

## Well Abandonment Application

Landowner	Address
City	State
( ) -	ZIP
Phone Number	Social Security Number

**Well Information:**

Legal description: \_\_\_\_\_ ¼, Section \_\_\_\_\_, Township \_\_\_\_\_ N, Range \_\_\_\_\_ W.

Site description: \_\_\_\_\_

Type: \_\_\_ Irrigation, \_\_\_ Domestic, \_\_\_ Livestock, \_\_\_ Other - \_\_\_\_\_

Depth: \_\_\_\_\_ feet.

Casing Diameter: \_\_\_\_\_ inches.

Well registration number: \_\_\_\_\_

**Please attach an FSA aerial photo with "X" marking the well location.**

Comments: \_\_\_\_\_  
 \_\_\_\_\_

### Agreement

I hereby grant access to my property to the Lower Niobrara Natural Resources District (LNNRD) for the observation of sealing activities related to the well identified on this application. A copy of the LNNRD's Well Abandonment Program has been made available to me, and I agree to comply with the program. I release the NRD from any and all claims and liability regarding the program.

Signature of landowner	Date
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NRD approval	Date
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Amount requested: \$ \_\_\_\_\_

Payment: \$ \_\_\_\_\_ Date: \_\_\_\_\_

**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