



South Platte Natural Resources District

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(308) 254-2377 FAX (308) 254-2783 www.spnrd.org

SOUTH PLATTE NATURAL RESOURCES DISTRICT

WATER WELL ABANDONMENT PROGRAM

The South Platte Natural Resources District's Water Well Abandonment Program was first established by the Board of Directors in December 1992 to help individual landowners with protecting ground water supplies by encouraging properly "decommissioned" water wells in accordance with the Nebraska Department of Natural Resources rules and regulations. Unused wells or what is termed "illegal water wells" are a direct pathway to ground water where harmful sediments, chemicals, waste or rodents can cause contamination. In addition, illegal water wells can be safety hazards for children and animals. The District's Water Well Abandonment Program was revised in August 1994 to be eligible for the State's Water Well Decommissioning Fund created by section three of LB981, 93rd Legislature, Second Session (1994), and administered by the Nebraska Natural Resources Commission, Title 259. This program is also funded in part by the Natural Resources Enhancement Fund.

Definitions:

1. Abandoned water well – shall mean any water well 1) the use of which has been accomplished or permanently discontinued, 2) which has been decommissioned as described in the rules and regulations of the Nebraska Health and Human Services Regulation and Licensure, and 3) for which notice of abandonment required by subsection (8) of § 46-602 has been filed with the Department of Natural Resources by the licensed water well contractor or pump installation contractor who decommissioned the water well or by the water well owner if the owner decommissioned the (driven sandpoint) water well.
2. Decommission – when used in relation to a water well, shall mean the act of filling, sealing, and plugging a water well in accordance with the Department of Health and Human Services Regulations and Licensure Rules and Regulations.
3. Illegal water well – 1) shall mean any water well which has not been properly decommissioned and which meets any of the following conditions:
 - a. The water well is in such a condition that it cannot be placed in active or inactive status;
 - b. Any necessary operation equipment has been removed and the well has not been placed in inactive status;
 - c. The water well is in such a state of disrepair that continued use for the purpose of which it was constructed is impractical;
 - d. The water well was constructed after October 1, 1986, but not constructed by a licensed water well contractor or by an individual on land owned by him or her and used by him or her for farming, ranching, or agricultural purposes or as his or her place of abode;
 - e. The water well poses a health or safety hazard;
 - f. The water well is an illegal water well in accordance with section 46-706; or
 - g. The water well has been constructed after October 1, 1986, and such well is not in compliance with the standards developed under the Water Well Standards and Contractors' Licensing Act.

2) Whenever the Department classifies a water well as an illegal water well the landowner may petition the Department to reclassify the water well as an active status water well, an inactive status water well, or an abandoned water well.

4. Water well – shall mean any excavation that is drilled, cored, bored, washed, driven, dug, jetted, or otherwise constructed for the purpose of exploring for ground water, monitoring ground water, utilizing the geothermal properties of the ground, obtaining hydrogeologic information, or extracting water from or injecting fluid as defined in section 81-1502 into the underground water reservoir. Water well does not include any excavation made for obtaining or prospecting for oil or natural gas or for inserting media to repressure oil or natural gas bearing formations regulated by the Nebraska Oil and Gas Conservation Commission.

State law requires that abandoned wells be properly decommissioned, and it prescribes the correct procedures. As an incentive to properly decommission wells in the District, the South Platte NRD will provide funds upon application and approval to any landowner based on completion of program requirements. Applications must be made on forms provided by the District and all necessary well information must be supplied. All work must be performed in cooperation with a Licensed Water Well /Pump Installation Contractor in accordance with the Nebraska Health and Human Services Regulation and Licensure, Title 178, Chapter 12, Section 12-012.

For purposes of this program, the landowner is responsible for the removal of all obstructions (below ground pipe, above ground pipe, towers, pumps, motors, concrete slabs, etc.) that may hinder the decommissioning process, and for contacting a Licensed Water Well/Pump Installation Contractor. The attached application along with a cost estimate of the decommissioning, from the Licensed Water Well/Pump Installation Contractor, must be returned to the South Platte NRD to be considered for approval by the Natural Resources Coordinator. The landowner will be contacted immediately following the acceptance or denial of the application.

The landowner has 180 days to contact the Water Well/Pump Installation Contractor and complete work after receiving an approval letter from the District, or from the day the replacement well was constructed pursuant to Neb. Rev. Stat. § 46-602(2). The District at its discretion may discontinue the obligated cost-share funds if the project is not completed within the specified time period. It is important that the landowner coordinate with the Water Well/Pump Installation Contractor the necessary activities to properly decommission the well.

The District must be notified in advance when the well is to be decommissioned. It may be required that a District employee be on site during the actual decommissioning process. Failure to notify the District when the decommissioning occurs may lead to the discontinuation of obligated cost-share funds for the project. Inspection of the abandoned water well is required by the South Platte NRD prior to payment.

