

**TWIN PLATTE NATURAL RESOURCES DISTRICT
111 SOUTH DEWEY STREET
NORTH PLATTE, NE 69103-1347**

308/535-8080
FAX 308/535-8207

WELL DECOMMISSIONING COST-SHARE APPLICATION

I, the undersigned landowner, do hereby request cost-share assistance to help defray the cost of decommissioning an unused well. It is understood and agreed that:

1. It will be necessary to sign and agree to assume all responsibility for the decommissioning of this well and agree that the work will be done according to technical specifications provided by the Twin Platte Natural Resources District.
2. The Water Programs Coordinator must determine that the decommissioning has been properly performed and that the reimbursement claim is supported by documentation of payment made or due to a contractor or other workers.
3. This application will be effective with the signature of a Twin Platte Natural Resources District representative. The staff may approve an application verbally, if a contractor is on-site and provided that a signed application is submitted within two workdays.
The contract will be valid for a period of nine-months from the approval date unless the District grants an extension.
4. Reimbursement will be limited to the amount obligated by the Twin Platte Natural Resources District or 65% of the actual cost, whichever amount is least.

TYPE OF WELL: <input type="checkbox"/> Irrigation <input type="checkbox"/> Domestic <input type="checkbox"/> Livestock <input type="checkbox"/> Industrial <input type="checkbox"/> Municipal <input type="checkbox"/> Other	
WELL DIAMETER (maximum allowed): <input type="checkbox"/> 0-18" (\$300) <input type="checkbox"/> Over 18" (\$400) <input type="checkbox"/> Hand-dug (\$700) (CFSA aerial photo with "X" to mark the well location is attached)	
LOCATION OF PRACTICE: _____ ¼, Section _____, Township _____ N, Range _____ W, _____ County	
NAME (please print): _____	TELEPHONE: _____
ADDRESS: _____	TOWN: _____
ZIP CODE: _____	SS or TAX ID #: _____
LANDOWNER (SIGNATURE): _____	DATE: _____

APPROVAL: Application Number _____ was been approved on _____ in the amount of \$_____ The expiration date is _____.	
NRD Representative Signature: _____	DATE: _____

LANDOWNER CERTIFICATION: I certify that, as landowner of the above described property, the decommissioning of this unused well has been made and that the charges are reasonable, proper and correct and no part of the claim has been paid by the Twin Platte Natural Resources District.	
LANDOWNER (SIGNATURE): _____	DATE: _____

DISTRICT CERTIFICATION AND PAYMENT: I certify that the above claim has been reviewed by me and find it is a proper claim against the Twin Platte Natural Resources District Well Abandonment Cost-Share Assistance Program for payment in the amount of \$_____.	
Water Programs Coordinator Signature: _____	DATE: _____

One well abandonment cost-shared per producer, per year.

State Registration No. of this well, if registered _____

Will there be a replacement well for this abandoned well? Yes _____ No _____
 If yes, what was the pump column size of the abandoned well? _____ Inches
 Has a replacement well been drilled: Yes _____ No _____
 If yes, how many feet is it from the abandoned well? _____ Feet
 Has the replacement well been registered? Yes _____ No _____ If yes, Registration No. _____

DECOMMISSIONING COMPLETED BY LICENSED CONTRACTOR:

NAME: _____ LICENSE No. _____
 ADDRESS: _____
 TELEPHONE: _____
 DATE OF DECOMMISSIONING: _____

INDICATES DEPTHS, QUANTITIES AND TYPES OF MATERILS USED:

(OLD WELL CASING)

GROUND LEVEL

3 FT.



Cap: _____

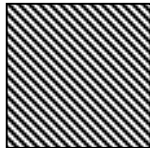
Top Bentonite Plug

Amount: _____ Cu. Ft.

Type: _____

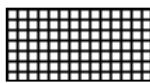
BENTONITE PLUG

5 Ft



Depth from ground level to static water level: _____

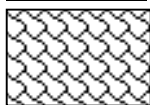
GRAVEL



Gravel Amount: _____ Cu Ft

BENTONITE PLUG

5 Ft



Bottom Bentonite Plug

Amount: _____

Type: _____

STATIC WATER LEVEL

CHLORINATED GRAVEL



Depth static water level to Bottom of well: _____

Chlorinated Gravel

Amount: _____ Cu Ft

Additional Comments: _____

CERTIFICATION

I herby certify that the decommissioning of this unused well has been performed in accordance with specifications developed by the Twin Platte Natural Resources District and that the attached billing is a true and accurate description of the cost and is the same charge presented to the landowner.

Completed by: _____ Date Completed: _____
 Signature of Well Contractor