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 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
[ ] Automatic Rain Shutoff Maximum cost share is $135 per item and $675 per cooperator	_____	$_____	_____	$_____	65%	$_____
[ ] Automatic Drip Oiler Maximum cost share is $130 per item and $650 per cooperator	_____	$_____	_____	$_____	65%	$_____
[ ] Home Treatment System Maximum cost share is $800.00 per cooperator	_____	$_____	_____	$_____	65%	$_____
[ ] Domestic well Maximum cost share is $800 per cooperator	_____	$_____	_____	$_____	65%	$_____
[ ] Pipeline for existing system **or** [ ] Hookup to a Rural Water System Maximum cost share is $500 per cooperator	_____	$_____	_____	$_____	65%	$_____
Total Amount LNNRD Agrees to Cost Share		$_____				$_____

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