

AQWACAP
AQUIFER QUALITY WELL ABANDONMENT
COST-SHARE ASSISTANCE PROGRAM
APPLICATION

Please use a separate application for each well

NRD USE ONLY
APPLICATION NO. _____
DATE RECEIVED: _____
COOPERATOR NO: _____
W-9 FORM REC'D: _____
CITIZENSHIP FORM REC'D: _____
EXPIRATION DATE: _____
CHECK NO: _____
DATE MAILED: _____

Cost-Share payments will only be made to 1 individual or entity. If there are multiple landowners PLEASE complete information for only 1 individual or entity. Completed Taxpayer Identification Form (W-9) MUST match the name of the individual or entity applying for cost-share. **BOLDED ITEMS ARE REQUIRED.**

NAME AND ADDRESS OF WELL OWNER:

LICENSED CONTRACTOR PERFORMING WORK:

Name _____

Address1 _____

Address2 _____

Address3 _____

Phone _____

E-mail _____

SSN/FID _____

Name _____

Address1 _____

Address2 _____

Address3 _____

Phone _____

E-mail _____

LEGAL DESCRIPTION OF WELL LOCATION: _____ 1/4 _____ 1/4, SECTION _____ T _____ N, R _____ COUNTY _____ East/West

PRIOR USE OF ABANDONED WELL: IRRIGATION _____ DOMESTIC _____ HAND DUG _____
OTHER:(SPECIFY) _____

INSIDE DIAMETER OF CASING: _____ INCHES.

WELL ID NO.: _____ STATE REGISTRATION NO.: _____ (IF WELL IS REGISTERED)

I HEREBY CERTIFY THAT I AM THE OWNER OF THE ABOVE DESCRIBED LAND OR HAVE BEEN AUTHORIZED BY SAID OWNER AND DO HEREBY REQUEST COST-SHARE ASSISTANCE FROM THE UPPER BIG BLUE NATURAL RESOURCES DISTRICT FOR THE PROPER PLUGGING OF AN ABANDONED WELL. I FURTHER AGREE TO THE CONDITIONS OF THE PROGRAM AS FOLLOWS:

1. If any cost-share eligible work is completed prior to District authorization, the District may deny payment.
2. The well must be decommissioned according to Nebraska Health and Human Services regulations.
3. If the well is not decommissioned and cost-share claimed by the expiration date, the District may cancel the application.
4. The landowner will accept a cost-share amount not to exceed **60 percent** of the actual cost.
5. The maximum cost-share rates are as follows: hand dug wells – \$700, all other wells – \$500.
6. Removal of above ground structure and below ground pumping equipment ARE NOT eligible for cost-share.
7. The landowner assumes all liability related to the actual decommissioning of the well.
8. Upon completion of decommissioning, a copy of the water well contractor’s itemized statement must be provided to the District to verify the cost of labor and materials.
9. If the well is Registered with the Nebraska Department of Natural Resources, a copy of the submitted decommissioning form must be forwarded to the District before final payment will be made.

SIGNATURE OF OWNER: _____ **DATE:** _____

Return completed application to: UPPER BIG BLUE NRD 319 E 25th STREET YORK NE 68467

NRD USE ONLY

APPROVED FOR FUNDS

On _____, 20____ the Upper Big Blue Natural Resources District approved this application for funds. The water well contractor is authorized to proceed with the proper decommissioning of the abandoned well described in this application.

NRD SIGNATURE: _____ **DATE:** _____

CLAIM RECEIVED DATE _____

ACTUAL COST

WELL OWNER'S SHARE: \$ _____

NRD'S COST-SHARE: \$ _____

INVOICE TOTAL: \$ _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	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 seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number											
				-			-				
or											
Employer identification number											
				-							

Part II 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 because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



**UPPER BIG BLUE
Natural Resources District**

319 East 25th Street
York, Nebraska 68467

402-362-6601
Fax: 402-362-1849
www.upperbigblue.org

United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, check one of the following and attest to your response by providing your name, and signing and dating this form.

I am a citizen of the United States.

— OR —

I am a qualified alien under the federal Immigration and Nationality Act, my immigration status is _____ and my alien number is _____, and I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME _____
(first, middle, last)

SIGNATURE _____

DATE _____

NRD Coop. # _____
Upper Big Blue NRD Use Only

Last Name

First Name

Middle Name