



Point of Use RO System Cost-Share Assistance Program

The Point of Use Reverse Osmosis Water Filtration System Pilot Program is intended to aid private well owners whose drinking water nitrates are above the safe drinking water standard set by the Environmental Protection Agency (EPA). Current EPA standards for drinking water nitrate is 10 ppm.

There are different types of water treatment and water treatment systems. For this pilot program, the Upper Big Blue Natural Resources District (District) will focus on point of use reverse osmosis water filtration systems with a separate faucet. Reverse osmosis water filtration systems (RO) connect to existing water lines under a sink or refrigerator water dispenser. Using pressure, water is forced through semi-permeable filters. Contaminants bind to the filter media allowing clean water to pass through.

Approval Process

Approved applications will be notified in writing. Upon approval the applicant will have 90 days to complete the purchase and installation of the RO unit. At the end of the 90-day period all projects not completed will be notified via email that their application has been cancelled. After completion, final invoices must be turned in to the NRD for final payment. Any purchases of materials made prior to NRD approval are not eligible for funding.

Cost Share Rate

The cost-share rate will be 75% of the actual cost for material and labor for the RO unit not to exceed \$500.00. The minimum cost share payment is \$100.00.

Eligible Cooperators

- Homeowners/Property owners connected to a private well as their sole drinking water source.
- Homeowners/Property owners connected to a municipal water system are **not** eligible.
- Homeowners with a lab analysis of over 10 ppm.
- Only one filtration system per rural residential parcel.
- Those landowners who are in compliance with all Upper Big Blue District Rules and Regulations.

Eligible Components for Cost Share Include

- Point of use faucet
- Pressure tank
- Initial System Filter components (not replacement filters)

Ineligible Cost Share Items

- Tenants are ineligible, cost-share is only for Homeowners/Property owner.
- Whole home filtration systems
- Countertop filtration systems
- End of faucet filtration systems



Application for Point of Use RO System Cost-Share Assistance Program

NRD USE ONLY
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. **BOLDED ITEMS ARE REQUIRED.**

NAME AND ADDRESS OF OWNER:

Installation Location of RO System

Name _____

Address1 _____

Address2 _____

Address3 _____

Phone _____

E-mail _____

SSN/FID _____

Residence Contact _____

Installation Address _____

Installation _____

City, State, Zip . _____

Phone No. _____

Parcel No. _____

Estimated Cost of RO System _____

Location of RO Unit (faucet, fridge, basement) _____

LEGAL DESCRIPTION OF INSTALLATION: _____ 1/4 _____ 1/4, SECTION _____ T _____ N, R _____ COUNTY _____ East/West

Practice Requirements

1. Homeowners/Property owners connected to a private well as their sole drinking water source.
2. Only homeowners/property owners may apply for cost-share, tenants are **not** eligible for this program.
3. The domestic well must test over the EPA safe drinking water standard of 10 ppm. Samples may be brought to the Upper Big Blue NRD office for analysis.
4. Well registration is **not** required through this pilot program.
5. The application must be approved before items can be purchased and installed.
6. The system must be installed by a licensed plumber or dealer's technician.
7. Filtration system must fit the ANSI or NSF standards.
8. The cost-share rate will be 75% of the actual cost for material and labor for the RO unit not to exceed \$500.00. The minimum cost share payment is \$100.00.
9. Upon completion of the project, the applicant must submit a copy of the **itemized invoice/receipt for the purchase and installation of the RO System and photo showing the installation** to be eligible for payment.
10. Applicant shall submit a post installation water test showing that the system meets the EPA safe drinking water standard of less than 10 ppm.

SIGNATURE OF OWNER: _____ **DATE:** _____

Return completed application to: **UPPER BIG BLUE NRD, 319 E 25th 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 applicant is authorized to proceed with the proper installation of RO System according to District program requirements.

NRD SIGNATURE: _____ **DATE:** _____

CLAIM RECEIVED DATE _____

ACTUAL COST

TOTAL COST: \$ _____

LANDOWNER'S SHARE: \$ _____

NRD'S COST-SHARE: \$ _____
(75% UP TO \$500)

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

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

Print or type.	See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>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 unless the owner of the LLC is another LLC that is not 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.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
		<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p> <hr/>	<p>Requester's name and address (optional)</p> <hr/>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-			-				
or											
Employer identification number											
				-							

Part II Certification

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 Here	Signature of U.S. person ▶	Date ▶
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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)
- Form 1099-S (proceeds from real estate transactions)
- 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.



**UPPER BIG BLUE
Natural Resources District**

319 East 25th 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