

# AQWACAP AQUIFER QUALITY WELL ABANDONMENT COST-SHARE ASSISTANCE PROGRAM APPLICATION

Please use a separate application for each well

<b>NRD USE ONLY</b>	
APPLICATION NO.	_____
DATE RECEIVED:	_____
COOPERATOR NO:	_____
W-9 FORM REC'D:	_____
CITIZENSHIP FORM REC'D:	_____
EXPIRATION DATE:	_____
CHECK NO:	_____
DATE MAILED:	_____

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

**NAME AND ADDRESS OF WELL OWNER:**

Name \_\_\_\_\_

Address1 \_\_\_\_\_

Address2 \_\_\_\_\_

Address3 \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**SSN/FID** \_\_\_\_\_

**LICENSED CONTRACTOR PERFORMING WORK:**

Name \_\_\_\_\_

Address1 \_\_\_\_\_

Address2 \_\_\_\_\_

Address3 \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**LEGAL DESCRIPTION OF WELL LOCATION:** \_\_\_\_\_ ¼ \_\_\_\_\_ ¼, SECTION \_\_\_\_\_ T \_\_\_\_\_ N, R \_\_\_\_\_ COUNTY \_\_\_\_\_  
East/West \_\_\_\_\_

**USE OF WELL TO BE ABANDONED:**      IRRIGATION      DOMESTIC      HAND DUG  
OTHER:(SPECIFY) \_\_\_\_\_

INSIDE DIAMETER OF CASING: \_\_\_\_\_ INCHES.

WELL ID NO.: \_\_\_\_\_ STATE REGISTRATION NO.: \_\_\_\_\_ (IF WELL IS REGISTERED)

I HEREBY CERTIFY THAT I AM THE OWNER OF THE ABOVE DESCRIBED LAND OR HAVE BEEN AUTHORIZED BY SAID OWNER AND DO HEREBY REQUEST COST-SHARE ASSISTANCE FROM THE UPPER BIG BLUE NATURAL RESOURCES DISTRICT FOR THE PROPER PLUGGING OF AN ABANDONED WELL. I FURTHER AGREE TO THE CONDITIONS OF THE PROGRAM AS FOLLOWS:

1. If any cost-share eligible work is completed prior to District authorization, the District may deny payment.
2. The well must be decommissioned according to Nebraska Health and Human Services regulations.
3. If the work is not completed and the Contractor's itemized statement is not received by the expiration date, your application is subject to cancellation by the District.
4. The landowner will accept a cost-share amount not to exceed **60 percent** of the actual cost.
5. The maximum cost-share rate is \$1,000 for all wells.
6. Removal of above ground structure and below ground pumping equipment ARE NOT eligible for cost-share.
7. The landowner assumes all liability related to the actual decommissioning of the well.
8. Applicant must be in compliance with all Upper Big Blue District Rules and Regulations to receive payment.
9. Upon completion of decommissioning, a copy of the water well contractor's itemized statement must be provided to the District to verify the cost of labor and materials.
10. ALL decommissioned wells must be submitted to the Nebraska Department of Natural Resources, a copy of the submitted decommissioning form must be forwarded to the District before final payment will be made.

**SIGNATURE OF OWNER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Return completed application to: **UPPER BIG BLUE NRD, 319 E 25<sup>th</sup> STREET, YORK NE 68467**

**NRD USE ONLY**

**APPROVED FOR FUNDS**

On \_\_\_\_\_, 20\_\_\_\_ the Upper Big Blue Natural Resources District approved this application for funds. The water well contractor is authorized to proceed with the proper decommissioning of the abandoned well described in this application.

**NRD SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

CLAIM RECEIVED DATE \_\_\_\_\_

ACTUAL COST

TOTAL COST: \$ \_\_\_\_\_

Inspected By: \_\_\_\_\_

NRD'S COST-SHARE: \$ \_\_\_\_\_

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

**(60% - \$1,000 maximum)**

WELL OWNER'S SHARE: \$ \_\_\_\_\_





**UPPER BIG BLUE  
Natural Resources District**

319 East 25<sup>th</sup> Street  
York, Nebraska 68467

402-362-6601  
Fax: 402-362-1849  
www.upperbigblue.org

## 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 —**

I am a qualified alien under the federal 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** \_\_\_\_\_

NRD Coop. # \_\_\_\_\_  
Upper Big Blue NRD Use Only

Last Name

First Name

Middle Name