at is not received ercent of the ac ipment ARE NOT oning of the wel es and Regulation ractor's itemized	is regulations. by the expiration date, y tual cost. eligible for cost-share. is to receive payment. statement must be provi al Resources, a copy of the made.	ded to the
SIGNATURE OF (ER BIG BLUE NR	D. 319	E 25 th STREE	DATE: Г, YORK NE 68467	
NRD USE ONLY		APPROVED	-		.,	
On		Upper Big Blue Nati	ural Reso	ources District a	proved this application f ndoned well described in	
NRD SIGNATURE:					DATE:	
CLAIM RECEIVED DA	.TE					
	ACTUAL (COST				
TOTAL COST:	\$				Inspected By:	

Inspected Date:

► Go to www.irs.gov/FormW9 for instructions and the latest information.

	2 Business name/disregarded entity name, if different from above				
Is on page 3.	following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)			
type	☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶	· · · · · · · · · · · · · · · · · · ·			
 single-member LLC Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) > Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. Other (see instructions) > 5 Address (number, street, and apt. or suite no.) See instructions. 					
ecif	Chope instructions) ► (Applies to accounts maintained outside				
See Sp	5 Address (number, street, and apt. or suite no.) See instructions. Requester's name and address (optional)				
0)	6 City, state, and ZIP code				
	7 List account number(s) here (optional)				
Par	t I Taxpayer Identification Number (TIN)				
		rity number			
reside	p withholding. For individuals, this is generally your social security number (SSN). However, for a nt alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other s, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>				

TIN, later.			-
Note: If the account is in more than one nar	me, see the instructions	for line 1. Also see Wha	t Name and
Number To Give the Requester for quideline	es on whose number to e	enter	

Certification Part II

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign	Signature of		
Here	U.S. person ►		

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)

or

Employer identification number

• Form 1099-S (proceeds from real estate transactions)

Date 🕨

- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest),
- 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



319 East 25th Street York, Nebraska 68467

United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, check one of the following and attest to your response by providing your name, and signing and dating this form.

I am a citizen of the United States.

-OR -

\Box I am a qualified alien under the	fec	leral Immigration and Nationality Act, my
immigration status is		and my alien
number is		and I agree to provide a copy of my USCIS
documentation upon request.		

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME	
	(first, middle, last)
SIGNATURE	

DATE

Last Name

Upper Big Blue NRD Use Only

NRD Coop. #

First Name