



**UPPER BIG BLUE
Natural Resources District**

319 East 25th Street
York, Nebraska 68467

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

WATER METER REPAIR/REPLACEMENT (NEW) COST-SHARE ASSISTANCE

The purpose of these practices is to encourage the efficient use of groundwater for irrigation. NRD funds will be used to provide cost-share for these practices.

Eligibility for water meter repair or replacement (new):

- The well owner must be enrolled in the Water Meter Maintenance Program.
- Cost-share assistance for meter replacement applies to installation of a **District-approved mechanical meter** when feasible.
- Meter types that do not meet District performance and reliability standards, as determined through documented data, are not eligible for cost-share.
- A meter is not eligible for cost-share repair or replacement more than once within a four (4) year period.
- Mandatory water meters are not eligible for cost-share until at least four (4) years after the initial installation date.
- Water meters that are still under manufacturer warranty are not eligible for cost-share.
- All repair or replacement installations must meet current District installation requirements.
- The District may waive installation compliance requirements for meters installed voluntarily prior to June 30, 2010, provided the meter is verified to be recording within an accuracy range of $\pm 5\%$.

Cost-Share Rate:

- The cost-share rate is fifty percent (50%) not to exceed \$500 per a water meter.
- The maximum cost-share per landowner for the combination of the Water Meter Cost-Share practices is \$2,500 per fiscal year.
- The Cost-Share amount must equal \$100 or more for payment to be made and can be a combination of multiple meters being repaired/replaced (new).

Completion of Work:

The landowner shall complete the installation of the water meter and report the installation to the District within 90 days from the date his or her application is approved. Failure to report installation within 90 days may result in forfeiture of cost-share. The District will provide the forms needed for reporting.

Return Application To:

Upper Big Blue NRD
319 East 25th Street
York NE 68467

UPPER BIG BLUE NATURAL RESOURCES DISTRICT Application for Water Meter Cost-Share Assistance

*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.** BOLDDED ITEMS ARE REQUIRED.*

NRD USE ONLY	
APPLICATION NO.	_____
DATE RECEIVED:	_____
COOPERATOR NO:	_____
W-9 FORM REC'D:	_____
CITIZENSHIP FORM REC'D:	_____
EXPIRATION DATE:	_____
CHECK NO:	_____
DATE MAILED:	_____
FILE IN:	2627_

PLEASE PRINT **NAME AND ADDRESS OF LANDOWNER:**

NAME OF ADDRESS OF AGENT or TENANT:

Name: _____

Address: _____

City, ST, Zip: _____

Phone: _____

E-mail: _____

SSN/EIN: _____

Name: _____

Address: _____

City, ST, Zip: _____

Phone: _____

E-mail: _____

SSN/EIN: _____

I, the undersigned, do hereby request cost-share assistance to help defray the cost for repair/replacement of a water meter. It is understood and agreed that:

1. Application for a water meter practice must be made directly to the District office at 319 East 25th Street, York Nebraska 68467. The application must be made using a District approved form.
2. Applications are screened for compliance with Upper Big Blue NRD rules and regulations prior to being accepted as eligible for the District's programs. After the application has been reviewed the well owner will be notified that the application is eligible, needs additional information, or does not meet policy criteria. Determination of eligibility by the District must be received by the applicant prior to the start of any work associated with the practice.
3. Once an application is declared eligible, the applicant shall have ninety (90) days to complete the practice and submit all documentation required to show that the practice has been completed and to request reimbursement by the District. Failure to complete the project and submit documentation within the allotted time may result in cancelation of the application and forfeiture of the cost-share payment. An extension of time may be requested. Granting of an extension of time will be based on availability of funds and how such an extension will impact funding of other applications.
4. Water meter repairs/replacement (new) under the program must meet manufacturer specifications. Repaired/Replacement (new) meters must meet District specifications.
5. Water meters repaired/replaced with Water Meter Program assistance must be properly maintained by the landowner.
6. If the water meter is removed, altered or modified so as to reduce its accuracy or function, or the landowner chooses to withdraw from the Water Meter Maintenance Program, the landowner must refund all cost-share received during the life of the practice. This condition is binding on heirs, assigns or transferees.
7. Information gathered by the District from other NRDs indicates that water meters will function correctly for many years if they are properly maintained. For the purpose of the Water Meter Program, the design life of the practice is four (4) years.
8. The cost-share rate is fifty percent (50%) not to exceed \$500 per a water meter repair. **Cost-share payments to one applicant, under the Water Meter Program practices, shall not exceed \$2,500 per landowner per fiscal year. The District's fiscal year runs from July 1st to June 30th.** The minimum cost-share payment is \$100 per payee.
9. State or Federal funds and District funds **may not** be combined for these practices.
10. Funds will be paid directly to the landowner unless the landowner has signed a waiver reassigning payment to the tenant. Reassignment shall not absolve the landowner of the requirements for maintenance for the life of the practice.
11. When required, the applicant must provide power of attorney and attestation of citizenship on forms approved by the District.

Water Meter Serial Number & Legal Description of Proposed Water Meter Repair:

Meter S/N # _____ 1/4 _____ 1/4, Section _____ T _____ N, R _____ County State Reg. # _____
East/West _____

Meter S/N # _____ 1/4 _____ 1/4, Section _____ T _____ N, R _____ County State Reg. # _____
East/West _____

Meter S/N # _____ 1/4 _____ 1/4, Section _____ T _____ N, R _____ County State Reg. # _____
East/West _____

(Include FSA aerial photos with this application. Mark the well(s) location(s) with an "O" and the water meter location with an "X".)

Signature of Landowner _____ Date _____

RETURN TO: UPPER BIG BLUE NRD 319 EAST 25th STREET YORK, NEBRASKA 68467

NRD USE ONLY
COMMENTS:

Date Approved _____ NRD Representative _____

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See <i>Specific Instructions</i> on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2	Business name/disregarded entity name, if different from above.	
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>	
	5	Address (number, street, and apt. or suite no.). See instructions.	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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
				-					
or									
Employer identification number									

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

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 for Part II, later.

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

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



**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