



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. BOLDDED 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 _____ East/West _____ COUNTY

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)

Parcel. _____

Tract: _____

Well: _____

Result #1: _____

Result #2: _____

Install Picture Rec'd: _____



**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