



PAPIO-MISSOURI RIVER NATURAL RESOURCES DISTRICT WELL ABANDONMENT PROGRAM APPLICATION FORM

Owner _____
 Address _____
 Phone No. _____ Tax ID No. _____
 Contact Person _____ Phone No. _____

Application No.	
Construction Authorization Permission to abandon this well is granted by Papio NRD Board of Directors.	
Date	
Cost-share Amt	
Expiration Date	
Approved by	

Applicant Statement: I request cost-sharing through the Well Abandonment Program of the Papio NRD. I agree to not begin construction until receipt of the District's written authorization.

I further understand that:

1. Well must be abandoned by a licensed water well contractor or pump installer.
2. Well must be abandoned in accordance to Nebraska Department of Health regulations.
3. The Papio NRD will provide cost-sharing at a rate of 75% of the total cost of the abandonment with a maximum cost-share of \$750 for domestic drilled wells, \$1,000 for dug wells and \$1,500 for irrigation/municipal wells.
4. Eligible costs include the sealing of the well, pulling pumps or pipe and filling cisterns, but do not include moving windmill towers, cement slabs or other obstructions.
5. The Papio NRD may inspect this site before, during or after the completion of the well plugging.
6. Well must be abandoned within 6 months of the approval of this application.
7. The Papio NRD will not remit cost-share to the landowner until the decommissioning has been reported to the Department of Natural Resources (DNR).

Applicant's Signature _____ Date _____

Well Information

Location of Well (legal description) ¼ Section _____ TWP _____ Range _____ County _____
 Type of well: Drilled Dug Other _____
 Location of Well (address) _____
 Licensed Well Driller/Contractor _____

Certification of Completion

To be completed by the landowner and contractor at the completion of the project.

Type of well: Drilled Dug Other _____
 Abandonment date _____ Well casing diameter _____ Depth of well _____ Depth of static water level _____
 Type of plug material used at water table level _____
 Date decommissioning reported to the DNR _____
 Cost of abandonment _____

Applicant must provide an itemized statement from the well drill/pump installer. Eligible cost-share items are listed in No. 4.

I hereby certify that the above described items have been completed and the charges are accurate and acceptable. Signature of Landowner _____ Date _____	I hereby certify that the above described well has been abandoned in accordance with Nebraska Dept. of Health and Papio NRD regulations and that the charge of \$ _____ as shown above is the same charge presented to the Landowner. Signature of Contractor _____ Date _____
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Cost-share payment \$ _____ Date _____ Certified by _____