

**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 are 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 cooperater per year		\$ _____	_____	\$ _____ 65%	\$ _____
[] Automatic Drip Oiler _____ Maximum cost share is \$130 per item and \$650 per cooperater per year		\$ _____	_____	\$ _____ 65%	\$ _____
[] Home Treatment System _____ Maximum cost share is \$800.00 per cooperater		\$ _____	_____	\$ _____ 65%	\$ _____
[] Domestic well _____ Maximum cost share is \$800 per cooperater		\$ _____	_____	\$ _____ 65%	\$ _____
[] Pipeline for existing system or _____		\$ _____	_____	\$ _____ 65%	\$ _____
[] Hookup to a Rural Water System Maximum cost share is \$500 per cooperater					

Total Amount LNNRD Agrees to Cost Share \$ _____ Cost Share Paid \$ _____

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.