

# TRI-BASIN NATURAL RESOURCES DISTRICT

## WELL DECOMMISSIONING COST-SHARE PROGRAM

App# \_\_\_\_\_

Termination: \_\_\_\_\_

<b>Landowner:</b> _____	<b>Date:</b> _____
<b>Address:</b> _____ _____	<b>Phone:</b> _____
	<b>Social Security#:</b> _____
	<b>OR Federal ID #:</b> _____

**Check Appropriate Box:**

Individual/Sole Proprietor     
  Partnership     
  Corporation     
  Trust

**Back-Up Withholding:**

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.*

**LOCATION OF WELL:** \_\_\_\_\_; Section \_\_\_\_; Township \_\_; Range \_\_; County \_\_\_\_\_

\_\_\_\_\_ Feet from (north/south) section line and \_\_\_\_\_ Feet from (east/west) section line

**Latitude:** N \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ "      **Longitude:** W \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " NAD 83

**TYPE OF WELL:**     Irrigation     Stock     Domestic     Other      Reg.# (if applicable): \_\_\_\_\_

**INSIDE DIAMETER OF CASING (IN INCHES):** \_\_\_\_\_      **DEPTH OF WELL (IN FEET):** \_\_\_\_\_

This application will not be effective until approved by the NRD. Claims for payment will not be accepted more than six months from the date this application is approved; however, all claims must be completed and turned in prior to June 15<sup>th</sup> of each year. **A licensed contractor is required to do well decommissioning in order to receive cost-share.** Paid bill and completed Nebraska Notice of Water Well Abandonment form must be presented before reimbursement by NRD. Cost-share rate is 60% up to a \$500 maximum per domestic, livestock or irrigation well and a maximum of \$700 for hand dug well.

**APPLICANT'S REQUEST**

Maximum Assistance \$500 (\$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).*

\_\_\_\_\_      \_\_\_\_\_  
**Landowner Signature**      **Date**

**CONTRACTOR INFORMATION**

Name of Contractor: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone Number: \_\_\_\_\_

**COMPLETION AND CERTIFICATION:**

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

\_\_\_\_\_      \_\_\_\_\_

Contractor's License Number      Date

**PERFORMED**

Actual Cost	60% of Actual	Cost-Share

**APPLICATION APPROVAL:**

The Tri-Basin NRD approved the applicant's request and hereby obligates: \$ \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_  
 NRD Representative Signature      Date

\_\_\_\_\_      \_\_\_\_\_

NRD Representative Signature      Date

**Attachments must accompany this application.**