LOWER NIOBRARA NATURAL RESOURCES DISTRICT

REQUEST FOR NATURAL RESOURCES WATER QUALITY FUND COST SHARE

Name: _____ Soc. Sec. #: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: (_____) _____

Legal Description: _____

Cost Share Items	Number Requested	Cost Share Requested	Number Installed	Cost/Item	%	Cost Share Amount
Home Treatment System *Max. cost share $1,200.00 per Cooperator*		**$**		**$**	**65**	**$**
Domestic Well *Max. cost share $1,000.00 per Cooperator*		**$**		**$**	**65**	**$**
Hookup to a Rural Water System *Max. cost share $1,200.00 per Cooperator*		**$**		**$**	**65**	**$**
Total Amount LNNRD Agrees to Cost Share					**$**	

Landowner 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.

_____ _____ _____

SIGNATURE OF LANDOWNER AUTHORIZED REPRESENTATIVE DATE

_____ _____

SIGNATURE OF LNNRD REPRESENTATIVE DATE

FOR OFFICIAL USE ONLY:
Date Paid_____ 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