NAME AND ADDRESS OF WELL OWNER:

Address1 \_\_\_\_\_

### **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:

LICENSED CONTRACTOR PERFORMING WORK:

Address1 \_\_\_\_\_

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

Address2			Ad	ddress2	2				
Address3									
Phone									
E-mail									
SSN/FID									
LEGAL DESCRIPTION OF WELL LOCATION:				_ T	N,	R	East/West		COUNTY
USE OF WELL TO BE A									
		OTHE	R:(SPECI	FY)					
INSIDE DIAMETER OF CASI	NG:	IN	NCHES.	,					
WELL ID NO.:				:			(IF WELL IS REG	ISTERED)	
I HEREBY CERTIFY THAT I AND DO HEREBY REQUEST PROPER PLUGGING OF AN A  1. If any cost-share eligible 2. The well must be decon 3. If the work is not complise subject to cancellation 4. The landowner will acces 5. The maximum cost-share 6. Removal of above groun 7. The landowner assumes 8. Applicant must be in con 9. Upon completion of decon District to verify the cost 10. ALL decommissioned we decommissioning form in	COST-SHAR ABANDONED e work is con nmissioned ad leted and the n by the Distr ept a cost-shar re rate is \$75 nd structure as all liability re mpliance with commissioning of of labor and ells must be semust be forw	E ASSISTANCE F WELL. I FURTH inpleted prior to I ccording to Nebral Contractor's iter inct. are amount not to 0 for all wells. and below groun elated to the act in all Upper Big Big, a copy of the did materials. Submitted to the	FROM THE HER AGREE District aut raska Healt mized state to exceed ( ad pumping tual decom lue District water well  Nebraska trict before	UPPE TO T horiza th and ement 50 per g equip mission t Rules contra Depar	R BIG BLU THE COND Ition, the I Human S is not rec rcent of t pment ARI pning of th s and Reg actor's ite rtment of payment	UE NAT DITIONS District Services ceived b the actu E NOT e ne well. ulations mized s Natural will be	URAL RESOURCES OF THE PROGRAM may deny payme regulations. by the expiration of tal cost. eligible for cost-sh to receive payme tatement must be Resources, a cop made.	S DISTRIC AM AS FOLI nt. date, your a nare. ent. e provided by of the su	T FOR THE LOWS: application to the
SIGNATURE OF OWNE Return completed applica		DER RIG RI II					DATE:		
NRD USE ONLY			OVED FOI				. OKK HE OU		
Onwater well contractor is auth	, 20 the orized to produce to the orized to produce to the orized to produce to the original to the origin	ne Upper Big Bluceed with the pro	ue Natural oper decom	Resou nmissio	urces Distoning of the	rict app ne aban	proved this applic doned well describ	ation for foed in this	unds. The application.
NRD SIGNATURE:							DATE:		
CLAIM RECEIVED DATE	-								
	ACTUA	L COST							
WELL OWNER'S SHARE:	\$								
NRD'S COST-SHARE:	\$								
INVOICE TOTAL:	\$								File: 2703



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.  $\S\S$  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	e United States.
	— OR —
immigration status i	n under the federal Immigration and Nationality Act, my sand my alien, and I agree to provide a copy of my USCIS n request.
related application for public	onse and the information provided on this form and any benefits are true, complete, and accurate and I understand used to verify my lawful presence in the United States.
PRINT NAME (first, middle	le, last)
SIGNATURE	
DATE	

Upper Big Blue NRD Use Only

NRD Coop. #

Last Name

First Name

Middle Name



## **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.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.							
Print or type. Specific Instructions on page 3.	2 Business name/disregarded entity name, if different from above							
	following seven boxes.  Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):						
		Exempt payee code (if any)						
	LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that	Exemption from FATCA reporting code (if any)						
F iji	is disregarded from the owner should check the appropriate box for the tax classification of its owner.	(4-1:-4-110)						
bed	Other (see instructions) ►  5 Address (number, street, and apt. or suite no.) See instructions.  Requester's name are	(Applies to accounts maintained outside the U.S.)						
See S	Viduress (number, street, and upt. of state no.) see institutions.	ia address (optional)						
Š	6 City, state, and ZIP code							
	7 List account number(s) here (optional)							
Par	t I Taxpayer Identification Number (TIN)							
	your fire in appropriate box. The fire provided materials from and given on the avoid	curity number						
reside	p withholding. For individuals, this is generally your social security number (SSN). However, for a nt alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other s, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>	-  -						
TIN, la								
	in the decedant le in more than one harrie, eee the metractione for into 117 ties eee 177 at 74 and and	dentification number						
Numb	er To Give the Requester for guidelines on whose number to enter.							
Par	Certification							
Unde	penalties of perjury, I certify that:							
2. I ar Ser	number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issun not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been now vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) to onger subject to backup withholding; and	otified by the Internal Revenue						
3. I ar	n a U.S. citizen or other U.S. person (defined below); and							
1 The	EATCA code(a) entered on this form (if any) indicating that I am exempt from EATCA reporting in correct							

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,

other than	1 1 2/	utions to an individual retirement arrangement (IRA), and generally, payments, 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

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.

#### **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 taxpaver 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,