

**LOWER NIOBRARA NATURAL RESOURCES DISTRICT
REQUEST FOR NATURAL RESOURCES WATER QUALITY FUND COST SHARE**

Name _____

Soc. Sec. # _____

Address _____

City _____

State _____ Zip _____

Phone _____ - _____ - _____

(Columns 2, 3, 4 & 5 are for Official Use Only)

Cost Share Item(s)	(1) Number Requested	(2) Cost Share Requested	(3) Number Installed	(4) Cost/Item %	(5) Cost Share Amount
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[] Automatic Rain Shutoff _____ \$ _____ _____ \$ _____ 65% \$ _____
Maximum cost share is \$135 per item and \$675 per cooperator per year

[] Automatic Drip Oiler _____ \$ _____ _____ \$ _____ 65% \$ _____
Maximum cost share is \$130 per item and \$650 per cooperator per year

[] Home Treatment System _____ \$ _____ _____ \$ _____ 65% \$ _____
Maximum cost share is \$800.00 per cooperator

[] Domestic well _____ \$ _____ _____ \$ _____ 65% \$ _____
Maximum cost share is \$800 per cooperator

[] Pipeline for existing system or _____ \$ _____ _____ \$ _____ 65% \$ _____

[] Hookup to a Rural Water System
Maximum cost share is \$500 per cooperator

Total Amount LNNRD Agrees to Cost Share \$ _____ Cost Share Paid \$ _____

Location # 1 _____ 1/4, Sec _____, Twp _____, Rng _____, County _____

Location # 2 _____ 1/4, Sec _____, Twp _____, Rng _____, County _____

Location # 3 _____ 1/4, Sec _____, Twp _____, Rng _____, County _____

Location # 4 _____ 1/4, Sec _____, Twp _____, Rng _____, County _____

Location # 5 _____ 1/4, Sec _____, Twp _____, Rng _____, County _____

Land Owner Agreement

I certify that I am the owner of the above described property and agree that if any or all of the above installed practices shall be removed, altered or modified so as to lessen their effectiveness without consent of the Lower Niobrara Natural Resources District for a period of 10 years after the date of receiving payment, that portion of the claimed amount shall be refunded to the LNNRD. If title to this land is transferred to another party it shall be my responsibility to advise the new owner that this agreement is in force. I further agree to allow the LNNRD to inspect the practice at any reasonable time. The 10 year time period shall not apply to the automatic rain shutoff or the automatic drip oiler.

SIGNATURE OF LANDOWNER

AUTHORIZED REPRESENTATIVE

DATE

SIGNATURE OF LNNRD REPRESENTATIVE

DATE

FOR OFFICIAL USE ONLY: PPM Old Well _____ PPM New Well _____

Date Paid _____ 20 _____ Check Number _____ Check Amount \$ _____

COST SHARE PAYMENT WILL BE BASED ON AVAILABILITY OF WATER QUALITY FUNDING.

NRD APPROVAL MUST BE RECEIVED PRIOR TO PURCHASE OR INSTALLATION.

The Lower Niobrara Natural Resources District is an Equal Opportunity Provider and Employer.