

Well Decommissioning Cost Share Application

 <p>MIDDLE NIOBRARA NRD</p>	<p>303 East Highway Street Valentine, NE. 69201 402-376-3241 www.mnrd.org</p>
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Well Owner _____

Well Location _____

Driller Information:

Company Name _____

Address _____

Phone _____

Well Size: < 12" > 12" (Circle One)

Well Decommissioning Cost:

Materials _____

Labor _____

Total _____

I CERTIFY THAT THE ABOVE WELL WAS DECOMMISSIONED IN ACCORDANCE WITH NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES SPECIFICATIONS AT THE PRICE INDICATED.

Well Drillers Signature

Date

Cost Share

A. Total Cost _____

B. Cost Share (A * 65%) _____

C. Cooperator Contribution _____

Approved By: _____

Date: _____