

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 |
| NRD approval | Date |

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