TRI-BASIN NATURAL RESOURCES DISTRICT WELL DECOMMISSIONING COST-SHARE PROGRAM

Арр#	
Termination:	

Revised 08/05/21

Landowner:	Date:
Address:	Phone:
	_
LOCATION OF WELL:	
¼ ; Range ; Township ; Range	e ; County
Feet from (north/south) section line and	Feet from (east/west) section line
Latitude: N Longit	ude: W
TYPE OF WELL: Irrigation Stock Dome	estic Other Reg.# (if applicable):
INSIDE DIAMETER OF CASING (IN INCHES): DEPTH OF WELL (IN FEET):	
Nebraska Notice of Water Well Abandonment form must be presente to a \$300 maximum per domestic, livestock or irrigation well and a m APPLICANT'S REQUEST Maximum Assistance \$300 (\$700 for Dug Well)	
Estimated Cost: \$ I verify that the taxpayer identification number provided is my correct taxpayer identification number, that I am not subject to back-up withholding and I am a U.S. Person (including a U.S. resident alien).	I certify that the items for which payment is claimed were furnished under authority of the law and that the charges are reasonable, proper and correct.
	Contractor's Signature
Landowner Signature Date	
CONTRACTOR INFORMATION Name of Contractor:	Contractor's License Number Date
Address:	PERFORMED
	Actual Cost 60% of Actual Cost-Share
Phone Number:	
APPLICATION APPROVAL: The Tri-Basin NRD approved the applicant's request and hereby obligates: NRD Provided Hereby Provided Hereby	NRD Representative Signature Date Attachments must accompany this application.
NRD Representative Signature Date	_ · · · · · · · · · · · · · · · · · · ·