

Well Sealing Instructions

Step 1

Fill out **100a** and **W9** form at NRD office (or NRCS office)

Step 2

Contact well sealer. He will need to provide us with 2 things:

- A) **Well Sealer Quote**
- B) **Map of area well is located**

Step 3

After the Lower Elkhorn receives the above 4 forms, the well owner will receive an approval letter from the Lower Elkhorn NRD. ***The well sealing may NOT be done until after you have received approval from the NRD.***

You may then proceed to contact your well sealer to go ahead with the sealing of the well.

Step 4

When the well is done, we will need the following 2 items to be completed before you will be paid:

- A) The bill (or copy) from the well sealer
- B) The well sealer will have to submit a Notice of Water Well Decommissioning to The Nebraska Department of Natural Resources

Cost Share of the decommissioning of wells is 75% of the approved cost of sealing the well with a limit of \$700 for drilled and \$1000 for dug wells.

**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	75 % Rate Co. Average	Assistance Requested	Units Performed	Payment
	75% up to:					
	\$700 limit on drilled wells					
	\$1000 limit on hand dug wells					
	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 these Practice(s) up to the specifications for the USDA Natural Resources Conservation Service specified "Life of the Practice", and to repay all LENRD cost share funds if the practices are not maintained.** The Practice(s) shown above are in accordance with a **Resource Conservation Plan** developed with the LENRD. 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 ____ 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 STATEMENTS:

The Landowner has applied for EQIP Funds: ☐ YES ☐ NO Amount Approved \$ _____

TECHNICIAN'S SIGNATURE: _____ **DATE:** _____

REMARKS:

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

For NRD Board: _____ **DATE:** _____

CERTIFICATION:

Acres Treated: _____ **Feet of Terraces:** _____

The practice shown above has been performed to the extent shown in practice units performed column and meets NRD specifications.

TECHNICIAN'S SIGNATURE

DATE

FOR NRD OFFICE USE:

Actual Cost:	
Total Cost Share:	
Less Other:	
LENRD Payment:	
Date Paid:	

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. <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
Address:	Depositor Account Number:	Prior Account Number: *	
City, state and ZIP code:	Type of Account:	* Prior ACH instructions are required to be completed if changing/updating your ACH instructions with the State of Nebraska.	
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		

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): <input type="checkbox"/> Blank check (voided) or <input type="checkbox"/> Photocopy of a cleared check <input type="checkbox"/> Letter from your financial institution <input type="checkbox"/> Vendor invoice or letter which contains printed ACH instructions
Printed Name:	
Date:	

AGENCY APPROVAL #1 -Signature:

DATE:

AGENCY APPROVAL #2 -Signature:

DATE:

9/18/2020

LOWER ELKHORN NATURAL RESOURCES DISTRICT
WELL SEALING PROGRAM

LANDOWNER _____

ADDRESS _____

PHONE _____

COUNTY _____

WELL INFORMATION

Legal : Qtr _____ Section _____ Township _____ Range _____

Is the well registered? Yes _____ No _____

Type: Irrigation _____ Domestic _____ Stock _____ Hand Dug or Drilled ?

Depth: _____ Inside Casing Diameter: _____ Casing Material: _____

Pump Attached? _____ If obstruction over well, what? _____

Well Pit Dimensions: _____

Comments:

WELL SEALER QUOTE

Company _____

Address _____

Phone _____

Cost Share Components

Total

_____ cy of chlorinated fill sand and/or gravel at \$ _____ /cy \$ _____

_____ bag (50lb) bentonite / hole plug at \$ _____ /bag \$ _____

_____ cy of concrete at \$ _____ /cy \$ _____

Miscellaneous-Itemize labor, mileage, etc. _____ \$ _____

Total Cost Share Components \$ _____

Non Cost Share Components (Landowner Cost):

Removal of above ground obstacles if necessary (windmill, concrete cover, etc.) \$ _____

Removal of obstacles in well (pump rods, submersible pump, etc.) \$ _____

Well Sealer Signature _____