

DOMESTIC WELL WATER TREATMENT SYSTEM COST-SHARE PROGRAM

Purpose: This program is intended to assist with funding the installation of a water treatment system, designed to remove nitrate and other drinking water contaminants, on eligible domestic wells.

Eligible Participants: Active, registered domestic wells within the Lower Elkhorn Natural Resources District (LENRD). If the domestic well is not currently registered, it must be registered at the well owner's expense prior to participation in this program. Well must be sampled through the LENRD's domestic well sampling program. Cost share program is for a one-time purchase of a water treatment system through this program.

Eligible Components:

- Equipment and installation costs for a water treatment system, designed to remove nitrate and other drinking water contaminants.

In-Eligible Components:

- Costs associated with routine maintenance or repairs.

Requirements:

1. Well must be registered and classified as active with the Nebraska Department of Natural Resources (NeDNR).
2. Well owners must first apply for, and utilize, American Rescue Plan Act (ARPA) funding through the Nebraska Department of Environment and Energy (NDEE) if available and eligible.
3. If ineligible for ARPA funding, or funding has been exhausted, well owners may apply for LENRD cost share program.
4. The sample results must be 5 ppm or greater for nitrate or contain concentrations of analytes for agricultural herbicides and/or glyphosate that exceed EPA recommendations.
5. The application for water treatment system cost share must be approved by the LENRD prior to the purchase and installation of the equipment.
6. Equipment must meet the standards for mitigating drinking water contaminants as certified by the American National Standards Institute (ANSI) and be approved by the LENRD. Installation must be conducted by a reputable installer.
7. Following installation, well owners are required to conduct follow-up sampling to evaluate the effectiveness of the treatment system in providing drinking water that contains a safe level of nitrates by utilizing the LENRD's domestic well testing program, or at their own expense, by submitting a sample to the Public Health Environmental Lab.
8. After successful installation of a treatment system, verification of effective removal of drinking water contaminants, and receiving water treatment system cost share, the domestic well is no longer eligible for the LENRD's water sampling program.

Cost-Share: 50% of the total cost, not to exceed \$800. One time use program.

Domestic Well Water Treatment System Instructions

Step 1

If eligible, apply for funding through Nebraska Department of Environment and Energy (NDEE). If ineligible for NDEE funding, or are denied funding, fill out **100c**, **200a**, and **W-9** forms. A **map** of the well location will also need to be provided. *If you are eligible for NDEE funding and are denied, you must include a copy of the denial letter with your application.*

Step 2

Contact reputable installer. They will need to provide us with 2 things:

- A) Reverse Osmosis (or other LENRD approved water treatment system) System Installation Quote**
- B) Written performance clause stating the applicant will not be charged if the installed system does not adequately reduce nitrate and/or agricultural herbicides/glyphosate**

Step 3

After the LENRD receives the above forms and attachments, the well owner will receive an approval letter from the LENRD. ***Water treatment system may NOT be purchased or installed until after you have received approval from the LENRD.***

You may then proceed to contact your reputable installer to proceed with the purchase and installation of the reverse osmosis/water treatment system.

The LENRD may deny an application if they determine the proposed treatment system will not adequately remove nitrate and/or agricultural herbicides/glyphosate.

Step 4

After the reverse osmosis/water treatment system is installed, a copy of the bill/invoice for purchase and installation must be provided to the LENRD to receive cost share payment.

Cost Share will be provided for up to 50% of the cost of the purchase and installation of approved reverse osmosis/water treatment system, not to exceed \$800. Routine maintenance and/or repair costs are ***NOT*** eligible for cost share.

Request for Assistance

Land & Water Development Assistance Program

NAME & MAILING ADDRESS	PHONE NUMBER:	COUNTY: _____
LEGAL: _____		

Expiration Date:

(Date to be determined by NRD)

Practice Number	Description of Practice	Extent Requested	50 % Rate Co. Average	Assistance Requested	Units Performed	Payment
	Domestic Well Treatment System					
	50% up to \$800					
		TOTAL		\$ -		\$

LANDOWNER AND/OR APPLICANT CERTIFICATION: I hereby request assistance under the Land and Water Development Assistance Program administered by the Lower Elkhorn Natural Resources District (LENRD). By signing this Request for Assistance, I hereby agree to maintain this water treatment system. I further certify that I have the authority on behalf of the Landowner(s) to make this request and carry out the above practices and I hereby assume full responsibility for the same. I agree that I am obligated to pay at least 50 percent of the cost of this conservation practice. Any reduction in the contractors billing or refund of payment must be reported to the LENRD. Any violation of the terms set forth in the Request will result in a lawsuit against me, for which I will pay.

