CENTRAL PLATTE NRD REVERSE OSMOSIS SYSTEM COST SHARE PROGRAM

Revised (06/11/26)

The Purpose of the Reverse Osmosis system is to strip away up to 99% of dissolved salts, heavy metals (like lead, arsenic and nitrogen), and chemical pollutants.

Owner: _____ Social Security No: _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

Well Registration # _____ Email: _____

County: _____

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 five months from the date this application is approved.

Claims for payment submitted but being held subject to compliance 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.

Cost share is 50% of actual cost up to $750.00. **One application per landowner per home.**

Items of cost for which reimbursement is claimed are to be supported by documentation of payment made.

Requirements

Is the private well registered with the Nebraska Department of Water, Energy and Environment? _____

If the well is registered, please attach a copy of the well registration issued by NDWEE.

If the well is NOT registered, please register the well before submitting this application.

Registration # _____ *Copy of Reg. Attached* _____

Results from Nitrate testing of well: _____ ppm

(A nitrate test must be done prior to being eligible for cost share - and proof must be attached to application)

APPLICANT'S REQUEST	PERFORMED		
Maximum Assistance	Actual Cost	50% Actual	Cost Share
$750.00			

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.

Owner Date

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

NRD Representative Date

OWNER AGREEMENT:

I certify that the item for which payment is claimed was furnished under authority of the law and that the charges are reasonable, proper and correct. I further certify that I am the owner of the above described property and agree that if the above installed RO System is removed, or not maintained for a period of five years after the date of receiving payment, that a portion of the claimed amount shall be refunded to the Central Platte NRD. If title to this land is transferred to another party, it shall be my responsibility to advise the new owner that this agreement is in force and to obtain such new owner's acceptance of the responsibilities herein.

Owner 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.