

No. _____

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

**NWWDF-1
(Rev. 07/2006)**

	NAME	LEGAL DESCRIPTION	TYPE OF WELL (1)	TOTAL COST (2)	DISTRICT COST-SHARE (\$) (2)	WWDF CLAIM (2)(3)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
TOTAL AMOUNT OF CLAIM						\$

- (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%).

The _____ Natural Resources District requests payment for the above claims and certifies the following:

- (1) The district cost-sharing for each well listed was in compliance with the Water Well Decommissioning Fund Statutes and Rules and Regulations; 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