

## 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