

**LOWER REPUBLICAN NATURAL RESOURCES DISTRICT
WATER WELL DECOMMISSIONING COST-SHARE PROGRAM**

PLEASE BE SURE TO FILL OUT PHONE NUMBER AND SOC. SEC. NO FOR 1099 PURPOSES

LANDOWNER: _____ DATE: _____

ADDRESS: _____ PHONE: _____

_____ SSN OR TAX ID#: _____

LOCATION OF WELL: ¼ _____ ¼ _____ SEC _____ TWP _____ RNG _____ COUNTY: _____

_____ FEET FROM (NORTH/SOUTH) SECTION LINE AND _____ FEET FROM (EAST/WEST)SECTION LINE.

TYPE OF WELL: _____ IRRIGATION _____ STOCK _____ DOMESTIC _____ HAND DUG

WELL REGISTRATION NO: (IF APPLICABLE) _____

INSIDE DIAMETER OF CASING: _____ INCHES DEPTH OF WELL: _____ 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 30th of each year. A LICENSED CONTRACTOR IS REQUIRED TO DO THE DECOMMISSIONING IN ORDER TO RECEIVE COST-SHARE. The *paid bill* 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.

LANDOWNER SIGNATURE

DATE

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

DATE

CONTRACTOR'S LICENSE NUMBER

PERFORMED:

ACTUAL COST: _____

COST-SHARE: _____

60% ACTUAL: _____

APPLICATION APPROVAL

THE LOWER REPUBLICAN NRD BOARD OF DIRECTORS APPROVED THE APPLICANT'S REQUEST AND HEREBY OBLIGATES \$ _____

NRD REPRESENTATIVE SIGNATURE

DATE

WELL ABANDONMENT REPORTING FORM MUST ACCOMPANY THE APPLICATION