SIGNATURE: _____

DATE: _____

TECHNICIAN'S SIGNATURE: _____

DATE: _____

REMARKS:

The **NRD Board approved** the extent and amount shown above.

For NRD Board: _____

DATE: _____

CERTIFICATION:

The water treatment system meets NRD specifications.

TECHNICIAN'S SIGNATURE

DATE

FOR NRD OFFICE USE:

Actual Cost:

Total Cost Share:

Less Other:

LENRD Payment:

Date Paid:

**LOWER ELKHORN NATURAL RESOURCES DISTRICT
DOMESTIC WELL WATER TREATMENT SYSTEM COST-SHARE APPLICATION**

Property Owner's Name: _____

Physical Address: _____

Mailing Address (if different than physical): _____

Phone Number: _____ Email Address: _____

Are you eligible for the Nebraska Department of Environment & Energy's Reverse Osmosis Program? **Yes** **No**

If yes, and you applied and were denied funding, provide copy of the denial letter.

If no, why were you ineligible? _____

Is the domestic well located within a well pit? Yes No

Is the well a sand point well? Yes No

Do you agree to hold the LENRD harmless for any action or result of the Domestic Well Water Treatment System Cost-Share Program? Yes

Please include all other required documentation (100c, W-9, map, quote, and performance clause) as detailed on the instruction page. Incomplete applications will not be considered.

Owner or Authorized Representative: I certify to the best of my knowledge that:

- The information contained in this application is true and correct.
- I understand that any expenses incurred prior to receiving approval by the LENRD are not eligible.
- I have the legal authority to submit this application.

Printed Name

Signature

Date

For LENRD Office Use Only

Well Registration Number: _____ Nitrate Test Result: _____ Sample Date: _____

Pesticide Test Results: _____ Sample Date: _____

STATE OF NEBRASKA W-9 & ACH ENROLLMENT FORM

PLEASE SUBMIT FORM TO INVOICED AGENCY

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.**2** Business name/disregarded entity name, if different from above**3** Check appropriate box for federal tax classification; check only **one** of the following boxes:

- ☐ Individual ☐ Sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/Estate
☐ Non-Profit Entity ☐ Government (Local, State or Federal)
☐ **Limited Liability Company.** Enter the tax classification (C = C Corporation, S = S Corporation, P = Partnership)
☐ Other (see instructions)

Note: Enter the owner's name on line 1 and mark the appropriate federal tax classification box for disregarded entities.**4** Exemptions (see instructions): Exempt payee code (if any)

Exemption from FATCA reporting code (if any)

5 Address:

Remit Address (if different):

6 City, state, and ZIP code

City, state, and ZIP code

Taxpayer Identification Number (TIN):

Social Security Number (SSN):

OR

Employer Identification Number (EIN):

Month & Year Tax Id/Name changed

Certification:

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding due to failure to report interest and dividend income, and
3. I am a U.S. citizen or other U.S. person (defined in the instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

For additional instructions please refer to <http://www.irs.gov/pub/irs-pdf/fw9.pdf> to obtain a copy of the IRS Form W-9 General Instructions.

Signature of US Person:

Date:

Printed Name:

Contact Phone:

Comments or Business/Entity Notes:

ACH Enrollment:☐ Initial Setup☐ Change☐ Close Account

Financial Institution Name:	Nine Digit Routing Number:	Prior Routing Number: *	<input type="checkbox"/> Check here if the bank is outside of the United States.
Address:	Depositor Account Number:	Prior Account Number: *	<input type="checkbox"/> Check here if our payments to you are being forwarded from a U.S. financial institution to a financial institution in another country
City, state and ZIP code:	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	* Prior ACH instructions are required to be completed if changing/updating your ACH instructions with the State of Nebraska.	

This account will be used for all payments by the State of Nebraska unless specified here:

E-mail:

(Used for ACH payment notifications.)

Authorized Individual or Entity Signature:	Attachment Required! (Select and attach one of the following items for verification):
Printed Name:	<input type="checkbox"/> Blank check (voided) or <input type="checkbox"/> Photocopy of a cleared check
Date:	<input type="checkbox"/> Letter from your financial institution
	<input type="checkbox"/> Vendor invoice or letter which contains printed ACH instructions

AGENCY APPROVAL #1 -Signature:

DATE:

AGENCY APPROVAL #2 -Signature:

DATE: