

No. \_\_\_\_\_

**NEBRASKA WATER WELL DECOMMISSIONING  
FUND PAYMENT CLAIM AND AGREEMENT**

**NWWDF-1  
(Rev. 06/2019)**

NAME	WELL REG. OR WELL ID #	LEGAL DESCRIPTION	TYPE OF WELL (1)	TOTAL COST (2)	DISTRICT COST- SHARE (\$) (2)	WWDF CLAIM (2)(3)
<b>TOTAL AMOUNT OF CLAIM</b>						<b>\$</b>

- (1) Use **H** for **Hand-Dug**, or **O** for **Other** than hand-dug.
- (2) These columns are not to include any costs of removing pumps or other obstructions to decommissioning.
- (3) The WWDF Claim should be the lesser of:
  - (1) 75% of the total eligible cost of decommissioning;
  - (2) \$500 for wells other than hand-dug wells and \$700 for hand-dug wells; or
  - (3) The actual amount of the cost-share assistance paid by the district (applies if the district cost-share rate is less than 75% but at least 60%).

I request payment for the \_\_\_\_\_ Natural Resources District  
the above claims and affirm under penalty of perjury:

- (1) The district cost-sharing for each well listed complied with the Water Well Decommissioning Fund Statutes and Rules and Regulations (all wells were legally decommissioned); and
- (2) The NRD's files are available for inspection by appropriate DNR staff and State Auditors as necessary.

\_\_\_\_\_  
NRD Representative Signature

\_\_\_\_\_  
Date

**Department of Natural Resources Certification**

I hereby certify that the above claim has been reviewed by me and I find it a proper claim against the Nebraska Water Well Decommissioning Fund.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date