COST-SHARE AVAILABILITY AND LIMITATIONS:

Applications for the South Platte NRD's Water Well Abandonment Program will be accepted and approved anytime throughout the year. The District's program is available for at least thirty water wells per year. Applications will be accepted on a "first come, first served" basis and will continue until budget funds are expended. All categories of water wells are eligible for cost-share assistance. Cost of decommissioning does not include removal of obstructions in or around the well.

Cost-share assistance of 65% of the actual costs for labor and material to decommission an unused well is available for District landowners. The maximum contribution by the District is not to exceed \$600.00 for drilled water wells, and \$700.00 for hand-dug water wells. A landowner is eligible to receive funding assistance for three abandoned wells annually.

Any well decommissioned prior to cost-share approval is not eligible for payment.

POST ABANDONMENT REQUIREMENTS:

The Licensed Water Well/Pump Installation Contractor must certify completion of work on a Notice of Water Well Decommissioning form supplied by the Nebraska Department of Natural Resources. The form is to be filled out showing methods and quantities of material used in decommissioning the well as outlined in the Nebraska Health and Human Services Regulation and Licensure, Title 178, Chapter 12, Sections 12-012.09 and 12-012.10. This form must be mailed to both the South Platte NRD and the Nebraska Department of Natural Resources within 60 days of the decommissioning. A copy of the final bill for the decommissioning must be mailed to the South Platte NRD.

Payment will be made to the landowner following successful completion of the work, and that the Licensed Water Well /Pump Installation Contractor is entirely reimbursed for services and materials provided.

SOUTH PLATTE NATURAL RESOURCES DISTRICT
PO Box 294
Sidney, NE 69162-0294
Telephone: 308-254-2377 Fax: 308-254-2783 Email: ckaiser@spnrd.org

WELL ABANDONMENT PROGRAM APPLICATION

LANDOWNER INFORMATION

(Please Print or Type)

Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____

LICENSED WATER WELL OR PUMP INSTALLATION CONTRACTION INFORMATION

Name: _____ Phone: _____
Address: _____ State: _____ Zip Code: _____
License/Certification #: _____ County: _____

WELL INFORMATION

Legal Location _____ 1/4 _____ 1/4 Section: _____, Township: _____ N, Range: _____ W
County: _____ Lat/Long (decimal degrees) _____
Well Type: _____ Registration#: _____ Year Drilled: _____
Total Well Depth: _____ Water Table Depth: _____
Well Casing Material: _____ Casing Diameter: _____
Briefly Describe any obstructions over/near well: _____
Miscellaneous Information: _____

Please attach a cost estimate from a licensed Water Well/Pump Installation Contractor. Work must be completed within 180 days of application approval or from the time the replacement well was constructed.

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	South Platte NRD, P O Box 294, Sidney NE 69162-0294 Fax 308.254.2783
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)																																	
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.																																	
Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.																																	
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Part II Certification	
Under penalties of perjury, I certify that:	
<ol style="list-style-type: none"> The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and I am a U.S. citizen or other U.S. person (defined below); and The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. 	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.	

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*
- By signing the filled-out form, you:
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 2. Certify that you are not subject to backup withholding, or
 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

WELL ABANDONMENT PROGRAM AGREEMENT

LANDOWNER WILL:

- 1) Hire a Licensed Water Well/Pump Installation Contractor to plug the well approved by the South Platte NRD.
- 2) Provide advance notice when well is to be plugged and sealed.
- 3) Complete the reverse side of this form in cooperation with Licensed Water Well/Pump Installation Contractor hired.
- 4) Remove all obstructions from the well and around the well that could hinder the plugging procedure.
- 5) Allow the South Platte NRD employees and the Licensed Water Well/Pump Installation Contractor access to the area where the well is to be abandoned.
- 6) Not hold the South Platte NRD responsible for the actions of the Licensed Water Well/Pump Installation Contractor.
- 7) Follow the well plugging procedure according to the Nebraska Health and Human Services Regulation and Licensure, Title 178, Chapter 12, Section 12-012.
- 8) Work with the Licensed Water Well/Pump Installation Contractor to fill out the Notice of Water Well Decommissioning form. Then, provide a copy of the form to both the South Platte NRD and the Department of Natural Resources.

SOUTH PLATTE NRD WILL:

- 1) Reserve the right to inspect the site before, during, and/or after the well decommissioning process.
- 2) Pay the landowner 65% of the actual costs of labor and material to properly abandon the well not to exceed amount stipulate in the South Platte NRD Water Well Abandonment Program guidelines.

I understand and will comply with the preceding information and to the best of my knowledge consider the information on the reverse side of this form to be correct.

Landowner: _____ Date: _____

Contractor: _____ Date: _____

South Platte NRD Authorized Signature: _____

APPROVAL DATE: _____

United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, check one of the following and attest to your response by providing your name, and signing and dating this form.

I am a citizen of the United States.

— OR —

I am a qualified alien under the federal Immigration and Nationality Act, my immigration status is _____ and my alien number is _____, and I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME _____

(first, middle, last)

SIGNATURE _____

DATE _____