# CENTRAL PLATTE NRD WELL DECOMMISSIONING COST SHARE PROGRAM

Revised (01/27/26)

The purpose of well decommissioning is to prevent entry of vermin, debris, or other foreign substances into the well or well bore holes. Eliminate the physical hazard of an open hole to people, animals, and farm machinery. Prevent entry of contaminated surface water into well and migration of contaminants into unsaturated (vadose) zone or saturated zone. Prevent the commingling of chemically or physically different ground waters between separate water bearing zones.

LANDOWNER: _____ SOCIAL SECURITY NO: _____

ADDRESS: _____ Home Phone: _____

_____ Cell Phone: _____

OPERATOR: _____ County: _____

EMAIL: _____ Well Driller: _____

LOCATION: _____ 1/4, SECTION _____ TOWNSHIP _____ RANGE _____

_____ feet from (N / S) section line and _____ feet from (E / W) section line

If registered, # _____ type of well _____ **Replacement Well Y or N**

**Does this well pump 50 gallons or less?** _____

**This application will not be effective until approved by the NRD.** *All applications must be approved before project can be started.* Claims for payment will not be accepted more than 5 months from the date this application is approved. Claims for payment submitted but being held subject to complaince with all rules and regulations of the Central Platte NRD programs shall be held only up to 90 days. After 90 days, the claim for payment shall be considered void and the original application cancelled. **Items of cost for which reimbursement is claimed are to be supported by documentation of payment made. A LICENSED WATER WELL CONTRACTOR OR PUMP INSTALLATION CONTRACTOR IS REQUIRED TO DO THE ABANDONMENT IN ORDER TO RECEIVE COST SHARE.** Cost share available only for actual filling of well. Cost share is 60% up to a $750 for irrigation wells. Any well that pumps 50 gallons or less is 60% up to $500, and any hand dug well is 60% up to $1,500.

**Replacement wells are not eligible for cost share.**

| APPLICANT'S REQUEST | PERFORMED | | |
|---|---|---|---|
| Maximum Assistance | Actual Cost | 60% Actual | Cost Share |
| | | | |

**APPLICATION:** I understand that I must be in compliance with all rules and regulations of the Central Platte Natural Resources District's programs, both at the time of application in order to receive approval, and at the time of completion in order to receive payment.

Landowner Date

**APPLICATION APPROVAL:**
The Central Platte NRD Board of Directors approved the Applicant's request and hereby obligate $ _____

NRD Representative Date

**COMPLETION AND CERTIFICATION:**
The Department of Health regulations governing water well decommissioning Chapter 12, have been followed.

Water Well Contractor Date

NRD Representative Date

Office Use Only:
Record# Compliance Bills Paid



Note: Cost share payments are considered taxable income. Recipents of total payments of $2,000 or more in a calendar year will receive a Federal Form 1099.